

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 7/27/2022 3:58 pm
--	-----------------------	---	--

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

PART II - CERTIFICATION 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 SAINT LOUIS UNIVERSITY HOSPITAL (26-0105) 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	FINANCE- VP REGION		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	-7,394,713	5,170,265	0	0	1.00
2.00 Subprovider - IPF	0	27,099	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	-7,367,614	5,170,265	0	0	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: 26-0105		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/27/2022 3:58 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1201 SOUTH GRAND BLVD			PO Box:				1.00		
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County:		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		SSM SAINT LOUIS UNIVERSITY HOSPITAL	260105	41180	1	07/01/1966	O	P	O
4.00	Subprovider - IPF		SSM SAINT LOUIS UNIVERSITY PSYCH	26S105	41180	4	07/01/1984	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		SAINT LOUIS UNIV DIALYSIS	262310	41180		07/01/1966			
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 3:58 pm

MCRIF32 - 17.8.174.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		10.98	202.30	0.051482	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	2.61	56.20	0.044380
65.01		GERIATRIC MEDICINE	1408	0.41	1.75	0.189815
65.02		INTERNAL MEDICINE	1450	0.64	5.67	0.101426
		PEDIATRICS				
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	218.24	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	0.00	0.94	0.000000
67.01		INTERNAL MEDICINE - GENERAL	1400	0.00	55.71	0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

	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	
67.02	INTERNAL MEDICINE -	1408	0.00	0.55	0.000000	67.02
67.03	GERIATRIC MEDICI	2202	0.00	0.78	0.000000	67.03
67.04	PSYCHIATRY		0.00	0.00	0.000000	67.04
67.05			0.00	0.00	0.000000	67.05
				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	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	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	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	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				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	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				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	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	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	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	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	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	98.05

MCRIF32 - 17.8.174.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 26-0105		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/27/2022 3:58 pm			
					1.00	2.00				
Transplant Center Information										
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				Y			125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				07/06/1977			126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				03/15/1995			128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				07/01/1999			130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00		
133.00	Removed and reserved							133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00		
All Providers										
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain numbers. (see instructions)				Y	269020		140.00		
					1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: SSM HEALTH CARE CORPORATION		Contractor's Name: WPS		Contractor's Number: 05301			141.00		
142.00	Street: 10101 WOODFIELD LANE		PO Box:					142.00		
143.00	City: ST. LOUIS		State: MO		Zip Code: 63132			143.00		
					1.00					
144.00	Are provider based physicians' costs included in Worksheet A?				Y			144.00		
					1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y			145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N			146.00		
					1.00					
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				Y			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N			149.00		
					Part A	Part B	Title V	Title XIX		
					1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital				N	N	N	N	155.00	
156.00	Subprovider - IPF				N	N	N	N	156.00	
157.00	Subprovider - IRF				N	N	N	N	157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF				N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY				N	N	N	N	160.00	
161.00	CMHC					N	N	N	161.00	
					1.00					
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00		
					Name	County	State	Zip Code	CBSA	FTE/Campus
					0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00	166.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

		1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00
		Beginning	Ending
		1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		170.00
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 7/27/2022 3:58 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for 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.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/21/2022	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 7/27/2022 3:58 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAMIR	LIBIC	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)989-6002	DAMIR.LIBIC@SSMHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	182	66,430	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)		182	66,430	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	80	29,200	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	48	17,520	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		310	113,150	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	40	14,600		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)		350			0	27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,647	6,101	48,558			1.00
2.00	HMO and other (see instructions)	22,025	15,862				2.00
3.00	HMO IPF Subprovider	609	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	9,647	6,101	48,558			7.00
8.00	INTENSIVE CARE UNIT	5,194	3,632	26,750			8.00
9.00	CORONARY CARE UNIT	5,283	2,276	20,257			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)	20,124	12,009	95,565	251.47	1,604.24	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,104	2,924	8,133	12.70	48.88	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)				264.17	1,653.12	27.00
28.00	Observation Bed Days		26	4,216			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			427			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,060	1,504	13,951	1.00
2.00 HMO and other (see instructions)			3,128	1,935		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,060	1,504	13,951	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	145	545	1,566	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	154,251,197	0	154,251,197	3,284,205.00	46.97
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		4,756,875	0	4,756,875	44,540.00	106.80
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		29,455,295	0	29,455,295	581,086.00	50.69
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)		10,486,912	-1,369,771	9,117,141	216,881.00	42.04
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		66,749,643	0	66,749,643	1,442,120.79	46.29
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,330,269	0	1,330,269	7,034.00	189.12
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		34,512,849	0	34,512,849	828,143.37	41.67
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		24,291,474	0	24,291,474	146,737.85	165.54
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		50,679,457	0	50,679,457		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,636,188	0	3,636,188		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		746,750	0	746,750		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		13,251,267	0	13,251,267		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,909,104	0	1,909,104	7,899.00	241.69	26.00
27.00	Administrative & General	5.00	18,368,033	-572,729	17,795,304	249,970.00	71.19	27.00
28.00	Administrative & General under contract (see inst.)		2,991,439	0	2,991,439	27,962.59	106.98	28.00
29.00	Maintenance & Repairs	6.00	1,659,294	0	1,659,294	48,033.00	34.54	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		444,864	0	444,864	14,799.50	30.06	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		641,203	0	641,203	21,120.00	30.36	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,575,456	0	3,575,456	61,955.00	57.71	38.00
39.00	Central Services and Supply	14.00	723,507	425,597	1,149,104	55,575.00	20.68	39.00
40.00	Pharmacy	15.00	6,927,894	-60,032	6,867,862	132,026.00	52.02	40.00
41.00	Medical Records & Medical Records Library	16.00	2,306,553	0	2,306,553	67,843.00	34.00	41.00
42.00	Social Service	17.00	942,458	0	942,458	26,833.00	35.12	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
7/27/2022 3:58 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	124,116,533	0	124,116,533	2,722,461.09	45.59	1.00
2.00	Excluded area salaries (see instructions)	10,486,912	-1,369,771	9,117,141	216,881.00	42.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	113,629,621	1,369,771	114,999,392	2,505,580.09	45.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	102,592,761	0	102,592,761	2,277,298.16	45.05	4.00
5.00	Subtotal wage-related costs (see inst.)	63,930,724	0	63,930,724	0.00	55.59	5.00
6.00	Total (sum of lines 3 thru 5)	280,153,106	1,369,771	281,522,877	4,782,878.25	58.86	6.00
7.00	Total overhead cost (see instructions)	40,489,805	-207,164	40,282,641	714,016.09	56.42	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part IV
Date/Time Prepared:
7/27/2022 3:58 pm

		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)	1,468,769	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	1,867,940	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)	27,901,578	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	11,655,437	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	125,133	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	22,226	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	-2,003,092	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	1,158,069	14.00
15.00	'Workers' Compensation Insurance	1,477,976	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	10,709,783	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	62,628	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	615,948	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	55,062,395	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	55,062,395	0	1.00
2.00	Hospital	50,679,457	0	2.00
3.00	SUBPROVIDER - IPF	1,794,751	0	3.00
4.00	SUBPROVIDER - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	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	2,588,187	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 26-0105

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

Worksheet S-10

Date/Time Prepared:
7/27/2022 3:58 pm

				1.00	
	Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.190480	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			123,556,978	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			20,895,860	5.00
6.00	Medicaid charges			675,282,426	6.00
7.00	Medicaid cost (line 1 times line 6)			128,627,797	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
	Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	126,859,639	2,762,913	129,622,552	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	24,164,224	2,762,913	26,927,137	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)	24,164,224	2,762,913	26,927,137	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)			39,727,528	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,485,113	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,284,790	27.01
28.00	Non-Medicare bad debt expense (see instructions)			37,442,738	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			7,931,770	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			34,858,907	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			34,858,907	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

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

Worksheet A

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		29,837,811	29,837,811	0	29,837,811	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		19,436,355	19,436,355	0	19,436,355	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,909,104	21,019,091	22,928,195	-4,703	22,923,492	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,368,033	152,992,802	171,360,835	-21,327,640	150,033,195	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,659,294	11,359,456	13,018,750	-273	13,018,477	6.00
7.00	00700	OPERATION OF PLANT	0	7,247,423	7,247,423	3,025	7,250,448	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,383,038	1,383,038	-11,708	1,371,330	8.00
9.00	00900	HOUSEKEEPING	0	2,911,975	2,911,975	-209,582	2,702,393	9.00
10.00	01000	DIETARY	0	7,980,872	7,980,872	-5,708,356	2,272,516	10.00
11.00	01100	CAFETERIA	0	0	0	5,708,211	5,708,211	11.00
13.00	01300	NURSING ADMINISTRATION	3,575,456	-2,925,774	649,682	-13,475	636,207	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	723,507	1,670,954	2,394,461	2,123,682	4,518,143	14.00
15.00	01500	PHARMACY	6,927,894	29,870,969	36,798,863	-28,446,725	8,352,138	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,306,553	535,009	2,841,562	-95	2,841,467	16.00
17.00	01700	SOCIAL SERVICE	942,458	335,816	1,278,274	0	1,278,274	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	90,020	56,564,249	56,654,269	15,777,864	72,432,133	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	201,121	22,684	223,805	96,397	320,202	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0	0	157,104	157,104	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,292,648	23,165,938	46,458,586	-5,649,874	40,808,712	30.00
31.00	03100	INTENSIVE CARE UNIT	17,177,118	15,422,324	32,599,442	-4,172,055	28,427,387	31.00
32.00	03200	CORONARY CARE UNIT	8,455,073	7,067,560	15,522,633	2,430,837	17,953,470	32.00
40.00	04000	SUBPROVIDER - IPF	5,027,763	3,019,746	8,047,509	-162,080	7,885,429	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,238,410	49,050,063	60,288,473	-36,070,903	24,217,570	50.00
51.00	05100	RECOVERY ROOM	2,169,976	603,489	2,773,465	-144,117	2,629,348	51.00
53.00	05300	ANESTHESIOLOGY	5,067,259	15,881,659	20,948,918	-1,318,782	19,630,136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,095,575	8,580,183	13,675,758	-5,939,032	7,736,726	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	817,892	870,974	1,688,866	-25,852	1,663,014	55.00
56.00	05600	RADIOISOTOPE	309,154	2,801,668	3,110,822	-18,086	3,092,736	56.00
57.00	05700	CT SCAN	1,481,283	1,990,451	3,471,734	-990,388	2,481,346	57.00
58.00	05800	MRI	1,027,008	210,253	1,237,261	0	1,237,261	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,342,807	11,596,547	12,939,354	-10,801,000	2,138,354	59.00
60.00	06000	LABORATORY	4,125,609	15,504,430	19,630,039	-3,788,196	15,841,843	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,834,994	7,544,042	9,379,036	2,683,189	12,062,225	62.00
64.00	06400	INTRAVENOUS THERAPY	401,229	24,468,990	24,870,219	-1,122,388	23,747,831	64.00
65.00	06500	RESPIRATORY THERAPY	3,775,168	4,235,318	8,010,486	-956,436	7,054,050	65.00
66.00	06600	PHYSICAL THERAPY	2,468,155	345,222	2,813,377	-61,438	2,751,939	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,485,108	114,964	1,600,072	0	1,600,072	67.00
68.00	06800	SPEECH PATHOLOGY	318,681	34,452	353,133	0	353,133	68.00
69.00	06900	ELECTROCARDIOLOGY	1,947,330	468,791	2,416,121	-21,754	2,394,367	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	640,065	183,464	823,529	-131,208	692,321	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,604,026	49,604,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,728,538	28,728,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,550,078	24,550,078	73.00
74.00	07400	RENAL DIALYSIS	0	2,489,529	2,489,529	-27,608	2,461,921	74.00
76.00	03330	ENDOSCOPY	1,646,516	2,465,511	4,112,027	-2,358,543	1,753,484	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,388,786	3,937,198	7,325,984	1,527,173	8,853,157	90.00
91.00	09100	EMERGENCY	7,756,122	19,850,512	27,606,634	-2,345,315	25,261,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,346,432	2,398,411	5,744,843	-2,608,238	3,136,605	105.00
107.00	10700	LIVER ACQUISITION	0	1,443,980	1,443,980	1,039,798	2,483,778	107.00
109.00	10900	PANCREAS ACQUISITION	0	16,778	16,778	5,928	22,706	109.00
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	152,339,601	566,005,177	718,344,778	0	718,344,778	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	405,924	1,479,893	1,885,817	0	1,885,817	192.00
194.00	07950	OTHER NON-REIMBURSABLE	152,725	405,211	557,936	0	557,936	194.00
194.03	07953	RETAIL PHARMACY	1,352,947	21,194,060	22,547,007	0	22,547,007	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	154,251,197	589,084,341	743,335,538	0	743,335,538	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0105

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

Worksheet A

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-16,137,238	13,700,573	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,276,111	22,712,466	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,898,611	28,822,103	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,417,128	137,616,067	5.00
6.00	00600	MAINTENANCE & REPAIRS	-485,227	12,533,250	6.00
7.00	00700	OPERATION OF PLANT	-1,112,493	6,137,955	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1	1,371,329	8.00
9.00	00900	HOUSEKEEPING	0	2,702,393	9.00
10.00	01000	DIETARY	-2,224,098	48,418	10.00
11.00	01100	CAFETERIA	0	5,708,211	11.00
13.00	01300	NURSING ADMINISTRATION	-1,014	635,193	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,518,143	14.00
15.00	01500	PHARMACY	-184,389	8,167,749	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,897	2,835,570	16.00
17.00	01700	SOCIAL SERVICE	-110,224	1,168,050	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-9,370,759	63,061,374	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	320,202	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	157,104	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-12,993,749	27,814,963	30.00
31.00	03100	INTENSIVE CARE UNIT	-18,185	28,409,202	31.00
32.00	03200	CORONARY CARE UNIT	-912	17,952,558	32.00
40.00	04000	SUBPROVIDER - IPF	-2,198,319	5,687,110	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-413,624	23,803,946	50.00
51.00	05100	RECOVERY ROOM	-3,161	2,626,187	51.00
53.00	05300	ANESTHESIOLOGY	-13,533,301	6,096,835	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-41,648	7,695,078	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-650,635	1,012,379	55.00
56.00	05600	RADIOISOTOPE	-31,090	3,061,646	56.00
57.00	05700	CT SCAN	-46,724	2,434,622	57.00
58.00	05800	MRI	-2,922	1,234,339	58.00
59.00	05900	CARDIAC CATHETERIZATION	-2	2,138,352	59.00
60.00	06000	LABORATORY	-1,091,233	14,750,610	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-41,024	12,021,201	62.00
64.00	06400	INTRAVENOUS THERAPY	-407,852	23,339,979	64.00
65.00	06500	RESPIRATORY THERAPY	-46,300	7,007,750	65.00
66.00	06600	PHYSICAL THERAPY	-60,810	2,691,129	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,600,072	67.00
68.00	06800	SPEECH PATHOLOGY	-4,291	348,842	68.00
69.00	06900	ELECTROCARDIOLOGY	-29,453	2,364,914	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2	692,319	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-2,564,891	47,039,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,728,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,550,078	73.00
74.00	07400	RENAL DIALYSIS	-5,543	2,456,378	74.00
76.00	03330	ENDOSCOPY	0	1,753,484	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-5,195,155	3,658,002	90.00
91.00	09100	EMERGENCY	-14,728,535	10,532,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-1,438	3,135,167	105.00
107.00	10700	LIVER ACQUISITION	0	2,483,778	107.00
109.00	10900	PANCREAS ACQUISITION	0	22,706	109.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-86,984,545	631,360,233	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,885,817	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	557,936	194.00
194.03	07953	RETAIL PHARMACY	0	22,547,007	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-86,984,545	656,350,993	200.00

RECLASSIFICATIONS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
7/27/2022 3:58 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD					
1.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	2,667,814		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	49,604,026		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	28,728,538		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,550,078		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
			0	105,550,456		
B - DIETARY						
1.00	CAFETERIA	11.00	0	5,708,211		1.00
			0	5,708,211		
D - LABOR AND DELIVERY RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	323,743	171,780		1.00
2.00	CORONARY CARE UNIT	32.00	1,833,218	1,892,777		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
			2,156,961	2,064,557		
E - NURSING & ALLIED HEALTH						
1.00	PARAMED ED-PHARMACY RESIDENCY	23.00	60,032	36,365		1.00
2.00	PARAMED ED-CLINICAL PASTORAL ED	23.01	147,132	9,972		2.00
			207,164	46,337		
F - ACADEMIC AFFILIATION AGREEMENT						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	15,777,864		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	885,368		2.00
3.00	OPERATING ROOM	50.00	0	43,313		3.00
4.00	LABORATORY	60.00	0	68,325		4.00
5.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	15,375		5.00
6.00	INTRAVENOUS THERAPY	64.00	0	285,000		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	2,175		7.00
8.00	RENAL DIALYSIS	74.00	0	15,038		8.00
9.00	EMERGENCY	91.00	0	15,675		9.00
			0	17,108,133		
G - ORGAN TRANSPLANT						
1.00	CLINIC	90.00	1,475,498	292,298		1.00
2.00	LIVER ACQUISITION	107.00	885,112	154,686		2.00
3.00	PANCREAS ACQUISITION	109.00	5,009	919		3.00
			2,365,619	447,903		

RECLASSIFICATIONS

Provider CCN: 26-0105

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

Worksheet A-6

Date/Time Prepared:
7/27/2022 3:58 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	H - CENTRAL DISTRIBUTION				
1.00	CENTRAL SERVICES & SUPPLY	14.00	425,597	1,700,795	1.00
	0		425,597	1,700,795	
	I - PARKING LEASE				
1.00	OPERATION OF PLANT	7.00	0	3,131	1.00
	0		0	3,131	
500.00	Grand Total: Increases		5,155,341	132,629,523	500.00

RECLASSIFICATIONS

Provider CCN: 26-0105

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

Worksheet A-6

Date/Time Prepared:
7/27/2022 3:58 pm

	Decreases						17/17/2022 3:38 PM
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUG, SUPPLY, IMPLANT, IV, & BLOOD						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,703	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,932,880	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	273	0		3.00
4.00	OPERATION OF PLANT	7.00	0	106	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	11,708	0		5.00
6.00	HOUSEKEEPING	9.00	0	209,582	0		6.00
7.00	DIETARY	10.00	0	145	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	13,475	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,710	0		9.00
10.00	PHARMACY	15.00	0	28,350,328	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	95	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	2,449,143	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	4,667,578	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	1,295,158	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	47,475	0		15.00
16.00	OPERATING ROOM	50.00	0	36,113,836	0		16.00
17.00	RECOVERY ROOM	51.00	0	123,683	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	1,318,782	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,939,032	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	25,852	0		20.00
21.00	RADIOISOTOPE	56.00	0	18,086	0		21.00
22.00	CT SCAN	57.00	0	990,388	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	10,801,000	0		23.00
24.00	LABORATORY	60.00	0	3,651,237	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	0	1,407,388	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	956,436	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	61,438	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	23,929	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	131,208	0		29.00
30.00	RENAL DIALYSIS	74.00	0	42,646	0		30.00
31.00	ENDOSCOPY	76.00	0	2,358,543	0		31.00
32.00	CLINIC	90.00	0	240,623	0		32.00
33.00	EMERGENCY	91.00	0	2,360,990	0		33.00
			0	105,550,456			
B - DIETARY							
1.00	DIETARY	10.00	0	5,708,211	0		1.00
			0	5,708,211			
D - LABOR AND DELIVERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	2,039,521	2,046,578	0		1.00
2.00	SUBPROVIDER - IPF	40.00	101,437	13,168	0		2.00
3.00	OPERATING ROOM	50.00	43	337	0		3.00
4.00	RECOVERY ROOM	51.00	15,960	4,474	0		4.00
			2,156,961	2,064,557			
E - NURSING & ALLIED HEALTH							
1.00	ADMINISTRATIVE & GENERAL	5.00	147,132	9,972	0		1.00
2.00	PHARMACY	15.00	60,032	36,365	0		2.00
			207,164	46,337			
F - ACADEMIC AFFILIATION AGREEMENT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,108,133	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
			0	17,108,133			
G - ORGAN TRANSPLANT							
1.00	LABORATORY	60.00	0	205,284	0		1.00
2.00	KIDNEY ACQUISITION	105.00	2,365,619	242,619	0		2.00
3.00		0.00	0	0	0		3.00
			2,365,619	447,903			
H - CENTRAL DISTRIBUTION							
1.00	ADMINISTRATIVE & GENERAL	5.00	425,597	1,700,795	0		1.00
			425,597	1,700,795			
I - PARKING LEASE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,131	0		1.00
			0	3,131			
500.00	Grand Total: Decreases		5,155,341	132,629,523			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

		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	15,930,263	0	0	0	6,027,443	1.00
2.00	Land Improvements	3,373,507	3,080,941	0	3,080,941	0	2.00
3.00	Buildings and Fixtures	515,281,133	12,824,804	0	12,824,804	0	3.00
4.00	Building Improvements	0	0	0	0	-6,598,239	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	118,647,349	2,036,925	0	2,036,925	0	6.00
7.00	HIT designated Assets	656,297	71,336	0	71,336	0	7.00
8.00	Subtotal (sum of lines 1-7)	653,888,549	18,014,006	0	18,014,006	-570,796	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	653,888,549	18,014,006	0	18,014,006	-570,796	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	9,902,820	0				1.00
2.00	Land Improvements	6,454,448	0				2.00
3.00	Buildings and Fixtures	528,105,937	0				3.00
4.00	Building Improvements	6,598,239	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	120,684,274	0				6.00
7.00	HIT designated Assets	727,633	0				7.00
8.00	Subtotal (sum of lines 1-7)	672,473,351	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	672,473,351	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	12,939,657	0	16,898,154	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	19,436,355	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	32,376,012	0	16,898,154	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	29,837,811				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	19,436,355				2.00
3.00	Total (sum of lines 1-2)	0	49,274,166				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	557,088,887	0	557,088,887	0.829386	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	114,599,153	0	114,599,153	0.170614	0	2.00
3.00	Total (sum of lines 1-2)	671,688,040	0	671,688,040	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	13,700,574	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	22,712,466	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	36,413,040	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-1	0	0	0	13,700,573	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	22,712,466	2.00
3.00	Total (sum of lines 1-2)	-1	0	0	0	36,413,039	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

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

Worksheet A-8

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0	ADMINISTRATIVE & GENERAL	5.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-50,738,393			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	-12,296,103			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0	ADMINISTRATIVE & GENERAL	5.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	FRA	A	-627,503	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

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

Worksheet A-8

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MID-LEVEL	A	-3,444,183	ADULTS & PEDIATRICS	30.00	0	33.01
33.02	MID-LEVEL	A	-760,434	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	CRNA	A	-4,756,875	ANESTHESIOLOGY	53.00	0	33.03
33.04	CRNA	A	-1,050,261	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05	NON-MEDICAL TRANSPORT	A	-916,308	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	NON-MEDICAL TRANSPORT	A	-246	NURSING ADMINISTRATION	13.00	0	33.06
33.07	NON-MEDICAL TRANSPORT	A	-110,224	SOCIAL SERVICE	17.00	0	33.07
33.08	NON-MEDICAL TRANSPORT	A	-9,975	SUBPROVIDER - IPF	40.00	0	33.08
33.09	LOBBYING	A	-50,329	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	MARKETING	A	-265,967	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	MARKETING	A	-349	NURSING ADMINISTRATION	13.00	0	33.11
33.12	MARKETING	A	-277	OPERATING ROOM	50.00	0	33.12
33.13	MARKETING	A	-3,681	ANESTHESIOLOGY	53.00	0	33.13
33.14	GIFT	A	-51,375	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15	GIFT	A	-844,791	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	GIFT	A	-202	NURSING ADMINISTRATION	13.00	0	33.16
33.17	GIFT	A	-274	MEDICAL RECORDS & LIBRARY	16.00	0	33.17
33.18	GIFT	A	-1,021	ADULTS & PEDIATRICS	30.00	0	33.18
33.19	GIFT	A	-613	INTENSIVE CARE UNIT	31.00	0	33.19
33.20	GIFT	A	-906	CORONARY CARE UNIT	32.00	0	33.20
33.21	GIFT	A	-283	SUBPROVIDER - IPF	40.00	0	33.21
33.22	GIFT	A	-4,533	OPERATING ROOM	50.00	0	33.22
33.23	GIFT	A	-1,239	RECOVERY ROOM	51.00	0	33.23
33.24	GIFT	A	-370	RADIOLOGY-DIAGNOSTIC	54.00	0	33.24
33.25	GIFT	A	-178	RADIOISOTOPE	56.00	0	33.25
33.26	GIFT	A	-126	CLINIC	90.00	0	33.26
33.27	GIFT	A	-2,380	EMERGENCY	91.00	0	33.27
33.28	GIFT	A	-55	KIDNEY ACQUISITION	105.00	0	33.28
33.29	ENTERTAINMENT	A	-57,356	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30	ENTERTAINMENT	A	-1,357	RADIOLOGY-DIAGNOSTIC	54.00	0	33.30
33.31	ENTERTAINMENT	A	-88	LABORATORY	60.00	0	33.31
33.32	ENTERTAINMENT	A	-21	CLINIC	90.00	0	33.32
33.33	TELEPHONE	A	-23,279	ADMINISTRATIVE & GENERAL	5.00	0	33.33
33.34	TELEPHONE	A	-190	NURSING ADMINISTRATION	13.00	0	33.34
33.35	TELEPHONE	A	-442	PHARMACY	15.00	0	33.35
33.36	TELEPHONE	A	-7	ADULTS & PEDIATRICS	30.00	0	33.36
33.37	TELEPHONE	A	-141	SUBPROVIDER - IPF	40.00	0	33.37
33.38	TELEPHONE	A	-33	OPERATING ROOM	50.00	0	33.38
33.39	TELEPHONE	A	-184	RADIOLOGY-DIAGNOSTIC	54.00	0	33.39
33.40	TELEPHONE	A	-412	EMERGENCY	91.00	0	33.40
33.41	TELEPHONE	A	-160	KIDNEY ACQUISITION	105.00	0	33.41
33.42	MISCELLANEOUS REVENUE	B	-432	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.42
33.43	MISCELLANEOUS REVENUE	B	-4,542,439	ADMINISTRATIVE & GENERAL	5.00	0	33.43
33.44	MISCELLANEOUS REVENUE	B	-485,227	MAINTENANCE & REPAIRS	6.00	0	33.44
33.45	MISCELLANEOUS REVENUE	B	-1,112,493	OPERATION OF PLANT	7.00	0	33.45
33.46	MISCELLANEOUS REVENUE	B	-1	LAUNDRY & LINEN SERVICE	8.00	0	33.46
33.47	MISCELLANEOUS REVENUE	B	-2,224,098	DIETARY	10.00	0	33.47
33.48	MISCELLANEOUS REVENUE	B	-27	NURSING ADMINISTRATION	13.00	0	33.48
33.49	MISCELLANEOUS REVENUE	B	-183,947	PHARMACY	15.00	0	33.49
33.50	MISCELLANEOUS REVENUE	B	-5,623	MEDICAL RECORDS & LIBRARY	16.00	0	33.50
33.51	MISCELLANEOUS REVENUE	B	-4,568	ADULTS & PEDIATRICS	30.00	0	33.51
33.52	MISCELLANEOUS REVENUE	B	-17,572	INTENSIVE CARE UNIT	31.00	0	33.52
33.53	MISCELLANEOUS REVENUE	B	-6	CORONARY CARE UNIT	32.00	0	33.53
33.54	MISCELLANEOUS REVENUE	B	-2	SUBPROVIDER - IPF	40.00	0	33.54
33.55	MISCELLANEOUS REVENUE	B	-328,966	OPERATING ROOM	50.00	0	33.55
33.56	MISCELLANEOUS REVENUE	B	-1,922	RECOVERY ROOM	51.00	0	33.56
33.57	MISCELLANEOUS REVENUE	B	-6,644	ANESTHESIOLOGY	53.00	0	33.57
33.58	MISCELLANEOUS REVENUE	B	-39,737	RADIOLOGY-DIAGNOSTIC	54.00	0	33.58
33.59	MISCELLANEOUS REVENUE	B	-30	RADIOLOGY-THERAPEUTIC	55.00	0	33.59
33.60	MISCELLANEOUS REVENUE	B	-7,307	RADIOISOTOPE	56.00	0	33.60
33.61	MISCELLANEOUS REVENUE	B	-46,724	CT SCAN	57.00	0	33.61
33.62	MISCELLANEOUS REVENUE	B	-2,922	MRI	58.00	0	33.62
33.63	MISCELLANEOUS REVENUE	B	-2	CARDIAC CATHETERIZATION	59.00	0	33.63
33.64	MISCELLANEOUS REVENUE	B	-1,079,886	LABORATORY	60.00	0	33.64
33.65	MISCELLANEOUS REVENUE	B	-38,539	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	33.65
33.66	MISCELLANEOUS REVENUE	B	-16,890	INTRAVENOUS THERAPY	64.00	0	33.66
33.67	MISCELLANEOUS REVENUE	B	-46,300	RESPIRATORY THERAPY	65.00	0	33.67
33.68	MISCELLANEOUS REVENUE	B	-1,466	PHYSICAL THERAPY	66.00	0	33.68

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0105

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

Worksheet A-8

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.69	MISCELLANEOUS REVENUE	B	-29,239	ELECTROCARDIOLOGY	69.00	0	33.69
33.70	MISCELLANEOUS REVENUE	B	-2	ELECTROENCEPHALOGRAPHY	70.00	0	33.70
33.71	MISCELLANEOUS REVENUE	B	1,355	CLINIC	90.00	0	33.71
33.72	MISCELLANEOUS REVENUE	B	-294,441	EMERGENCY	91.00	0	33.72
33.73	MISCELLANEOUS REVENUE	B	-1,223	KIDNEY ACQUISITION	105.00	0	33.73
33.74	OTHER ADJUSTMENTS (SPECIFY)	B	0		0.00	0	33.74
	(3)						
40.00	CLINICAL OUTREACH	B	-444,101	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	40.01
	(3)						
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-86,984,545				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 26-0105

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

Worksheet A-8-1

Date/Time Prepared:
7/27/2022 3:58 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	760,917	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3,276,111	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - INTEREST	0	16,898,155	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	7,761,113	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	55,682,153	60,517,020	4.01
4.02	71.00	MEDICAL SUPPLIES CHARGED TO	HOME OFFICE	-2,564,891	0	4.02
4.03	0.00			0	0	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	NETWORK--CORP 130	12,728,605	12,538,793	4.04
4.05	30.00	ADULTS & PEDIATRICS	NETWORK--CORP 130	59,789	58,898	4.05
4.06	40.00	SUBPROVIDER - IPF	NETWORK--CORP 130	869,495	856,529	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			78,573,292	90,869,395	5.00

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

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

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

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

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

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

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

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

Provider CCN: 26-0105

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

Worksheet A-8-1

Date/Time Prepared:
7/27/2022 3:58 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	760,917	9		1.00
2.00	3,276,111	9		2.00
3.00	-16,898,155	11		3.00
4.00	7,761,113	0		4.00
4.01	-4,834,867	0		4.01
4.02	-2,564,891	0		4.02
4.03	0	0		4.03
4.04	189,812	0		4.04
4.05	891	0		4.05
4.06	12,966	0		4.06
5.00	-12,296,103			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0105

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

Worksheet A-8-2

Date/Time Prepared:
7/27/2022 3:58 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	24,291,474	0	24,291,474	211,500	146,738	1.00
2.00	30.00	ADULTS & PEDIATRICS	9,940,000	9,054,632	885,368	211,500	3,886	2.00
3.00	40.00	SUBPROVIDER - IPF	2,200,884	2,200,884	0	0	0	3.00
4.00	50.00	OPERATING ROOM	114,050	70,737	43,313	246,400	289	4.00
5.00	53.00	ANESTHESIOLOGY	8,766,101	8,766,101	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	650,605	650,605	0	0	0	6.00
7.00	56.00	RADIOISOTOPE	23,605	23,605	0	0	0	7.00
8.00	60.00	LABORATORY	68,325	0	68,325	260,300	456	8.00
9.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	15,375	0	15,375	260,300	103	9.00
10.00	64.00	INTRAVENOUS THERAPY	602,462	317,462	285,000	211,500	2,080	10.00
11.00	66.00	PHYSICAL THERAPY	59,344	59,344	0	211,500	0	11.00
12.00	68.00	SPEECH PATHOLOGY	4,291	4,291	0	271,900	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	2,175	0	2,175	271,900	15	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	271,900	0	14.00
15.00	74.00	RENAL DIALYSIS	15,038	0	15,038	197,500	100	15.00
16.00	90.00	CLINIC	5,196,363	5,196,363	0	0	0	16.00
17.00	91.00	EMERGENCY	14,441,979	14,426,304	15,675	211,500	105	17.00
200.00			66,392,071	40,770,328	25,621,743		153,772	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	14,920,715	746,036	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	395,139	19,757	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	34,235	1,712	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	56.00	RADIOISOTOPE	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	57,066	2,853	0	0	0	8.00
9.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	12,890	645	0	0	0	9.00
10.00	64.00	INTRAVENOUS THERAPY	211,500	10,575	0	0	0	10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	68.00	SPEECH PATHOLOGY	0	0	0	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	1,961	98	0	0	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	14.00
15.00	74.00	RENAL DIALYSIS	9,495	475	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	10,677	534	0	0	0	17.00
200.00			15,653,678	782,685	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	14,920,715	9,370,759	9,370,759		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	395,139	490,229	9,544,861		2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	2,200,884		3.00
4.00	50.00	OPERATING ROOM	0	34,235	9,078	79,815		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	8,766,101		5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	650,605		6.00
7.00	56.00	RADIOISOTOPE	0	0	0	23,605		7.00
8.00	60.00	LABORATORY	0	57,066	11,259	11,259		8.00
9.00	62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	12,890	2,485	2,485		9.00
10.00	64.00	INTRAVENOUS THERAPY	0	211,500	73,500	390,962		10.00
11.00	66.00	PHYSICAL THERAPY	0	0	0	59,344		11.00
12.00	68.00	SPEECH PATHOLOGY	0	0	0	4,291		12.00
13.00	69.00	ELECTROCARDIOLOGY	0	1,961	214	214		13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		14.00
15.00	74.00	RENAL DIALYSIS	0	9,495	5,543	5,543		15.00
16.00	90.00	CLINIC	0	0	0	5,196,363		16.00
17.00	91.00	EMERGENCY	0	10,677	4,998	14,431,302		17.00
200.00			0	15,653,678	9,968,065	50,738,393		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,700,573	13,700,573				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	22,712,466		22,712,466			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,822,103	127,744	211,770	29,161,617		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	137,616,067	1,219,647	2,021,901	3,406,413	144,264,028	5.00
6.00	00600	MAINTENANCE & REPAIRS	12,533,250	39,738	65,877	317,625	12,956,490	6.00
7.00	00700	OPERATION OF PLANT	6,137,955	1,992,271	3,302,738	0	11,432,964	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,371,329	24,804	41,119	0	1,437,252	8.00
9.00	00900	HOUSEKEEPING	2,702,393	145,602	241,376	0	3,089,371	9.00
10.00	01000	DIETARY	48,418	206,767	342,774	0	597,959	10.00
11.00	01100	CAFETERIA	5,708,211	190,493	315,794	0	6,214,498	11.00
13.00	01300	NURSING ADMINISTRATION	635,193	30,165	50,006	684,421	1,399,785	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,518,143	266,923	442,498	219,964	5,447,528	14.00
15.00	01500	PHARMACY	8,167,749	121,077	200,718	1,314,660	9,804,204	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,835,570	113,140	187,560	441,525	3,577,795	16.00
17.00	01700	SOCIAL SERVICE	1,168,050	29,068	48,189	180,407	1,425,714	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	63,061,374	0	0	17,232	63,078,606	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	320,202	6,806	11,282	49,990	388,280	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	157,104	89,102	147,711	28,164	422,081	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,814,963	1,757,184	2,913,015	4,068,305	36,553,467	30.00
31.00	03100	INTENSIVE CARE UNIT	28,409,202	859,724	1,425,228	3,350,050	34,044,204	31.00
32.00	03200	CORONARY CARE UNIT	17,952,558	476,179	789,398	1,969,405	21,187,540	32.00
40.00	04000	SUBPROVIDER - IPF	5,687,110	321,456	532,902	943,007	7,484,475	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,803,946	1,234,547	2,046,601	2,151,271	29,236,365	50.00
51.00	05100	RECOVERY ROOM	2,626,187	21,792	36,127	412,326	3,096,432	51.00
53.00	05300	ANESTHESIOLOGY	6,096,835	93,123	154,377	969,985	7,314,320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,695,078	417,956	692,877	975,405	9,781,316	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,012,379	120,050	199,016	156,563	1,488,008	55.00
56.00	05600	RADIOISOTOPE	3,061,646	125,255	207,644	59,179	3,453,724	56.00
57.00	05700	CT SCAN	2,434,622	111,469	184,790	283,550	3,014,431	57.00
58.00	05800	MRI	1,234,339	94,742	157,060	196,592	1,682,733	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,138,352	226,906	376,160	257,043	2,998,461	59.00
60.00	06000	LABORATORY	14,750,610	323,789	536,769	789,732	16,400,900	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,021,201	76,361	126,589	351,258	12,575,409	62.00
64.00	06400	INTRAVENOUS THERAPY	23,339,979	32,462	53,815	76,804	23,503,060	64.00
65.00	06500	RESPIRATORY THERAPY	7,007,750	72,723	120,558	722,650	7,923,681	65.00
66.00	06600	PHYSICAL THERAPY	2,691,129	143,531	237,942	472,459	3,545,061	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,600,072	23,463	38,897	284,282	1,946,714	67.00
68.00	06800	SPEECH PATHOLOGY	348,842	957	1,587	61,003	412,389	68.00
69.00	06900	ELECTROCARDIOLOGY	2,364,914	91,086	151,001	372,762	2,979,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	692,319	11,575	19,189	122,523	845,606	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,039,135	0	0	0	47,039,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,728,538	0	0	0	28,728,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,550,078	0	0	0	24,550,078	73.00
74.00	07400	RENAL DIALYSIS	2,456,378	72,096	119,519	0	2,647,993	74.00
76.00	03330	ENDOSCOPY	1,753,484	116,047	192,379	315,179	2,377,089	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,658,002	521,575	864,653	931,131	5,975,361	90.00
91.00	09100	EMERGENCY	10,532,784	493,394	817,936	1,484,692	13,328,806	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,135,167	106,021	175,759	187,749	3,604,696	105.00
107.00	10700	LIVER ACQUISITION	2,483,778	17,197	28,509	169,430	2,698,914	107.00
109.00	10900	PANCREAS ACQUISITION	22,706	2,872	4,761	959	31,298	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	631,360,233	12,568,879	20,836,371	28,795,695	627,986,522	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	38,102	63,165	0	101,267	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,885,817	546,204	905,484	77,703	3,415,208	192.00
194.00	07950	OTHER NON-REIMBURSABLE	557,936	538,076	892,008	29,235	2,017,255	194.00
194.03	07953	RETAIL PHARMACY	22,547,007	9,312	15,438	258,984	22,830,741	194.03
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)	656,350,993	13,700,573	22,712,466	29,161,617	656,350,993	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	144,264,028					5.00
6.00	00600	MAINTENANCE & REPAIRS	4,162,855	17,119,345				6.00
7.00	00700	OPERATION OF PLANT	3,673,354	2,769,852	17,876,170			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	461,782	34,485	42,960	1,976,479		8.00
9.00	00900	HOUSEKEEPING	992,599	202,430	252,182	0	4,536,582	9.00
10.00	01000	DIETARY	192,121	287,468	358,119	0	92,409	10.00
11.00	01100	CAFETERIA	1,996,687	264,841	329,931	0	85,135	11.00
13.00	01300	NURSING ADMINISTRATION	449,744	41,938	52,245	0	13,481	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,750,264	371,102	462,308	0	119,293	14.00
15.00	01500	PHARMACY	3,150,042	168,333	209,704	0	54,112	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,149,528	157,298	195,957	0	50,564	16.00
17.00	01700	SOCIAL SERVICE	458,075	40,413	50,346	0	12,991	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	124,752	9,462	11,788	0	3,042	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	135,613	123,878	154,324	0	39,821	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,744,446	2,443,007	3,043,424	925,513	785,320	30.00
31.00	03100	INTENSIVE CARE UNIT	10,938,233	1,195,271	1,489,033	509,854	384,228	31.00
32.00	03200	CORONARY CARE UNIT	6,807,451	662,031	824,738	386,097	212,814	32.00
40.00	04000	SUBPROVIDER - IPF	2,404,724	446,920	556,759	155,015	143,665	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,393,498	1,716,387	2,138,223	0	551,744	50.00
51.00	05100	RECOVERY ROOM	994,868	30,298	37,744	0	9,739	51.00
53.00	05300	ANESTHESIOLOGY	2,350,054	129,468	161,288	0	41,618	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,142,688	581,083	723,896	0	186,793	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	478,090	166,905	207,926	0	53,653	55.00
56.00	05600	RADIOISOTOPE	1,109,664	174,141	216,940	0	55,979	56.00
57.00	05700	CT SCAN	968,522	154,975	193,063	0	49,818	57.00
58.00	05800	MRI	540,654	131,719	164,091	0	42,342	58.00
59.00	05900	CARDIAC CATHETERIZATION	963,391	315,467	392,999	0	101,409	59.00
60.00	06000	LABORATORY	5,269,527	450,163	560,799	0	144,708	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,040,416	106,164	132,256	0	34,127	62.00
64.00	06400	INTRAVENOUS THERAPY	7,551,416	45,132	56,225	0	14,508	64.00
65.00	06500	RESPIRATORY THERAPY	2,545,839	101,106	125,955	0	32,501	65.00
66.00	06600	PHYSICAL THERAPY	1,139,010	199,551	248,594	0	64,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	625,469	32,621	40,638	0	10,486	67.00
68.00	06800	SPEECH PATHOLOGY	132,499	1,331	1,658	0	428	68.00
69.00	06900	ELECTROCARDIOLOGY	957,383	126,637	157,761	0	40,708	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	271,689	16,093	20,048	0	5,173	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,113,323	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,230,336	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,887,817	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	850,787	100,235	124,870	0	32,221	74.00
76.00	03330	ENDOSCOPY	763,747	161,339	200,992	0	51,864	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,919,854	725,144	903,362	0	233,102	90.00
91.00	09100	EMERGENCY	4,282,479	685,964	854,554	0	220,508	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,158,171	147,400	183,627	0	47,383	105.00
107.00	10700	LIVER ACQUISITION	867,148	23,909	29,785	0	7,686	107.00
109.00	10900	PANCREAS ACQUISITION	10,056	3,993	4,974	0	1,284	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	135,150,665	15,545,954	15,916,086	1,976,479	4,030,804	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,537	52,973	65,992	0	17,029	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,097,289	759,386	946,021	0	244,110	192.00
194.00	07950	OTHER NON-REIMBURSABLE	648,134	748,085	931,942	0	240,477	194.00
194.03	07953	RETAIL PHARMACY	7,335,403	12,947	16,129	0	4,162	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	144,264,028	17,119,345	17,876,170	1,976,479	4,536,582	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,528,076					10.00
11.00	01100	CAFETERIA	0	8,891,092				11.00
13.00	01300	NURSING ADMINISTRATION	0	239,223	2,196,416			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	76,883	0	8,227,378		14.00
15.00	01500	PHARMACY	0	459,508	0	0	13,845,903	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	154,325	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	63,057	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6,023	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	17,473	0	0	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	9,844	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	715,543	1,421,971	486,249	1,975	592	30.00
31.00	03100	INTENSIVE CARE UNIT	394,183	1,170,930	582,837	2,195	1,807	31.00
32.00	03200	CORONARY CARE UNIT	298,504	688,359	228,481	773	255	32.00
40.00	04000	SUBPROVIDER - IPF	119,846	329,606	121,410	213	1,191	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	751,925	272,764	11,283	2,668	50.00
51.00	05100	RECOVERY ROOM	0	144,119	67,968	238	28	51.00
53.00	05300	ANESTHESIOLOGY	0	339,035	0	1,364	10	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	340,930	34,060	937	2,358	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	54,723	8,432	10	0	55.00
56.00	05600	RADIOISOTOPE	0	20,685	0	143,463	0	56.00
57.00	05700	CT SCAN	0	99,108	24	27,002	2	57.00
58.00	05800	MRI	0	68,714	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	89,843	23,578	158	0	59.00
60.00	06000	LABORATORY	0	276,032	1,619	2,828	7	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	122,774	15,983	491,926	185	62.00
64.00	06400	INTRAVENOUS THERAPY	0	26,845	20	1,159,760	6,490,254	64.00
65.00	06500	RESPIRATORY THERAPY	0	252,585	0	15,281	1,798	65.00
66.00	06600	PHYSICAL THERAPY	0	165,137	0	317	1,779	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	99,364	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	21,322	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	130,290	4,369	1	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	42,825	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,638,185	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,527,899	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,305,671	7,331,569	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	368	0	74.00
76.00	03330	ENDOSCOPY	0	110,163	54,308	241	10,264	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	325,455	36,171	280	59	90.00
91.00	09100	EMERGENCY	0	518,939	184,173	2,352	1,077	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	65,623	73,970	1,209	0	105.00
107.00	10700	LIVER ACQUISITION	0	59,220	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	335	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,528,076	8,763,193	2,196,416	7,335,929	13,845,903	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	27,159	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	10,218	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	90,522	0	891,449	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,528,076	8,891,092	2,196,416	8,227,378	13,845,903	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,285,467					16.00
17.00	01700	SOCIAL SERVICE	0	2,050,596				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING PROGRAM	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	0				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	236,660	960,219	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	256,055	528,973	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	176,571	400,576	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	41,525	160,828	0	0	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	370,448	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	40,223	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	147,572	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	199,360	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	74,735	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	55,917	0	0	0	0	56.00
57.00	05700	CT SCAN	310,243	0	0	0	0	57.00
58.00	05800	MRI	78,891	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	73,112	0	0	0	0	59.00
60.00	06000	LABORATORY	541,695	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	69,192	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	596,316	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	81,942	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	23,619	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,770	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,943	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	93,531	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,078	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	174,111	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	229,342	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	753,177	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,854	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	60,683	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	58,307	0	0	0	0	90.00
91.00	09100	EMERGENCY	471,547	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	13,609	0	0	0	0	105.00
107.00	10700	LIVER ACQUISITION	7,411	0	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	28	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,285,467	2,050,596	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,285,467	2,050,596	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	63,084,629					22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY		554,797				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED			885,561			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,531,057	110,959	203,679	100,164,081	-40,531,057	30.00
31.00	03100	INTENSIVE CARE UNIT	1,307,453	166,438	593,326	53,565,020	-1,307,453	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	31,874,190	0	32.00
40.00	04000	SUBPROVIDER - IPF	5,883,541	0	0	17,849,718	-5,883,541	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	44,445,305	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,421,657	0	51.00
53.00	05300	ANESTHESIOLOGY	8,498,447	0	0	18,983,176	-8,498,447	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,229,814	0	0	20,223,235	-5,229,814	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	2,532,482	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,230,513	0	56.00
57.00	05700	CT SCAN	0	0	0	4,817,188	0	57.00
58.00	05800	MRI	0	0	0	2,709,144	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,958,418	0	59.00
60.00	06000	LABORATORY	1,634,317	83,220	0	25,365,815	-1,634,317	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	17,588,432	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	39,443,536	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,080,688	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,387,215	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,774,062	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	574,570	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,490,443	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,213,512	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	64,964,754	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	39,716,115	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	41,828,312	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,770,328	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	3,790,690	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	83,220	0	10,260,315	0	90.00
91.00	09100	EMERGENCY	0	55,480	88,556	20,694,435	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	55,480	0	5,351,168	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	0	3,694,073	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	51,968	0	109.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	63,084,629	554,797	885,561	613,814,558	-63,084,629	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	269,798	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	6,489,173	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	4,596,111	0	194.00
194.03	07953	RETAIL PHARMACY	0	0	0	31,181,353	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	63,084,629	554,797	885,561	656,350,993	-63,084,629	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	127,744	211,770	339,514	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,989	1,219,647	2,021,901	3,250,537	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	39,738	65,877	105,615	6.00
7.00	00700	OPERATION OF PLANT	0	1,992,271	3,302,738	5,295,009	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	24,804	41,119	65,923	8.00
9.00	00900	HOUSEKEEPING	1,328	145,602	241,376	388,306	9.00
10.00	01000	DIETARY	0	206,767	342,774	549,541	10.00
11.00	01100	CAFETERIA	0	190,493	315,794	506,287	11.00
13.00	01300	NURSING ADMINISTRATION	0	30,165	50,006	80,171	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	101,450	266,923	442,498	810,871	14.00
15.00	01500	PHARMACY	15,437	121,077	200,718	337,232	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	113,140	187,560	300,700	16.00
17.00	01700	SOCIAL SERVICE	0	29,068	48,189	77,257	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	201	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	6,806	11,282	18,088	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	89,102	147,711	236,813	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	44,576	1,757,184	2,913,015	4,714,775	30.00
31.00	03100	INTENSIVE CARE UNIT	63,333	859,724	1,425,228	2,348,285	31.00
32.00	03200	CORONARY CARE UNIT	32,024	476,179	789,398	1,297,601	32.00
40.00	04000	SUBPROVIDER - IPF	0	321,456	532,902	854,358	40.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	489,178	1,234,547	2,046,601	3,770,326	50.00
51.00	05100	RECOVERY ROOM	0	21,792	36,127	57,919	51.00
53.00	05300	ANESTHESIOLOGY	0	93,123	154,377	247,500	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,443	417,956	692,877	1,112,276	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	120,050	199,016	319,066	55.00
56.00	05600	RADIOISOTOPE	0	125,255	207,644	332,899	56.00
57.00	05700	CT SCAN	700	111,469	184,790	296,959	57.00
58.00	05800	MRI	0	94,742	157,060	251,802	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	226,906	376,160	603,066	59.00
60.00	06000	LABORATORY	199,038	323,789	536,769	1,059,596	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	76,361	126,589	202,950	62.00
64.00	06400	INTRAVENOUS THERAPY	0	32,462	53,815	86,277	64.00
65.00	06500	RESPIRATORY THERAPY	80,061	72,723	120,558	273,342	65.00
66.00	06600	PHYSICAL THERAPY	0	143,531	237,942	381,473	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,463	38,897	62,360	67.00
68.00	06800	SPEECH PATHOLOGY	0	957	1,587	2,544	68.00
69.00	06900	ELECTROCARDIOLOGY	0	91,086	151,001	242,087	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,575	19,189	30,764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	72,096	119,519	191,615	74.00
76.00	03330	ENDOSCOPY	300	116,047	192,379	308,726	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,995	521,575	864,653	1,389,223	90.00
91.00	09100	EMERGENCY	4,183	493,394	817,936	1,315,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	991	106,021	175,759	282,771	105.00
107.00	10700	LIVER ACQUISITION	2,058	17,197	28,509	47,764	107.00
109.00	10900	PANCREAS ACQUISITION	78	2,872	4,761	7,711	109.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,048,162	12,568,879	20,836,371	34,453,412	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,102	63,165	101,267	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	546,204	905,484	1,451,688	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	538,076	892,008	1,430,084	194.00
194.03	07953	RETAIL PHARMACY	0	9,312	15,438	24,750	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,048,162	13,700,573	22,712,466	37,461,201	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,290,203					5.00
6.00	00600	MAINTENANCE & REPAIRS	94,945	204,259				6.00
7.00	00700	OPERATION OF PLANT	83,781	33,050	5,411,840			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,532	411	13,006	89,872		8.00
9.00	00900	HOUSEKEEPING	22,639	2,415	76,346	0	489,706	9.00
10.00	01000	DIETARY	4,382	3,430	108,417	0	9,975	10.00
11.00	01100	CAFETERIA	45,540	3,160	99,884	0	9,190	11.00
13.00	01300	NURSING ADMINISTRATION	10,258	500	15,817	0	1,455	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	39,919	4,428	139,959	0	12,877	14.00
15.00	01500	PHARMACY	71,845	2,008	63,486	0	5,841	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,218	1,877	59,324	0	5,458	16.00
17.00	01700	SOCIAL SERVICE	10,448	482	15,242	0	1,402	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	2,845	113	3,569	0	328	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	3,093	1,478	46,720	0	4,299	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	267,864	29,149	921,367	42,084	84,772	30.00
31.00	03100	INTENSIVE CARE UNIT	249,476	14,261	450,790	23,183	41,476	31.00
32.00	03200	CORONARY CARE UNIT	155,262	7,899	249,682	17,556	22,972	32.00
40.00	04000	SUBPROVIDER - IPF	54,846	5,332	168,554	7,049	15,508	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	214,244	20,479	647,327	0	59,559	50.00
51.00	05100	RECOVERY ROOM	22,691	361	11,427	0	1,051	51.00
53.00	05300	ANESTHESIOLOGY	53,599	1,545	48,828	0	4,493	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,677	6,933	219,153	0	20,164	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,904	1,991	62,947	0	5,792	55.00
56.00	05600	RADIOISOTOPE	25,309	2,078	65,676	0	6,043	56.00
57.00	05700	CT SCAN	22,090	1,849	58,448	0	5,378	57.00
58.00	05800	MRI	12,331	1,572	49,677	0	4,571	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,973	3,764	118,977	0	10,947	59.00
60.00	06000	LABORATORY	120,186	5,371	169,777	0	15,621	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	92,153	1,267	40,039	0	3,684	62.00
64.00	06400	INTRAVENOUS THERAPY	172,230	538	17,021	0	1,566	64.00
65.00	06500	RESPIRATORY THERAPY	58,065	1,206	38,132	0	3,508	65.00
66.00	06600	PHYSICAL THERAPY	25,978	2,381	75,260	0	6,924	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,266	389	12,303	0	1,132	67.00
68.00	06800	SPEECH PATHOLOGY	3,022	16	502	0	46	68.00
69.00	06900	ELECTROCARDIOLOGY	21,836	1,511	47,760	0	4,394	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,197	192	6,069	0	558	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	344,573	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	210,523	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,903	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	19,404	1,196	37,803	0	3,478	74.00
76.00	03330	ENDOSCOPY	17,419	1,925	60,848	0	5,598	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	43,787	8,652	273,484	0	25,162	90.00
91.00	09100	EMERGENCY	97,673	8,185	258,708	0	23,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	26,415	1,759	55,591	0	5,115	105.00
107.00	10700	LIVER ACQUISITION	19,778	285	9,017	0	830	107.00
109.00	10900	PANCREAS ACQUISITION	229	48	1,506	0	139	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,082,348	185,486	4,818,443	89,872	435,109	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	742	632	19,979	0	1,838	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,027	9,061	286,399	0	26,351	192.00
194.00	07950	OTHER NON-REIMBURSABLE	14,782	8,926	282,136	0	25,959	194.00
194.03	07953	RETAIL PHARMACY	167,304	154	4,883	0	449	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,290,203	204,259	5,411,840	89,872	489,706	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	675,745					10.00
11.00	01100	CAFETERIA	0	664,061				11.00
13.00	01300	NURSING ADMINISTRATION	0	17,867	134,038			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,742	0	1,016,357		14.00
15.00	01500	PHARMACY	0	34,319	0	0	530,039	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,526	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,709	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	450	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	1,305	0	0	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	735	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	316,427	106,223	29,674	244	23	30.00
31.00	03100	INTENSIVE CARE UNIT	174,316	87,452	35,568	271	69	31.00
32.00	03200	CORONARY CARE UNIT	132,004	51,411	13,943	95	10	32.00
40.00	04000	SUBPROVIDER - IPF	52,998	24,617	7,409	26	46	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	56,158	16,646	1,394	102	50.00
51.00	05100	RECOVERY ROOM	0	10,764	4,148	29	1	51.00
53.00	05300	ANESTHESIOLOGY	0	25,321	0	169	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,463	2,079	116	90	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,087	515	1	0	55.00
56.00	05600	RADIOISOTOPE	0	1,545	0	17,722	0	56.00
57.00	05700	CT SCAN	0	7,402	1	3,336	0	57.00
58.00	05800	MRI	0	5,132	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,710	1,439	19	0	59.00
60.00	06000	LABORATORY	0	20,616	99	349	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,169	975	60,769	7	62.00
64.00	06400	INTRAVENOUS THERAPY	0	2,005	1	143,269	248,451	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,865	0	1,888	69	65.00
66.00	06600	PHYSICAL THERAPY	0	12,333	0	39	68	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,421	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,592	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,731	267	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,198	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	325,907	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	188,746	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	161,294	280,667	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	45	0	74.00
76.00	03330	ENDOSCOPY	0	8,228	3,314	30	393	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	24,307	2,207	35	2	90.00
91.00	09100	EMERGENCY	0	38,757	11,239	291	41	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	4,901	4,514	149	0	105.00
107.00	10700	LIVER ACQUISITION	0	4,423	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	25	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	675,745	654,509	134,038	906,233	530,039	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,028	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	763	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	6,761	0	110,124	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	675,745	664,061	134,038	1,016,357	530,039	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	410,244					16.00
17.00	01700	SOCIAL SERVICE	0	111,641				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING PROGRAM	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0	0				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,384	52,277				30.00
31.00	03100	INTENSIVE CARE UNIT	19,890	28,799				31.00
32.00	03200	CORONARY CARE UNIT	13,716	21,809				32.00
40.00	04000	SUBPROVIDER - IPF	3,226	8,756				40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,777	0				50.00
51.00	05100	RECOVERY ROOM	3,125	0				51.00
53.00	05300	ANESTHESIOLOGY	11,464	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,486	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,805	0				55.00
56.00	05600	RADIOISOTOPE	4,344	0				56.00
57.00	05700	CT SCAN	24,100	0				57.00
58.00	05800	MRI	6,128	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	5,679	0				59.00
60.00	06000	LABORATORY	42,079	0				60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,375	0				62.00
64.00	06400	INTRAVENOUS THERAPY	46,322	0				64.00
65.00	06500	RESPIRATORY THERAPY	6,365	0				65.00
66.00	06600	PHYSICAL THERAPY	1,835	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	1,458	0				67.00
68.00	06800	SPEECH PATHOLOGY	384	0				68.00
69.00	06900	ELECTROCARDIOLOGY	7,266	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	938	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,525	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,815	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,174	0				73.00
74.00	07400	RENAL DIALYSIS	1,076	0				74.00
76.00	03330	ENDOSCOPY	4,714	0				76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,529	0				90.00
91.00	09100	EMERGENCY	36,630	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,057	0				105.00
107.00	10700	LIVER ACQUISITION	576	0				107.00
109.00	10900	PANCREAS ACQUISITION	2	0				109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	410,244	111,641	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0				194.00
194.03	07953	RETAIL PHARMACY	0	0				194.03
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	410,244	111,641	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED-PHARMACY RESIDENCY	PARAMED ED-CLINICAL PASTORAL ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	651					22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY		26,830				23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED			293,466			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				6,630,581	0	30.00
31.00	03100	INTENSIVE CARE UNIT				3,512,845	0	31.00
32.00	03200	CORONARY CARE UNIT				2,006,893	0	32.00
40.00	04000	SUBPROVIDER - IPF				1,213,706	0	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				4,840,062	0	50.00
51.00	05100	RECOVERY ROOM				116,317	0	51.00
53.00	05300	ANESTHESIOLOGY				404,214	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,484,795	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				412,931	0	55.00
56.00	05600	RADIOISOTOPE				456,305	0	56.00
57.00	05700	CT SCAN				422,865	0	57.00
58.00	05800	MRI				333,502	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				775,567	0	59.00
60.00	06000	LABORATORY				1,442,890	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL				420,478	0	62.00
64.00	06400	INTRAVENOUS THERAPY				718,574	0	64.00
65.00	06500	RESPIRATORY THERAPY				409,855	0	65.00
66.00	06600	PHYSICAL THERAPY				511,793	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				102,639	0	67.00
68.00	06800	SPEECH PATHOLOGY				8,816	0	68.00
69.00	06900	ELECTROCARDIOLOGY				339,193	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				49,343	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				684,005	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				417,084	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				680,038	0	73.00
74.00	07400	RENAL DIALYSIS				254,617	0	74.00
76.00	03330	ENDOSCOPY				414,865	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				1,782,230	0	90.00
91.00	09100	EMERGENCY				1,808,128	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				384,458	0	105.00
107.00	10700	LIVER ACQUISITION				84,646	0	107.00
109.00	10900	PANCREAS ACQUISITION				9,671	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	33,133,906	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				124,458	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				1,801,459	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE				1,762,990	0	194.00
194.03	07953	RETAIL PHARMACY				317,441	0	194.03
200.00		Cross Foot Adjustments	651	26,830	293,466	320,947	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	651	26,830	293,466	37,461,201	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	787,112					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		787,112				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,339	7,339	152,342,093			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	70,070	70,070	17,795,304	-144,264,028	449,008,359	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,283	2,283	1,659,294	0	12,956,490	6.00
7.00	00700	OPERATION OF PLANT	114,458	114,458	0	0	11,432,964	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,425	1,425	0	0	1,437,252	8.00
9.00	00900	HOUSEKEEPING	8,365	8,365	0	0	3,089,371	9.00
10.00	01000	DIETARY	11,879	11,879	0	0	597,959	10.00
11.00	01100	CAFETERIA	10,944	10,944	0	0	6,214,498	11.00
13.00	01300	NURSING ADMINISTRATION	1,733	1,733	3,575,456	0	1,399,785	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,335	15,335	1,149,104	0	5,447,528	14.00
15.00	01500	PHARMACY	6,956	6,956	6,867,862	0	9,804,204	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,500	6,500	2,306,553	0	3,577,795	16.00
17.00	01700	SOCIAL SERVICE	1,670	1,670	942,458	0	1,425,714	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	90,020	-63,078,606	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	391	391	261,153	0	388,280	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	5,119	5,119	147,132	0	422,081	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100,952	100,952	21,253,127	0	36,553,467	30.00
31.00	03100	INTENSIVE CARE UNIT	49,392	49,392	17,500,861	0	34,044,204	31.00
32.00	03200	CORONARY CARE UNIT	27,357	27,357	10,288,291	0	21,187,540	32.00
40.00	04000	SUBPROVIDER - IPF	18,468	18,468	4,926,326	0	7,484,475	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	70,926	70,926	11,238,367	0	29,236,365	50.00
51.00	05100	RECOVERY ROOM	1,252	1,252	2,154,016	0	3,096,432	51.00
53.00	05300	ANESTHESIOLOGY	5,350	5,350	5,067,259	0	7,314,320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,012	24,012	5,095,575	0	9,781,316	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,897	6,897	817,892	0	1,488,008	55.00
56.00	05600	RADIOISOTOPE	7,196	7,196	309,154	0	3,453,724	56.00
57.00	05700	CT SCAN	6,404	6,404	1,481,283	0	3,014,431	57.00
58.00	05800	MRI	5,443	5,443	1,027,008	0	1,682,733	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,036	13,036	1,342,807	0	2,998,461	59.00
60.00	06000	LABORATORY	18,602	18,602	4,125,609	0	16,400,900	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,387	4,387	1,834,994	0	12,575,409	62.00
64.00	06400	INTRAVENOUS THERAPY	1,865	1,865	401,229	0	23,503,060	64.00
65.00	06500	RESPIRATORY THERAPY	4,178	4,178	3,775,168	0	7,923,681	65.00
66.00	06600	PHYSICAL THERAPY	8,246	8,246	2,468,155	0	3,545,061	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,348	1,348	1,485,108	0	1,946,714	67.00
68.00	06800	SPEECH PATHOLOGY	55	55	318,681	0	412,389	68.00
69.00	06900	ELECTROCARDIOLOGY	5,233	5,233	1,947,330	0	2,979,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	665	665	640,065	0	845,606	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	47,039,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	28,728,538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	24,550,078	73.00
74.00	07400	RENAL DIALYSIS	4,142	4,142	0	0	2,647,993	74.00
76.00	03330	ENDOSCOPY	6,667	6,667	1,646,516	0	2,377,089	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,965	29,965	4,864,284	0	5,975,361	90.00
91.00	09100	EMERGENCY	28,346	28,346	7,756,122	0	13,328,806	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,091	6,091	980,813	0	3,604,696	105.00
107.00	10700	LIVER ACQUISITION	988	988	885,112	0	2,698,914	107.00
109.00	10900	PANCREAS ACQUISITION	165	165	5,009	0	31,298	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	722,095	722,095	150,430,497	-207,342,634	420,643,888	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,189	2,189	0	0	101,267	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,380	31,380	405,924	0	3,415,208	192.00
194.00	07950	OTHER NON-REIMBURSABLE	30,913	30,913	152,725	0	2,017,255	194.00
194.03	07953	RETAIL PHARMACY	535	535	1,352,947	0	22,830,741	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	13,700,573	22,712,466	29,161,617		144,264,028	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.406129	28.855444	0.191422		0.321295	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			339,514		3,290,203	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002229		0.007328	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	707,420					6.00
7.00	00700	OPERATION OF PLANT	114,458	592,962				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,425	1,425	103,698			8.00
9.00	00900	HOUSEKEEPING	8,365	8,365	0	583,172		9.00
10.00	01000	DIETARY	11,879	11,879	0	11,879	103,698	10.00
11.00	01100	CAFETERIA	10,944	10,944	0	10,944	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,733	1,733	0	1,733	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,335	15,335	0	15,335	0	14.00
15.00	01500	PHARMACY	6,956	6,956	0	6,956	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,500	6,500	0	6,500	0	16.00
17.00	01700	SOCIAL SERVICE	1,670	1,670	0	1,670	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	391	391	0	391	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	5,119	5,119	0	5,119	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	100,952	100,952	48,558	100,952	48,558	30.00
31.00	03100	INTENSIVE CARE UNIT	49,392	49,392	26,750	49,392	26,750	31.00
32.00	03200	CORONARY CARE UNIT	27,357	27,357	20,257	27,357	20,257	32.00
40.00	04000	SUBPROVIDER - IPF	18,468	18,468	8,133	18,468	8,133	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	70,926	70,926	0	70,926	0	50.00
51.00	05100	RECOVERY ROOM	1,252	1,252	0	1,252	0	51.00
53.00	05300	ANESTHESIOLOGY	5,350	5,350	0	5,350	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,012	24,012	0	24,012	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,897	6,897	0	6,897	0	55.00
56.00	05600	RADIOISOTOPE	7,196	7,196	0	7,196	0	56.00
57.00	05700	CT SCAN	6,404	6,404	0	6,404	0	57.00
58.00	05800	MRI	5,443	5,443	0	5,443	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,036	13,036	0	13,036	0	59.00
60.00	06000	LABORATORY	18,602	18,602	0	18,602	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,387	4,387	0	4,387	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,865	1,865	0	1,865	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,178	4,178	0	4,178	0	65.00
66.00	06600	PHYSICAL THERAPY	8,246	8,246	0	8,246	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,348	1,348	0	1,348	0	67.00
68.00	06800	SPEECH PATHOLOGY	55	55	0	55	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,233	5,233	0	5,233	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	665	665	0	665	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,142	4,142	0	4,142	0	74.00
76.00	03330	ENDOSCOPY	6,667	6,667	0	6,667	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,965	29,965	0	29,965	0	90.00
91.00	09100	EMERGENCY	28,346	28,346	0	28,346	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,091	6,091	0	6,091	0	105.00
107.00	10700	LIVER ACQUISITION	988	988	0	988	0	107.00
109.00	10900	PANCREAS ACQUISITION	165	165	0	165	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	642,403	527,945	103,698	518,155	103,698	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,189	2,189	0	2,189	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,380	31,380	0	31,380	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	30,913	30,913	0	30,913	0	194.00
194.03	07953	RETAIL PHARMACY	535	535	0	535	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,119,345	17,876,170	1,976,479	4,536,582	1,528,076	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.199690	30.147244	19.059953	7.779149	14.735829	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	204,259	5,411,840	89,872	489,706	675,745	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.288738	9.126791	0.866671	0.839728	6.516471	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	132,887,495					11.00
13.00	01300	NURSING ADMINISTRATION	3,575,456	1,207,118				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,149,104	0	154,695,597			14.00
15.00	01500	PHARMACY	6,867,862	0	0	46,363,637		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,306,553	0	0	0	2,891,277,382	16.00
17.00	01700	SOCIAL SERVICE	942,458	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	90,020	0	0	0	0	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	261,153	0	0	0	0	23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	147,132	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,253,127	267,235	37,128	1,983	129,464,079	30.00
31.00	03100	INTENSIVE CARE UNIT	17,500,861	320,319	41,273	6,051	140,073,731	31.00
32.00	03200	CORONARY CARE UNIT	10,288,291	125,570	14,530	853	96,592,302	32.00
40.00	04000	SUBPROVIDER - IPF	4,926,326	66,725	3,997	3,989	22,715,948	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,238,367	149,907	212,148	8,935	202,652,248	50.00
51.00	05100	RECOVERY ROOM	2,154,016	37,354	4,483	93	22,003,884	51.00
53.00	05300	ANESTHESIOLOGY	5,067,259	0	25,647	33	80,728,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,095,575	18,719	17,611	7,896	109,059,116	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	817,892	4,634	180	0	40,883,285	55.00
56.00	05600	RADIOISOTOPE	309,154	0	2,697,483	0	30,589,206	56.00
57.00	05700	CT SCAN	1,481,283	13	507,704	8	169,717,157	57.00
58.00	05800	MRI	1,027,008	0	0	0	43,157,001	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,342,807	12,958	2,962	0	39,995,617	59.00
60.00	06000	LABORATORY	4,125,609	890	53,180	22	296,332,033	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,834,994	8,784	9,249,511	621	37,851,405	62.00
64.00	06400	INTRAVENOUS THERAPY	401,229	11	21,806,551	21,732,921	326,212,357	64.00
65.00	06500	RESPIRATORY THERAPY	3,775,168	0	287,325	6,020	44,825,944	65.00
66.00	06600	PHYSICAL THERAPY	2,468,155	0	5,959	5,957	12,920,532	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,485,108	0	0	0	10,267,848	67.00
68.00	06800	SPEECH PATHOLOGY	318,681	0	0	0	2,704,038	68.00
69.00	06900	ELECTROCARDIOLOGY	1,947,330	2,401	15	0	51,165,640	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	640,065	0	0	0	6,607,268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	49,604,026	0	95,246,902	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	28,728,538	0	125,460,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	24,550,078	24,550,078	411,906,465	73.00
74.00	07400	RENAL DIALYSIS	0	0	6,911	0	7,579,025	74.00
76.00	03330	ENDOSCOPY	1,646,516	29,847	4,524	34,371	33,196,370	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,864,284	19,879	5,274	198	31,896,844	90.00
91.00	09100	EMERGENCY	7,756,122	101,219	44,220	3,608	257,957,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	980,813	40,653	22,732	0	7,444,752	105.00
107.00	10700	LIVER ACQUISITION	885,112	0	0	0	4,053,930	107.00
109.00	10900	PANCREAS ACQUISITION	5,009	0	0	0	15,210	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	130,975,899	1,207,118	137,933,990	46,363,637	2,891,277,382	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	405,924	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	152,725	0	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	1,352,947	0	16,761,607	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,891,092	2,196,416	8,227,378	13,845,903	5,285,467	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.066907	1.819554	0.053184	0.298637	0.001828	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	664,061	134,038	1,016,357	530,039	410,244	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004997	0.111040	0.006570	0.011432	0.000142	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	103,698					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING PROGRAM	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			193		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				193	22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	0					23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED	0					23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,558	0	0	124	124	30.00
31.00	03100	INTENSIVE CARE UNIT	26,750	0	0	4	4	31.00
32.00	03200	CORONARY CARE UNIT	20,257	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	8,133	0	0	18	18	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	26	26	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16	16	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	5	5	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	103,698	0	0	193	193	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
						21.00	22.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	2,050,596	0	0	0	63,084,629	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.774692	0.000000	0.000000	0.000000	326,863.362694	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	111,641	0	0	0	651	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.076597	0.000000	0.000000	0.000000	3.373057	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000			207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (ASSIGNED TIME)	
			23.00	23.01	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING PROGRAM			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED-PHARMACY RESIDENCY	1,200		23.00
23.01	02301	PARAMED ED-CLINICAL PASTORAL ED		100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	240	23	30.00
31.00	03100	INTENSIVE CARE UNIT	360	67	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	180	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	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	180	0	90.00
91.00	09100	EMERGENCY	120	10	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	120	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,200	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	194.00
194.03	07953	RETAIL PHARMACY	0	0	194.03
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	554,797	885,561	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	462.330833	8,855.610000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0105

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

Worksheet B-1

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description		PARAMED ED-PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED ED-CLINICAL PASTORAL ED (ASSIGNED TIME)	
		23.00	23.01	
204.00	Cost to be allocated (per Wkst. B, Part II)	26,830	293,466	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	22.358333	2,934.660000	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

Provider CCN: 26-0105

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

Worksheet B-2

Date/Time Prepared:
7/27/2022 3:58 pm

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		59,633,024	490,229	60,123,253 30.00
31.00	03100	INTENSIVE CARE UNIT		52,257,567	0	52,257,567 31.00
32.00	03200	CORONARY CARE UNIT		31,874,190	0	31,874,190 32.00
40.00	04000	SUBPROVIDER - IPF		11,966,177	0	11,966,177 40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		44,445,305	9,078	44,454,383 50.00
51.00	05100	RECOVERY ROOM		4,421,657	0	4,421,657 51.00
53.00	05300	ANESTHESIOLOGY		10,484,729	0	10,484,729 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		14,993,421	0	14,993,421 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		2,532,482	0	2,532,482 55.00
56.00	05600	RADIOISOTOPE		5,230,513	0	5,230,513 56.00
57.00	05700	CT SCAN		4,817,188	0	4,817,188 57.00
58.00	05800	MRI		2,709,144	0	2,709,144 58.00
59.00	05900	CARDIAC CATHETERIZATION		4,958,418	0	4,958,418 59.00
60.00	06000	LABORATORY		23,731,498	11,259	23,742,757 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		17,588,432	2,485	17,590,917 62.00
64.00	06400	INTRAVENOUS THERAPY		39,443,536	73,500	39,517,036 64.00
65.00	06500	RESPIRATORY THERAPY	0	11,080,688	0	11,080,688 65.00
66.00	06600	PHYSICAL THERAPY	0	5,387,215	0	5,387,215 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,774,062	0	2,774,062 67.00
68.00	06800	SPEECH PATHOLOGY	0	574,570	0	574,570 68.00
69.00	06900	ELECTROCARDIOLOGY		4,490,443	214	4,490,657 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,213,512	0	1,213,512 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		64,964,754	0	64,964,754 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		39,716,115	0	39,716,115 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		41,828,312	0	41,828,312 73.00
74.00	07400	RENAL DIALYSIS		3,770,328	5,543	3,775,871 74.00
76.00	03330	ENDOSCOPY		3,790,690	0	3,790,690 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		10,260,315	0	10,260,315 90.00
91.00	09100	EMERGENCY		20,694,435	4,998	20,699,433 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		4,803,120	0	4,803,120 92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION		5,351,168	0	5,351,168 105.00
107.00	10700	LIVER ACQUISITION		3,694,073	0	3,694,073 107.00
109.00	10900	PANCREAS ACQUISITION		51,968	0	51,968 109.00
113.00	11300	INTEREST EXPENSE			0	
200.00		Subtotal (see instructions)	0	555,533,049	597,306	556,130,355 200.00
201.00		Less Observation Beds		4,803,120	0	4,803,120 201.00
202.00		Total (see instructions)	0	550,729,929	597,306	551,327,235 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	122,293,803		122,293,803		30.00
31.00	03100	INTENSIVE CARE UNIT	140,073,731		140,073,731		31.00
32.00	03200	CORONARY CARE UNIT	96,592,302		96,592,302		32.00
40.00	04000	SUBPROVIDER - IPF	22,715,948		22,715,948		40.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	116,383,096	86,269,152	202,652,248	0.219318	50.00
51.00	05100	RECOVERY ROOM	14,000,098	8,003,786	22,003,884	0.200949	51.00
53.00	05300	ANESTHESIOLOGY	24,739,541	55,989,392	80,728,933	0.129876	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,549,269	54,509,847	109,059,116	0.137480	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,044,368	38,838,917	40,883,285	0.061944	55.00
56.00	05600	RADIOISOTOPE	5,392,448	25,196,758	30,589,206	0.170992	56.00
57.00	05700	CT SCAN	77,055,227	92,661,930	169,717,157	0.028384	57.00
58.00	05800	MRI	14,465,857	28,691,144	43,157,001	0.062774	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,223,857	14,771,760	39,995,617	0.123974	59.00
60.00	06000	LABORATORY	172,538,016	123,794,017	296,332,033	0.080084	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25,681,249	12,170,156	37,851,405	0.464671	62.00
64.00	06400	INTRAVENOUS THERAPY	28,675,140	297,537,217	326,212,357	0.120914	64.00
65.00	06500	RESPIRATORY THERAPY	39,346,426	5,479,518	44,825,944	0.247194	65.00
66.00	06600	PHYSICAL THERAPY	9,028,824	3,891,708	12,920,532	0.416950	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,373,091	1,894,757	10,267,848	0.270170	67.00
68.00	06800	SPEECH PATHOLOGY	2,535,259	168,779	2,704,038	0.212486	68.00
69.00	06900	ELECTROCARDIOLOGY	31,358,727	19,806,913	51,165,640	0.087763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,386,333	3,220,935	6,607,268	0.183663	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	60,347,462	34,899,440	95,246,902	0.682067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,780,757	44,679,849	125,460,606	0.316562	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	303,477,548	108,428,917	411,906,465	0.101548	73.00
74.00	07400	RENAL DIALYSIS	7,185,703	393,322	7,579,025	0.497469	74.00
76.00	03330	ENDOSCOPY	5,212,930	27,983,440	33,196,370	0.114190	76.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,982,499	27,914,345	31,896,844	0.321672	90.00
91.00	09100	EMERGENCY	102,983,665	154,974,041	257,957,706	0.080224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,856,146	5,314,130	7,170,276	0.669865	92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,391,700	3,053,052	7,444,752		105.00
107.00	10700	LIVER ACQUISITION	2,388,565	1,665,365	4,053,930		107.00
109.00	10900	PANCREAS ACQUISITION	3,127	12,083	15,210		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,609,062,712	1,282,214,670	2,891,277,382		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,609,062,712	1,282,214,670	2,891,277,382		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.219363			50.00
51.00	05100	RECOVERY ROOM	0.200949			51.00
53.00	05300	ANESTHESIOLOGY	0.129876			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137480			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.061944			55.00
56.00	05600	RADIOISOTOPE	0.170992			56.00
57.00	05700	CT SCAN	0.028384			57.00
58.00	05800	MRI	0.062774			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.123974			59.00
60.00	06000	LABORATORY	0.080122			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.464736			62.00
64.00	06400	INTRAVENOUS THERAPY	0.121139			64.00
65.00	06500	RESPIRATORY THERAPY	0.247194			65.00
66.00	06600	PHYSICAL THERAPY	0.416950			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.270170			67.00
68.00	06800	SPEECH PATHOLOGY	0.212486			68.00
69.00	06900	ELECTROCARDIOLOGY	0.087767			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183663			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.682067			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316562			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101548			73.00
74.00	07400	RENAL DIALYSIS	0.498200			74.00
76.00	03330	ENDOSCOPY	0.114190			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.321672			90.00
91.00	09100	EMERGENCY	0.080244			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.669865			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
107.00	10700	LIVER ACQUISITION				107.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE	Total Costs	
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,633,024		59,633,024	490,229	60,123,253	30.00
31.00	03100	INTENSIVE CARE UNIT	52,257,567		52,257,567	0	52,257,567	31.00
32.00	03200	CORONARY CARE UNIT	31,874,190		31,874,190	0	31,874,190	32.00
40.00	04000	SUBPROVIDER - IPF	11,966,177		11,966,177	0	11,966,177	40.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,445,305		44,445,305	9,078	44,454,383	50.00
51.00	05100	RECOVERY ROOM	4,421,657		4,421,657	0	4,421,657	51.00
53.00	05300	ANESTHESIOLOGY	10,484,729		10,484,729	0	10,484,729	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,993,421		14,993,421	0	14,993,421	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,532,482		2,532,482	0	2,532,482	55.00
56.00	05600	RADIOISOTOPE	5,230,513		5,230,513	0	5,230,513	56.00
57.00	05700	CT SCAN	4,817,188		4,817,188	0	4,817,188	57.00
58.00	05800	MRI	2,709,144		2,709,144	0	2,709,144	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,958,418		4,958,418	0	4,958,418	59.00
60.00	06000	LABORATORY	23,731,498		23,731,498	11,259	23,742,757	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	17,588,432		17,588,432	2,485	17,590,917	62.00
64.00	06400	INTRAVENOUS THERAPY	39,443,536		39,443,536	73,500	39,517,036	64.00
65.00	06500	RESPIRATORY THERAPY	11,080,688	0	11,080,688	0	11,080,688	65.00
66.00	06600	PHYSICAL THERAPY	5,387,215	0	5,387,215	0	5,387,215	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,774,062	0	2,774,062	0	2,774,062	67.00
68.00	06800	SPEECH PATHOLOGY	574,570	0	574,570	0	574,570	68.00
69.00	06900	ELECTROCARDIOLOGY	4,490,443		4,490,443	214	4,490,657	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,213,512		1,213,512		1,213,512	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	64,964,754		64,964,754	0	64,964,754	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,716,115		39,716,115	0	39,716,115	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,828,312		41,828,312		41,828,312	73.00
74.00	07400	RENAL DIALYSIS	3,770,328		3,770,328	5,543	3,775,871	74.00
76.00	03330	ENDOSCOPY	3,790,690		3,790,690	0	3,790,690	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,260,315		10,260,315	0	10,260,315	90.00
91.00	09100	EMERGENCY	20,694,435		20,694,435	4,998	20,699,433	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,803,120		4,803,120		4,803,120	92.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,351,168		5,351,168		5,351,168	105.00
107.00	10700	LIVER ACQUISITION	3,694,073		3,694,073		3,694,073	107.00
109.00	10900	PANCREAS ACQUISITION	51,968		51,968		51,968	109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	555,533,049	0	555,533,049	597,306	556,130,355	200.00
201.00		Less Observation Beds	4,803,120		4,803,120		4,803,120	201.00
202.00		Total (see instructions)	550,729,929	0	550,729,929	597,306	551,327,235	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	122,293,803		122,293,803		30.00
31.00	03100	INTENSIVE CARE UNIT	140,073,731		140,073,731		31.00
32.00	03200	CORONARY CARE UNIT	96,592,302		96,592,302		32.00
40.00	04000	SUBPROVIDER - IPF	22,715,948		22,715,948		40.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	116,383,096	86,269,152	202,652,248	0.219318	50.00
51.00	05100	RECOVERY ROOM	14,000,098	8,003,786	22,003,884	0.200949	51.00
53.00	05300	ANESTHESIOLOGY	24,739,541	55,989,392	80,728,933	0.129876	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,549,269	54,509,847	109,059,116	0.137480	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,044,368	38,838,917	40,883,285	0.061944	55.00
56.00	05600	RADIOISOTOPE	5,392,448	25,196,758	30,589,206	0.170992	56.00
57.00	05700	CT SCAN	77,055,227	92,661,930	169,717,157	0.028384	57.00
58.00	05800	MRI	14,465,857	28,691,144	43,157,001	0.062774	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,223,857	14,771,760	39,995,617	0.123974	59.00
60.00	06000	LABORATORY	172,538,016	123,794,017	296,332,033	0.080084	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25,681,249	12,170,156	37,851,405	0.464671	62.00
64.00	06400	INTRAVENOUS THERAPY	28,675,140	297,537,217	326,212,357	0.120914	64.00
65.00	06500	RESPIRATORY THERAPY	39,346,426	5,479,518	44,825,944	0.247194	65.00
66.00	06600	PHYSICAL THERAPY	9,028,824	3,891,708	12,920,532	0.416950	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,373,091	1,894,757	10,267,848	0.270170	67.00
68.00	06800	SPEECH PATHOLOGY	2,535,259	168,779	2,704,038	0.212486	68.00
69.00	06900	ELECTROCARDIOLOGY	31,358,727	19,806,913	51,165,640	0.087763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,386,333	3,220,935	6,607,268	0.183663	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	60,347,462	34,899,440	95,246,902	0.682067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,780,757	44,679,849	125,460,606	0.316562	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	303,477,548	108,428,917	411,906,465	0.101548	73.00
74.00	07400	RENAL DIALYSIS	7,185,703	393,322	7,579,025	0.497469	74.00
76.00	03330	ENDOSCOPY	5,212,930	27,983,440	33,196,370	0.114190	76.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,982,499	27,914,345	31,896,844	0.321672	90.00
91.00	09100	EMERGENCY	102,983,665	154,974,041	257,957,706	0.080224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,856,146	5,314,130	7,170,276	0.669865	92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,391,700	3,053,052	7,444,752		105.00
107.00	10700	LIVER ACQUISITION	2,388,565	1,665,365	4,053,930		107.00
109.00	10900	PANCREAS ACQUISITION	3,127	12,083	15,210		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,609,062,712	1,282,214,670	2,891,277,382		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,609,062,712	1,282,214,670	2,891,277,382		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03330	ENDOSCOPY	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
107.00	10700	LIVER ACQUISITION				107.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

				Title V		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE		Total Costs	
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	59,633,024		59,633,024		490,229	60,123,253	30.00
31.00	03100	INTENSIVE CARE UNIT	52,257,567		52,257,567		0	52,257,567	31.00
32.00	03200	CORONARY CARE UNIT	31,874,190		31,874,190		0	31,874,190	32.00
40.00	04000	SUBPROVIDER - IPF	11,966,177		11,966,177		0	11,966,177	40.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	44,445,305		44,445,305		9,078	44,454,383	50.00
51.00	05100	RECOVERY ROOM	4,421,657		4,421,657		0	4,421,657	51.00
53.00	05300	ANESTHESIOLOGY	10,484,729		10,484,729		0	10,484,729	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,993,421		14,993,421		0	14,993,421	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,532,482		2,532,482		0	2,532,482	55.00
56.00	05600	RADIOISOTOPE	5,230,513		5,230,513		0	5,230,513	56.00
57.00	05700	CT SCAN	4,817,188		4,817,188		0	4,817,188	57.00
58.00	05800	MRI	2,709,144		2,709,144		0	2,709,144	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,958,418		4,958,418		0	4,958,418	59.00
60.00	06000	LABORATORY	23,731,498		23,731,498		11,259	23,742,757	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	17,588,432		17,588,432		2,485	17,590,917	62.00
64.00	06400	INTRAVENOUS THERAPY	39,443,536		39,443,536		73,500	39,517,036	64.00
65.00	06500	RESPIRATORY THERAPY	11,080,688	0	11,080,688		0	11,080,688	65.00
66.00	06600	PHYSICAL THERAPY	5,387,215	0	5,387,215		0	5,387,215	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,774,062	0	2,774,062		0	2,774,062	67.00
68.00	06800	SPEECH PATHOLOGY	574,570	0	574,570		0	574,570	68.00
69.00	06900	ELECTROCARDIOLOGY	4,490,443		4,490,443		214	4,490,657	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,213,512		1,213,512		0	1,213,512	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	64,964,754		64,964,754		0	64,964,754	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,716,115		39,716,115		0	39,716,115	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,828,312		41,828,312		0	41,828,312	73.00
74.00	07400	RENAL DIALYSIS	3,770,328		3,770,328		5,543	3,775,871	74.00
76.00	03330	ENDOSCOPY	3,790,690		3,790,690		0	3,790,690	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	10,260,315		10,260,315		0	10,260,315	90.00
91.00	09100	EMERGENCY	20,694,435		20,694,435		4,998	20,699,433	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,803,120		4,803,120			4,803,120	92.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	5,351,168		5,351,168			5,351,168	105.00
107.00	10700	LIVER ACQUISITION	3,694,073		3,694,073			3,694,073	107.00
109.00	10900	PANCREAS ACQUISITION	51,968		51,968			51,968	109.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	555,533,049	0	555,533,049		597,306	556,130,355	200.00
201.00		Less Observation Beds	4,803,120		4,803,120			4,803,120	201.00
202.00		Total (see instructions)	550,729,929	0	550,729,929		597,306	551,327,235	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

			Title V		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	122,293,803		122,293,803		30.00
31.00	03100	INTENSIVE CARE UNIT	140,073,731		140,073,731		31.00
32.00	03200	CORONARY CARE UNIT	96,592,302		96,592,302		32.00
40.00	04000	SUBPROVIDER - IPF	22,715,948		22,715,948		40.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	116,383,096	86,269,152	202,652,248	0.219318	50.00
51.00	05100	RECOVERY ROOM	14,000,098	8,003,786	22,003,884	0.200949	51.00
53.00	05300	ANESTHESIOLOGY	24,739,541	55,989,392	80,728,933	0.129876	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,549,269	54,509,847	109,059,116	0.137480	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,044,368	38,838,917	40,883,285	0.061944	55.00
56.00	05600	RADIOISOTOPE	5,392,448	25,196,758	30,589,206	0.170992	56.00
57.00	05700	CT SCAN	77,055,227	92,661,930	169,717,157	0.028384	57.00
58.00	05800	MRI	14,465,857	28,691,144	43,157,001	0.062774	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,223,857	14,771,760	39,995,617	0.123974	59.00
60.00	06000	LABORATORY	172,538,016	123,794,017	296,332,033	0.080084	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	25,681,249	12,170,156	37,851,405	0.464671	62.00
64.00	06400	INTRAVENOUS THERAPY	28,675,140	297,537,217	326,212,357	0.120914	64.00
65.00	06500	RESPIRATORY THERAPY	39,346,426	5,479,518	44,825,944	0.247194	65.00
66.00	06600	PHYSICAL THERAPY	9,028,824	3,891,708	12,920,532	0.416950	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,373,091	1,894,757	10,267,848	0.270170	67.00
68.00	06800	SPEECH PATHOLOGY	2,535,259	168,779	2,704,038	0.212486	68.00
69.00	06900	ELECTROCARDIOLOGY	31,358,727	19,806,913	51,165,640	0.087763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,386,333	3,220,935	6,607,268	0.183663	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	60,347,462	34,899,440	95,246,902	0.682067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,780,757	44,679,849	125,460,606	0.316562	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	303,477,548	108,428,917	411,906,465	0.101548	73.00
74.00	07400	RENAL DIALYSIS	7,185,703	393,322	7,579,025	0.497469	74.00
76.00	03330	ENDOSCOPY	5,212,930	27,983,440	33,196,370	0.114190	76.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,982,499	27,914,345	31,896,844	0.321672	90.00
91.00	09100	EMERGENCY	102,983,665	154,974,041	257,957,706	0.080224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,856,146	5,314,130	7,170,276	0.669865	92.00
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	4,391,700	3,053,052	7,444,752		105.00
107.00	10700	LIVER ACQUISITION	2,388,565	1,665,365	4,053,930		107.00
109.00	10900	PANCREAS ACQUISITION	3,127	12,083	15,210		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,609,062,712	1,282,214,670	2,891,277,382		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,609,062,712	1,282,214,670	2,891,277,382		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03330	ENDOSCOPY	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
107.00	10700	LIVER ACQUISITION				107.00
109.00	10900	PANCREAS ACQUISITION				109.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Title XVIII			Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,630,581	0	6,630,581	52,774	125.64	30.00
31.00	INTENSIVE CARE UNIT	3,512,845		3,512,845	26,750	131.32	31.00
32.00	CORONARY CARE UNIT	2,006,893		2,006,893	20,257	99.07	32.00
40.00	SUBPROVIDER - IPF	1,213,706	0	1,213,706	8,133	149.23	40.00
200.00	Total (lines 30 through 199)	13,364,025		13,364,025	107,914		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,647	1,212,049				
31.00	INTENSIVE CARE UNIT	5,194	682,076				
32.00	CORONARY CARE UNIT	5,283	523,387				
40.00	SUBPROVIDER - IPF	1,104	164,750				
200.00	Total (lines 30 through 199)	21,228	2,582,262				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			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	4,840,062	202,652,248	0.023884	32,130,575	767,407	50.00
51.00	05100	RECOVERY ROOM	116,317	22,003,884	0.005286	3,410,146	18,026	51.00
53.00	05300	ANESTHESIOLOGY	404,214	80,728,933	0.005007	5,133,660	25,704	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,484,795	109,059,116	0.013615	11,619,813	158,204	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	412,931	40,883,285	0.010100	505,588	5,106	55.00
56.00	05600	RADIOISOTOPE	456,305	30,589,206	0.014917	245,272	3,659	56.00
57.00	05700	CT SCAN	422,865	169,717,157	0.002492	18,449,700	45,977	57.00
58.00	05800	MRI	333,502	43,157,001	0.007728	3,435,809	26,552	58.00
59.00	05900	CARDIAC CATHETERIZATION	775,567	39,995,617	0.019391	3,606,646	69,936	59.00
60.00	06000	LABORATORY	1,442,890	296,332,033	0.004869	39,117,745	190,464	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	420,478	37,851,405	0.011109	4,209,037	46,758	62.00
64.00	06400	INTRAVENOUS THERAPY	718,574	326,212,357	0.002203	39,992	88	64.00
65.00	06500	RESPIRATORY THERAPY	409,855	44,825,944	0.009143	7,119,297	65,092	65.00
66.00	06600	PHYSICAL THERAPY	511,793	12,920,532	0.039611	1,991,387	78,881	66.00
67.00	06700	OCCUPATIONAL THERAPY	102,639	10,267,848	0.009996	1,867,948	18,672	67.00
68.00	06800	SPEECH PATHOLOGY	8,816	2,704,038	0.003260	677,208	2,208	68.00
69.00	06900	ELECTROCARDIOLOGY	339,193	51,165,640	0.006629	8,614,907	57,108	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	49,343	6,607,268	0.007468	872,704	6,517	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	684,005	95,246,902	0.007181	12,689,492	91,123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	417,084	125,460,606	0.003324	21,836,426	72,584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	680,038	411,906,465	0.001651	68,388,427	112,909	73.00
74.00	07400	RENAL DIALYSIS	254,617	7,579,025	0.033595	2,382,751	80,049	74.00
76.00	03330	ENDOSCOPY	414,865	33,196,370	0.012497	1,266,226	15,824	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,782,230	31,896,844	0.055875	2,666,950	149,016	90.00
91.00	09100	EMERGENCY	1,808,128	257,957,706	0.007009	18,541,573	129,958	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	529,702	7,170,276	0.073875	474,472	35,052	92.00
200.00		Total (lines 50 through 199)	19,820,808	2,498,087,706		271,293,751	2,272,874	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0105		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 7/27/2022 3:58 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	314,638	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	759,764	0	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00			
200.00		Total (lines 30 through 199)	0	0	0	1,074,402	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	314,638	52,774	5.96	9,647	30.00			
31.00	03100	INTENSIVE CARE UNIT		759,764	26,750	28.40	5,194	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	20,257	0.00	5,283	32.00			
40.00	04000	SUBPROVIDER - IPF	0	0	8,133	0.00	1,104	40.00			
200.00		Total (lines 30 through 199)		1,074,402	107,914		21,228	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	57,496								30.00
31.00	03100	INTENSIVE CARE UNIT	147,510								31.00
32.00	03200	CORONARY CARE UNIT	0								32.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
200.00		Total (lines 30 through 199)	205,006								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

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

Worksheet D
Part IV
Date/Time Prepared:
7/27/2022 3:58 pm

			Title XVIII		Hospital		PPS
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	83,220
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03330	ENDOSCOPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	83,220
91.00	09100	EMERGENCY	0	0	0	0	144,036
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	25,135
200.00		Total (lines 50 through 199)	0	0	0	0	335,611

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/27/2022 3:58 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	202,652,248	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	22,003,884	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	80,728,933	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	109,059,116	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	40,883,285	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	30,589,206	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	169,717,157	0.000000	57.00
58.00	05800	MRI	0	0	0	43,157,001	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	39,995,617	0.000000	59.00
60.00	06000	LABORATORY	0	83,220	83,220	296,332,033	0.000281	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	37,851,405	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	326,212,357	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	44,825,944	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,920,532	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,267,848	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,704,038	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	51,165,640	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,607,268	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	95,246,902	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	125,460,606	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	411,906,465	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,579,025	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	33,196,370	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	83,220	83,220	31,896,844	0.002609	90.00
91.00	09100	EMERGENCY	0	144,036	144,036	257,957,706	0.000558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	25,135	25,135	7,170,276	0.003505	92.00
200.00		Total (lines 50 through 199)	0	335,611	335,611	2,498,087,706		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			Title XVIII		Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
			9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	32,130,575	0	16,563,125	0
51.00	05100	RECOVERY ROOM	0.000000	3,410,146	0	5,290,764	0
53.00	05300	ANESTHESIOLOGY	0.000000	5,133,660	0	2,241,775	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	11,619,813	0	12,575,957	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	505,588	0	10,545,351	0
56.00	05600	RADIOISOTOPE	0.000000	245,272	0	769,971	0
57.00	05700	CT SCAN	0.000000	18,449,700	0	10,252,030	0
58.00	05800	MRI	0.000000	3,435,809	0	4,848,619	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,606,646	0	3,997,987	0
60.00	06000	LABORATORY	0.000281	39,117,745	10,992	15,416,284	4,332
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,209,037	0	696,678	0
64.00	06400	INTRAVENOUS THERAPY	0.000000	39,992	0	805,330	0
65.00	06500	RESPIRATORY THERAPY	0.000000	7,119,297	0	772,332	0
66.00	06600	PHYSICAL THERAPY	0.000000	1,991,387	0	8,290	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,867,948	0	3,440	0
68.00	06800	SPEECH PATHOLOGY	0.000000	677,208	0	10,760	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,614,907	0	2,932,305	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	872,704	0	91,014	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	12,689,492	0	6,632,730	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	21,836,426	0	9,603,670	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	68,388,427	0	107,856,108	0
74.00	07400	RENAL DIALYSIS	0.000000	2,382,751	0	131,700	0
76.00	03330	ENDOSCOPY	0.000000	1,266,226	0	4,150,548	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.002609	2,666,950	6,958	295,848	772
91.00	09100	EMERGENCY	0.000558	18,541,573	10,346	10,595,729	5,912
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.003505	474,472	1,663	2,393,395	8,389
200.00		Total (lines 50 through 199)		271,293,751	29,959	229,481,740	19,405

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
7/27/2022 3:58 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.219318	16,563,125	83,437	0	3,632,591	50.00
51.00	05100	RECOVERY ROOM	0.200949	5,290,764	0	0	1,063,174	51.00
53.00	05300	ANESTHESIOLOGY	0.129876	2,241,775	0	0	291,153	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137480	12,575,957	22,050	0	1,728,943	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.061944	10,545,351	0	0	653,221	55.00
56.00	05600	RADIOISOTOPE	0.170992	769,971	0	0	131,659	56.00
57.00	05700	CT SCAN	0.028384	10,252,030	0	0	290,994	57.00
58.00	05800	MRI	0.062774	4,848,619	0	0	304,367	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.123974	3,997,987	0	0	495,646	59.00
60.00	06000	LABORATORY	0.080084	15,416,284	0	0	1,234,598	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.464671	696,678	0	0	323,726	62.00
64.00	06400	INTRAVENOUS THERAPY	0.120914	805,330	0	0	97,376	64.00
65.00	06500	RESPIRATORY THERAPY	0.247194	772,332	0	0	190,916	65.00
66.00	06600	PHYSICAL THERAPY	0.416950	8,290	0	0	3,457	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.270170	3,440	0	0	929	67.00
68.00	06800	SPEECH PATHOLOGY	0.212486	10,760	0	0	2,286	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087763	2,932,305	0	0	257,348	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183663	91,014	0	0	16,716	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.682067	6,632,730	0	0	4,523,966	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316562	9,603,670	0	0	3,040,157	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101548	107,856,108	17,610	341,590	10,952,572	73.00
74.00	07400	RENAL DIALYSIS	0.497469	131,700	0	0	65,517	74.00
76.00	03330	ENDOSCOPY	0.114190	4,150,548	0	0	473,951	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.321672	295,848	0	15,633	95,166	90.00
91.00	09100	EMERGENCY	0.080224	10,595,729	0	0	850,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.669865	2,393,395	0	0	1,603,252	92.00
200.00		Subtotal (see instructions)		229,481,740	123,097	357,223	32,323,713	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		229,481,740	123,097	357,223	32,323,713	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
7/27/2022 3:58 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	18,299	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,031	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,788	34,688		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	5,029		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)	23,118	39,717		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	23,118	39,717		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0105

Period:

Worksheet D

Component CCN: 26-S105

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
7/27/2022 3:58 pm

				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,840,062	202,652,248	0.023884	15,012	359	50.00
51.00	05100	RECOVERY ROOM	116,317	22,003,884	0.005286	1,395	7	51.00
53.00	05300	ANESTHESIOLOGY	404,214	80,728,933	0.005007	8,170	41	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,484,795	109,059,116	0.013615	20,917	285	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	412,931	40,883,285	0.010100	0	0	55.00
56.00	05600	RADIOISOTOPE	456,305	30,589,206	0.014917	0	0	56.00
57.00	05700	CT SCAN	422,865	169,717,157	0.002492	54,800	137	57.00
58.00	05800	MRI	333,502	43,157,001	0.007728	11,000	85	58.00
59.00	05900	CARDIAC CATHETERIZATION	775,567	39,995,617	0.019391	0	0	59.00
60.00	06000	LABORATORY	1,442,890	296,332,033	0.004869	402,243	1,959	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	420,478	37,851,405	0.011109	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	718,574	326,212,357	0.002203	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	409,855	44,825,944	0.009143	2,490	23	65.00
66.00	06600	PHYSICAL THERAPY	511,793	12,920,532	0.039611	420	17	66.00
67.00	06700	OCCUPATIONAL THERAPY	102,639	10,267,848	0.009996	410	4	67.00
68.00	06800	SPEECH PATHOLOGY	8,816	2,704,038	0.003260	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	339,193	51,165,640	0.006629	42,270	280	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	49,343	6,607,268	0.007468	4,100	31	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	684,005	95,246,902	0.007181	3,306	24	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	417,084	125,460,606	0.003324	5,067	17	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	680,038	411,906,465	0.001651	415,287	686	73.00
74.00	07400	RENAL DIALYSIS	254,617	7,579,025	0.033595	0	0	74.00
76.00	03330	ENDOSCOPY	414,865	33,196,370	0.012497	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,782,230	31,896,844	0.055875	866	48	90.00
91.00	09100	EMERGENCY	1,808,128	257,957,706	0.007009	350,681	2,458	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,170,276	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	19,291,106	2,498,087,706		1,338,434	6,461	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

Component CCN: 26-S105

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

Worksheet D
Part IV
Date/Time Prepared:
7/27/2022 3:58 pm

				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	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	0	83,220
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0
76.00	03330	ENDOSCOPY	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	83,220
91.00	09100	EMERGENCY	0	0	0	0	0	144,036
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0
200.00		Total (lines 50 through 199)	0	0	0	0	0	310,476

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0105 Component CCN: 26-S105		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/27/2022 3:58 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	202,652,248	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	22,003,884	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	80,728,933	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	109,059,116	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	40,883,285	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	30,589,206	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	169,717,157	0.000000	57.00
58.00	05800	MRI		0	0	0	43,157,001	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	39,995,617	0.000000	59.00
60.00	06000	LABORATORY		0	83,220	83,220	296,332,033	0.000281	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	37,851,405	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	326,212,357	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	44,825,944	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	12,920,532	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	10,267,848	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,704,038	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	51,165,640	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	6,607,268	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	95,246,902	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	125,460,606	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	411,906,465	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	7,579,025	0.000000	74.00
76.00	03330	ENDOSCOPY		0	0	0	33,196,370	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	83,220	83,220	31,896,844	0.002609	90.00
91.00	09100	EMERGENCY		0	144,036	144,036	257,957,706	0.000558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	7,170,276	0.000000	92.00
200.00		Total (lines 50 through 199)		0	310,476	310,476	2,498,087,706		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0105

Period:

Worksheet D

Component CCN: 26-S105

From 01/01/2021
To 12/31/2021

Part IV
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description			Title XVIII		Subprovider - IPF		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	15,012	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,395	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	8,170	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	20,917	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	54,800	0	0	0	57.00
58.00	05800	MRI	0.000000	11,000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000281	402,243	113	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,490	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	420	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	410	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	42,270	0	420	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,100	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,306	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,067	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	415,287	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.002609	866	2	0	0	90.00
91.00	09100	EMERGENCY	0.000558	350,681	196	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		1,338,434	311	420	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:

Worksheet D

Component CCN: 26-S105

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
7/27/2022 3:58 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.219318	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.200949	0	0	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.129876	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137480	0	0	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.061944	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.170992	0	0	0	0 56.00
57.00	05700 CT SCAN	0.028384	0	0	0	0 57.00
58.00	05800 MRI	0.062774	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.123974	0	0	0	0 59.00
60.00	06000 LABORATORY	0.080084	0	0	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.464671	0	0	0	0 62.00
64.00	06400 INTRAVENOUS THERAPY	0.120914	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.247194	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.416950	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.270170	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.212486	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.087763	420	0	0	37 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.183663	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.682067	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.316562	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.101548	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.497469	0	0	0	0 74.00
76.00	03330 ENDOSCOPY	0.114190	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.321672	0	0	0	0 90.00
91.00	09100 EMERGENCY	0.080224	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.669865	0	0	0	0 92.00
200.00	Subtotal (see instructions)		420	0	0	37 200.00
201.00	Less PBP Clinic Lab. Services-Program			0	0	201.00
202.00	Only Charges					
202.00	Net Charges (line 200 - line 201)		420	0	0	37 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0105

Period:

Worksheet D

Component CCN: 26-S105

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
7/27/2022 3:58 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Costs		
			Cost	Cost	
			Reimbursed	Reimbursed	
			Services Subject To Ded. & Coins. (see inst.)	Services Not Subject To Ded. & Coins. (see inst.)	
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/27/2022 3:58 pm	
Title XVIII		Hospital	PPS		
Cost Center Description		1.00			
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	52,774			1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	52,774			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)	48,558			4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0			5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0			6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0			7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0			8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	9,647			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)	60,123,253			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)	60,123,253			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)	60,123,253			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)	1,139.26			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	10,990,441			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	10,990,441			41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	52,257,567	26,750	1,953.55	5,194	10,146,739	43.00
44.00	CORONARY CARE UNIT	31,874,190	20,257	1,573.49	5,283	8,312,748	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)					47,015,349	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					76,465,277	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)					2,622,518	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,302,833	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,925,351	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					71,539,926	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					4,216	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,139.26	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,803,120	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

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

Worksheet D-1

Date/Time Prepared:
7/27/2022 3:58 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	6,630,581	60,123,253	0.110283	4,803,120	529,702	90.00
91.00	Nursing Program cost	0	60,123,253	0.000000	4,803,120	0	91.00
92.00	Allied health cost	314,638	60,123,253	0.005233	4,803,120	25,135	92.00
93.00	All other Medical Education	0	60,123,253	0.000000	4,803,120	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/27/2022 3:58 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,133	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,133	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)		8,133	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,104	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)		11,966,177	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)		11,966,177	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)		11,966,177	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)		1,471.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,624,326	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,624,326	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/27/2022 3:58 pm	
				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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					121,800	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,746,126	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)					164,750	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,772	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					171,522	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,574,604	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0105

Period:

Worksheet D-1

Component CCN: 26-S105

From 01/01/2021
To 12/31/2021Date/Time Prepared:
7/27/2022 3:58 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,213,706	11,966,177	0.101428	0	0	90.00
91.00	Nursing Program cost	0	11,966,177	0.000000	0	0	91.00
92.00	Allied health cost	0	11,966,177	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,966,177	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/27/2022 3:58 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		19,929,101		30.00
31.00	03100	INTENSIVE CARE UNIT		24,506,844		31.00
32.00	03200	CORONARY CARE UNIT		24,221,126		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.219363	32,130,575	7,048,259	50.00
51.00	05100	RECOVERY ROOM	0.200949	3,410,146	685,265	51.00
53.00	05300	ANESTHESIOLOGY	0.129876	5,133,660	666,739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137480	11,619,813	1,597,492	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.061944	505,588	31,318	55.00
56.00	05600	RADIOISOTOPE	0.170992	245,272	41,940	56.00
57.00	05700	CT SCAN	0.028384	18,449,700	523,676	57.00
58.00	05800	MRI	0.062774	3,435,809	215,679	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.123974	3,606,646	447,130	59.00
60.00	06000	LABORATORY	0.080122	39,117,745	3,134,192	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.464736	4,209,037	1,956,091	62.00
64.00	06400	INTRAVENOUS THERAPY	0.121139	39,992	4,845	64.00
65.00	06500	RESPIRATORY THERAPY	0.247194	7,119,297	1,759,848	65.00
66.00	06600	PHYSICAL THERAPY	0.416950	1,991,387	830,309	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.270170	1,867,948	504,664	67.00
68.00	06800	SPEECH PATHOLOGY	0.212486	677,208	143,897	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087767	8,614,907	756,105	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183663	872,704	160,283	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.682067	12,689,492	8,655,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316562	21,836,426	6,912,583	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101548	68,388,427	6,944,708	73.00
74.00	07400	RENAL DIALYSIS	0.498200	2,382,751	1,187,087	74.00
76.00	03330	ENDOSCOPY	0.114190	1,266,226	144,590	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.321672	2,666,950	857,883	90.00
91.00	09100	EMERGENCY	0.080244	18,541,573	1,487,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.669865	474,472	317,832	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		271,293,751	47,015,349	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)		271,293,751		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/27/2022 3:58 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - IPF		2,790,984		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.219363	15,012	3,293	50.00
51.00	05100 RECOVERY ROOM	0.200949	1,395	280	51.00
53.00	05300 ANESTHESIOLOGY	0.129876	8,170	1,061	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137480	20,917	2,876	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.061944	0	0	55.00
56.00	05600 RADIOISOTOPE	0.170992	0	0	56.00
57.00	05700 CT SCAN	0.028384	54,800	1,555	57.00
58.00	05800 MRI	0.062774	11,000	691	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.123974	0	0	59.00
60.00	06000 LABORATORY	0.080122	402,243	32,229	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.464736	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.121139	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.247194	2,490	616	65.00
66.00	06600 PHYSICAL THERAPY	0.416950	420	175	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.270170	410	111	67.00
68.00	06800 SPEECH PATHOLOGY	0.212486	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.087767	42,270	3,710	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.183663	4,100	753	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.682067	3,306	2,255	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.316562	5,067	1,604	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.101548	415,287	42,172	73.00
74.00	07400 RENAL DIALYSIS	0.498200	0	0	74.00
76.00	03330 ENDOSCOPY	0.114190	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.321672	866	279	90.00
91.00	09100 EMERGENCY	0.080244	350,681	28,140	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.669865	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,338,434	121,800	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)		1,338,434		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 7/27/2022 3:58 pm	
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	36,126	1,139.26	17	19,367	1.00
2.00	INTENSIVE CARE UNIT	43.00	4,756	1,953.55	7	13,675	2.00
3.00	CORONARY CARE UNIT	44.00	13,965	1,573.49	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)		54,847		24	33,042	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	0.219318	336,109	73,715	8.00
9.00	RECOVERY ROOM		51.00	0.200949	193,992	38,982	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.129876	81,938	10,642	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.137480	874,427	120,216	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.061944	555	34	13.00
14.00	RADIOISOTOPE		56.00	0.170992	442,014	75,581	14.00
15.00	CT SCAN		57.00	0.028384	823,818	23,383	15.00
16.00	MRI		58.00	0.062774	140,963	8,849	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.123974	483,949	59,997	17.00
18.00	LABORATORY		60.00	0.080084	5,878,714	470,791	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.464671	6,428	2,987	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.120914	299	36	22.00
23.00	RESPIRATORY THERAPY		65.00	0.247194	25,022	6,185	23.00
24.00	PHYSICAL THERAPY		66.00	0.416950	1,000	417	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.270170	1,640	443	25.00
26.00	SPEECH PATHOLOGY		68.00	0.212486	17,514	3,721	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.087763	1,469,386	128,958	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.183663	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.682067	191,465	130,592	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.316562	39,425	12,480	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.101548	375,330	38,114	31.00
32.00	RENAL DIALYSIS		74.00	0.497469	4,683	2,330	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.114190	40,504	4,625	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.321672	2,927	942	37.00
38.00	EMERGENCY		91.00	0.080224	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.669865	77,965	52,226	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				11,510,067	1,266,246	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	17	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	7	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				24	0	48.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM
Provider CCN: 26-0105
Period: From 01/01/2021 To 12/31/2021
Worksheet D-4
Date/Time Prepared: 7/27/2022 3:58 pm

		Component CCN:	To	12/31/2021	Date/Time Prepared: 7/27/2022 3:58 pm	
		Kidney		Hospital	PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	2,927	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	77,965	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)		80,892		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	1,299,288		11,564,914		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	5,351,168		7,524,247		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)	6,650,456		19,089,161		61.00
62.00	Total Usable Organs (see instructions)		62			62.00
63.00	Medicare Usable Organs (see instructions)		31			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000			64.00
65.00	Medicare Cost/Charges (see instructions)	3,325,228		9,544,581		65.00
66.00	Revenue for Organs Sold	102,106		102,106		66.00
67.00	Subtotal (line 65 minus line 66)	3,223,122		9,442,475		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,223,122	0	9,442,475	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)		11	14		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	39		73.00
74.00	Total (sum of lines 70 through 73)		11	53		74.00
75.00	Organs Transplanted		10	39	15,253,339	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	12	79,265	77.00
78.00	Organs Sold to Transplant Hospitals		1	0	-6,605	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00
82.00	Organs Used for Research		0	0		82.00
83.00	Unusable/Discarded Organs		0	2		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		11	53		84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 7/27/2022 3:58 pm	
				Liver	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,139.26	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	679	1,953.55	1	1,954	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,573.49	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)		679		1	1,954	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	0.219318	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.200949	51,612	10,371	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.129876	209,388	27,194	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.137480	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.061944	14,157	877	13.00
14.00	RADIOISOTOPE		56.00	0.170992	134,796	23,049	14.00
15.00	CT SCAN		57.00	0.028384	36,623	1,040	15.00
16.00	MRI		58.00	0.062774	137,976	8,661	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.123974	442,132	54,813	17.00
18.00	LABORATORY		60.00	0.080084	0	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.464671	17,212	7,998	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.120914	13	2	22.00
23.00	RESPIRATORY THERAPY		65.00	0.247194	7,044	1,741	23.00
24.00	PHYSICAL THERAPY		66.00	0.416950	252,937	105,462	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.270170	21,111	5,704	25.00
26.00	SPEECH PATHOLOGY		68.00	0.212486	6,138	1,304	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.087763	35,280	3,096	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.183663	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.682067	38	26	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.316562	1,142	362	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.101548	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.497469	13,975	6,952	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.114190	38	4	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.321672	1,822	586	37.00
38.00	EMERGENCY		91.00	0.080224	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.669865	13,975	9,361	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				1,397,409	268,603	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	1	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				1	0	48.00

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

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

Provider CCN: 26-0105

Period:

From 01/01/2021

To 12/31/2021

Worksheet D-4

Date/Time Prepared:
7/27/2022 3:58 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	1,822	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	13,975	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)		15,797		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	270,557		1,398,088		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)	3,694,073		3,810,176		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)	3,964,630		5,208,264		61.00	
62.00	Total Usable Organs (see instructions)		30			62.00	
63.00	Medicare Usable Organs (see instructions)		7			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.233333			64.00	
65.00	Medicare Cost/Charges (see instructions)	925,079		1,215,260		65.00	
66.00	Revenue for Organs Sold	24,458		24,458		66.00	
67.00	Subtotal (line 65 minus line 66)	900,621		1,190,802		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	900,621	0	1,190,802	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	27		73.00	
74.00	Total (sum of lines 70 through 73)		0	31		74.00	
75.00	Organs Transplanted		0	27	13,273,640	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	3	24,458	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	1		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	31		84.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 7/27/2022 3:58 pm	
				Pancreas	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,139.26	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,953.55	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	1,573.49	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.219318	1,650	362	8.00
9.00	RECOVERY ROOM		51.00	0.200949	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.129876	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.137480	5,620	773	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.061944	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.170992	0	0	14.00
15.00	CT SCAN		57.00	0.028384	6,600	187	15.00
16.00	MRI		58.00	0.062774	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.123974	0	0	17.00
18.00	LABORATORY		60.00	0.080084	31,433	2,517	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.464671	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.120914	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.247194	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.416950	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.270170	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.212486	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.087763	14,640	1,285	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.183663	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.682067	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.316562	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.101548	1,225	124	31.00
32.00	RENAL DIALYSIS		74.00	0.497469	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	ENDOSCOPY		76.00	0.114190	0	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.321672	49	16	37.00
38.00	EMERGENCY		91.00	0.080224	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.669865	500	335	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				61,717	5,599	41.00
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
			0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)		7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				0	0	48.00

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

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

Provider CCN: 26-0105

Period:

From 01/01/2021

To 12/31/2021

Worksheet D-4

Date/Time Prepared:
7/27/2022 3:58 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	49	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	500	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)		549		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	5,599		61,717		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)	51,968		86,379		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)	57,567		148,096		61.00	
62.00	Total Usable Organs (see instructions)		0			62.00	
63.00	Medicare Usable Organs (see instructions)		0			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00	
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00	
66.00	Revenue for Organs Sold	0		0		66.00	
67.00	Subtotal (line 65 minus line 66)	0		0		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00	
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
	PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	0		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	0		73.00	
74.00	Total (sum of lines 70 through 73)		0	0		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	0	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	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: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/27/2022 3:58 pm
		Title XVIII	Hospital	PPS
			1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	34,058,486		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	10,726,766		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)	2,491,390		2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	909,007		2.04
3.00	Managed Care Simulated Payments	43,827,074		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	298.45		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	220.45		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	41.98		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)	262.43		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	264.14		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	262.43		12.00
13.00	Total allowable FTE count for the prior year.	257.57		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.	260.07		14.00
15.00	Sum of lines 12 through 14 divided by 3.	260.02		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	2.00		17.00
18.00	Adjusted rolling average FTE count	262.02		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.877936		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.933458		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.877936		21.00
22.00	IME payment adjustment (see instructions)	17,578,525		22.00
22.01	IME payment adjustment - Managed Care (see instructions)	17,202,433		22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	1.73		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	1.71		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)	1.71		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.005730		26.00
27.00	IME payments adjustment factor. (see instructions)	0.001529		27.00
28.00	IME add-on adjustment amount (see instructions)	68,477		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	67,012		28.01
29.00	Total IME payment (sum of lines 22 and 28)	17,647,002		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	17,269,445		29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	10.25		30.00
31.00	Percentage of Medicaid patient days (see instructions)	29.03		31.00
32.00	Sum of lines 30 and 31	39.28		32.00
33.00	Allowable disproportionate share percentage (see instructions)	21.63		33.00
34.00	Disproportionate share adjustment (see instructions)	2,421,763		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/27/2022 3:58 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710
35.01	Factor 3 (see instructions)		0.001024260	0.000892859
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		8,491,127	6,421,448
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		6,350,896	1,618,558
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		7,969,454	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		76,223,868	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		93,493,313	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,926,757	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).		11,719,193	52.00
53.00	Nursing and Allied Health Managed Care payment		98,091	53.00
54.00	Special add-on payments for new technologies		216,120	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)		4,123,743	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).		205,006	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		29,959	58.00
59.00	Total (sum of amounts on lines 49 through 58)		114,812,182	59.00
60.00	Primary payer payments		335,578	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		114,476,604	61.00
62.00	Deductibles billed to program beneficiaries		2,921,772	62.00
63.00	Coinurance billed to program beneficiaries		316,273	63.00
64.00	Allowable bad debts (see instructions)		1,483,514	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		964,284	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,238,562	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		112,202,843	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)		-434,623	70.93
70.94	HRR adjustment amount (see instructions)		-167,584	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A
Date/Time Prepared:
7/27/2022 3:58 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			980,339	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			110,620,297	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			118,015,010	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)			-7,394,713	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			3,314,878	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
HVPB Adjustment for HSP Bonus Payment					
101.00	HVPB adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVPB adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/27/2022 3:58 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	34,058,486	0	34,058,486		34,058,486
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,726,766	0		10,726,766	10,726,766
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	2,491,390	0	2,491,390		2,491,390
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	909,007	0		909,007	909,007
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	43,827,074	0	31,709,416	12,117,658	43,827,074
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.877936	0.877936	0.877936	0.877936	
6.00	IME payment adjustment (see instructions)	22.00	17,578,525	0	13,368,194	4,210,331	17,578,525
6.01	IME payment adjustment for managed care (see instructions)	22.01	17,202,433	0	12,446,167	4,756,266	17,202,433
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.001529	0.001529	0.001529	0.001529	
8.00	IME adjustment (see instructions)	28.00	68,477	0	52,076	16,401	68,477
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	67,012	0	48,484	18,528	67,012
9.00	Total IME payment (sum of lines 6 and 8)	29.00	17,647,002	0	13,420,270	4,226,732	17,647,002
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	17,269,445	0	12,494,651	4,774,794	17,269,445
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2163	0.2163	0.2163	0.2163	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,421,763	0	1,841,713	580,050	2,421,763
11.01	Uncompensated care payments	36.00	7,969,454	0	6,350,896	1,618,558	7,969,454
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	76,223,868	0	58,162,755	18,061,113	76,223,868
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	93,493,313	0	70,657,406	22,835,907	93,493,313
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,926,757	0	3,738,446	1,188,311	4,926,757

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/27/2022 3:58 pm

				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	216,120	0	157,014	59,106	216,120	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	74,552,866	24,083,324	98,636,190	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,432,011	0	2,614,183	817,828	3,432,011	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	88,308	0	52,971	35,337	88,308	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	0.3271	0.3271	0.3271	0.3271		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,122,611	0	855,099	267,512	1,122,611	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0827	0.0827	0.0827	0.0827		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	283,827	0	216,193	67,634	283,827	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,926,757	0	3,738,446	1,188,311	4,926,757	26.00
		W/S E, Part A	(Amounts to E,					
		line	Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/27/2022 3:58 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	34,058,486	34,058,486		34,058,486	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,726,766		10,726,766	10,726,766	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	2,491,390	2,491,390		2,491,390	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	909,007		909,007	909,007	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	43,827,074	31,709,416	12,117,658	43,827,074	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.877936	0.877936	0.877936		5.00
6.00	IME payment adjustment (see instructions)	22.00	17,578,525	13,368,194	4,210,331	17,578,525	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	17,202,433	12,446,167	4,756,266	17,202,433	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	0.001529	0.001529	0.001529		7.00
8.00	IME adjustment (see instructions)	28.00	68,477	52,076	16,401	68,477	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	67,012	48,484	18,528	67,012	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	17,647,002	13,420,270	4,226,732	17,647,002	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	17,269,445	12,494,651	4,774,794	17,269,445	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2163	0.2163	0.2163		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,421,763	1,841,713	580,050	2,421,763	11.00
11.01	Uncompensated care payments	36.00	7,969,454	6,350,896	1,618,558	7,969,454	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	76,223,868	58,162,755	18,061,113	76,223,868	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	93,493,313	70,657,406	22,835,907	93,493,313	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,926,757	3,738,446	1,188,311	4,926,757	16.00
17.00	Special add-on payments for new technologies	54.00	216,120	157,014	59,106	216,120	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			74,552,866	24,083,324	98,636,190	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/27/2022 3:58 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,432,011	2,614,183	817,828	3,432,011	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	88,308	52,971	35,337	88,308	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	0.3271	0.3271	0.3271		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,122,611	855,099	267,512	1,122,611	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0827	0.0827	0.0827		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	283,827	216,193	67,634	283,827	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,926,757	3,738,446	1,188,311	4,926,757	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	-434,623	-434,623	0	-434,623	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	-167,584	-126,598	-40,986	-167,584	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		739,916	240,423	980,339	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/27/2022 3:58 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		62,835	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,304,308	2.00
3.00	OPPS payments		23,299,452	3.00
4.00	Outlier payment (see instructions)		402,839	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		19,405	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		62,835	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		480,320	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)		480,320	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)		480,320	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		417,485	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)		62,835	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		23,721,696	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		16,687	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,893,139	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		19,874,705	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		4,627,300	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)		24,502,005	30.00
31.00	Primary payer payments		9,222	31.00
32.00	Subtotal (line 30 minus line 31)		24,492,783	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)		764,303	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		496,797	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		489,261	36.00
37.00	Subtotal (see instructions)		24,989,580	37.00
38.00	MSP-LCC reconciliation amount from PS&R		32	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)		24,989,548	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		19,819,283	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)		5,170,265	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)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part B
Date/Time Prepared:
7/27/2022 3:58 pm

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: 26-0105 Component CCN: 26-S105	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/27/2022 3:58 pm
		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)		37	2.00
3.00	OPPS payments		53	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		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)		53	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)		11	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)		42	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)		42	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		42	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)		42	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)		42	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		42	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)		0	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: 26-0105 Component CCN: 26-S105	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/27/2022 3:58 pm
		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: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
7/27/2022 3:58 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		93,221,564		19,819,283	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		25,278,671		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) Program to Provider					3.00	
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
	Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	12/08/2021	485,225		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)		-485,225		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)		118,015,010		19,819,283	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		0		5,170,265	6.01	
6.02	SETTLEMENT TO PROGRAM		7,394,713		0	6.02	
7.00	Total Medicare program liability (see instructions)		110,620,297		24,989,548	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0105

Period:

Worksheet E-1

Component CCN: 26-S105

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
7/27/2022 3:58 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		901,311		42	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	11/24/2021	55,384		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)		55,384		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)		956,695		42	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		27,099		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		983,794		42	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part II
Date/Time Prepared:
7/27/2022 3:58 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part II Date/Time Prepared: 7/27/2022 3:58 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			935,958 1.00
2.00	Net IPF PPS Outlier Payments			51,641 2.00
3.00	Net IPF PPS ECT Payments			5,319 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			6.12 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			12.70 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)			6.12 8.00
9.00	Average Daily Census (see instructions)			22.282192 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.133125 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			124,599 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,117,517 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,117,517 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,117,517 18.00
19.00	Deductibles			108,256 19.00
20.00	Subtotal (line 18 minus line 19)			1,009,261 20.00
21.00	Coinsurance			49,810 21.00
22.00	Subtotal (line 20 minus line 21)			959,451 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			36,973 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			24,032 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			15,767 25.00
26.00	Subtotal (sum of lines 22 and 24)			983,483 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			311 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)			983,794 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			956,695 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)			27,099 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			51,641 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)			0.133125 99.01

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 7/27/2022 3:58 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		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		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		32.00
33.00	Coinurance		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	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		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		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0105 Component CCN: 26-S105	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 7/27/2022 3:58 pm
		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	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0105		Period: From 01/01/2021 To 12/31/2021		Worksheet E-4 Date/Time Prepared: 7/27/2022 3:58 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					226.61	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					29.57	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)					256.18	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					276.21	6.00
7.00	Enter the lesser of line 5 or line 6					256.18	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	58.14		188.55		246.69 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.	53.92		174.88		228.80 9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			0.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00		10.01	
11.00	Total weighted FTE count	53.92		174.88		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.73		179.96		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	54.55		170.61		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	55.07		175.15		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		2.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		2.00		16.01	
17.00	Adjusted rolling average FTE count	55.07		177.15		17.00	
18.00	Per resident amount	160,659.43		161,171.56		18.00	
19.00	Approved amount for resident costs	8,847,515		28,551,542		37,399,057 19.00	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					23.85 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					20.03 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					17.89 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					116,054.48 23.00	
24.00	Multiply line 22 time line 23					2,076,215 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					39,475,272 25.00	
		Inpatient Part		Managed Care		Total	
		A					
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	21,228		22,634		26.00	
27.00	Total Inpatient Days (see instructions)	103,698		103,698		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.204710		0.218268		28.00	
29.00	Program direct GME amount	8,080,983		8,616,189		16,697,172 29.00	
29.01	Percent reduction for MA DGME			4.07		29.01	
30.00	Reduction for direct GME payments for Medicare Advantage			350,679		350,679 30.00	
31.00	Net Program direct GME amount					16,346,493 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0105	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/27/2022 3:58 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0		32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		7,579,025		33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000		34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0		35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0		36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)		78,211,403		37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		4,123,743		38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0		39.00
40.00	Primary payer payments (see instructions)		335,578		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		81,999,568		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		32,386,585		42.00
43.00	Primary payer payments (see instructions)		9,222		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,377,363		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		114,376,931		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.716924		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.283076		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		16,346,493		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		11,719,193		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,627,300		50.00

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

Provider CCN: 26-0105

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

Worksheet G

Date/Time Prepared:
7/27/2022 3:58 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,800	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	389,261,853	0	0	0	4.00
5.00	Other receivable	1,266,154	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-267,586,571	0	0	0	6.00
7.00	Inventory	14,765,375	0	0	0	7.00
8.00	Prepaid expenses	1,643,405	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)	139,352,016	0	0	0	11.00
FIXED ASSETS						
12.00	Land	15,930,263	0	0	0	12.00
13.00	Land improvements	1,631,836	0	0	0	13.00
14.00	Accumulated depreciation	-317,888	0	0	0	14.00
15.00	Buildings	512,452,636	0	0	0	15.00
16.00	Accumulated depreciation	-71,133,043	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	10,814,509	0	0	0	19.00
20.00	Accumulated depreciation	-1,326,031	0	0	0	20.00
21.00	Automobiles and trucks	78,215	0	0	0	21.00
22.00	Accumulated depreciation	-11,540	0	0	0	22.00
23.00	Major movable equipment	130,349,583	0	0	0	23.00
24.00	Accumulated depreciation	-44,072,156	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)	554,396,384	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	14,988,041	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	889,256	5,955,374	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	15,877,297	5,955,374	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	709,625,697	5,955,374	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	621,603,400	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,914,214	0	0	0	38.00
39.00	Payroll taxes payable	811	0	0	0	39.00
40.00	Notes and loans payable (short term)	143,722	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	48,402,163	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	683,064,310	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	556,981	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	556,981	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	683,621,291	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	26,004,406				52.00
53.00	Specific purpose fund		5,955,374			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	26,004,406	5,955,374	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	709,625,697	5,955,374	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0105

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

Worksheet G-1

Date/Time Prepared:
7/27/2022 3:58 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		17,996,002		2,670,978		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		9,631,734				2.00
3.00	Total (sum of line 1 and line 2)		27,627,736		2,670,978		3.00
4.00	Additions	-1,624,351		3,284,396		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-1,624,351		3,284,396		10.00
11.00	Subtotal (line 3 plus line 10)		26,003,385		5,955,374		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)		26,003,385		5,955,374		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	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)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
7/27/2022 3:58 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	122,293,803		122,293,803	1.00
2.00	SUBPROVIDER - IPF	119,308,251		119,308,251	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)	241,602,054		241,602,054	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	140,073,731		140,073,731	11.00
12.00	CORONARY CARE UNIT	0		0	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)	140,073,731		140,073,731	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	381,675,785		381,675,785	17.00
18.00	Ancillary services	1,130,763,185	1,073,807,345	2,204,570,530	18.00
19.00	Outpatient services	108,720,785	186,065,096	294,785,881	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	851,019	54,447,667	55,298,686	27.00
27.01	ORGAN ACQUISITION CHARGES	5,902,958	4,342,229	10,245,187	27.01
27.02	PROFESSIONAL FEES	76	971	1,047	27.02
27.03	EMPLOYEE CHARGES	10,421,517	24,052,815	34,474,332	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,638,335,325	1,342,716,123	2,981,051,448	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		743,335,538		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)		743,335,538		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0105

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

Worksheet G-3

Date/Time Prepared:
7/27/2022 3:58 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,981,051,448	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,287,504,924	2.00
3.00	Net patient revenues (line 1 minus line 2)	693,546,524	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	743,335,538	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-49,789,014	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	188,134	6.00
7.00	Income from investments	1,199,679	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	24,812	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	2,227,920	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	3,794,765	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	51,938,848	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	59,374,158	25.00
26.00	Total (line 5 plus line 25)	9,585,144	26.00
27.00	OTHER EXPENSES	-46,590	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-46,590	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	9,631,734	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 26-0105

Period:
From 01/01/2021
To 12/31/2021Worksheet L
Parts I-III
Date/Time Prepared:
7/27/2022 3:58 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	3,432,011	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	88,308	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)	262.99	3.00
4.00	Number of interns & residents (see instructions)	263.73	4.00
5.00	Indirect medical education percentage (see instructions)	32.71	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	1,122,611	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	10.25	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	29.03	8.00
9.00	Sum of lines 7 and 8	39.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.27	10.00
11.00	Disproportionate share adjustment (see instructions)	283,827	11.00
12.00	Total prospective capital payments (see instructions)	4,926,757	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