

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet S
Parts I-III
Date/Time Prepared:
1/28/2022 1:34 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 1/28/2022	Time: 1:34 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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 ST. LUKES HOSPITAL (26-0179) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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	-143,596	158,389	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	-29,302	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-172,898	158,389	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: 26-0179		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 1/28/2022 1:34 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 232 S. WOODS MILL RD.			PO Box:				1.00		
2.00	City: CHESTERFIELD			State: MO		Zip Code: 63017		County: ST. LOUIS		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ST. LUKES HOSPITAL	260179	41180	1	05/02/1975	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		SURREY PLACE	265414	41180		01/30/1990	N	P	O
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		ST. LUKES HOME HEALTH SERVICES	267561	41180		06/01/2009	N	P	O
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		ST. LUKES HOSPICE SERVICES	261627	41180		09/01/2010			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00		3.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
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.					1	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
1/28/2022 1:34 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,080	0	0	0	1,246	8	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
				Urban/Rural S	Date of Geogr		
				1.00	2.00		
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
				Beginning:	Ending:		
				1.00	2.00		
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
				Y/N	Y/N		
				1.00	2.00		
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
				V	XVIII	XIX	
				1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y	
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

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

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.53	39.68	0.013181	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	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)	INTERNAL MEDICINE	1400	0.53	39.68	0.013181	67.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0179		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 1/28/2022 1:34 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.			N			112.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			0	668,314	846,580	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 1/28/2022 1:34 pm	
		1.00	2.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		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:	Contractor's Name:	Contractor's Number:		141.00
142.00	Street:	PO Box:			142.00
143.00	City:	State:	Zip Code:		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.			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
			1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					1.00
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99
					169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 1/28/2022 1:34 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 1/28/2022 1:34 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.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	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.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/02/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
1/28/2022 1:34 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		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.		N		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.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3142315544		PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
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		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.	DIRECTOR	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: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
1/28/2022 1:34 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 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	356	129,940	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)		356	129,940	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	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	43.00				0	13.00
14.00 Total (see instructions)		390	142,350	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	70	25,550		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	60	21,900			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			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)		520				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
1/28/2022 1:34 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)	21,373	805	52,641		1.00
2.00	HMO and other (see instructions)	16,916	1,246			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	21,373	805	52,641		7.00
8.00	INTENSIVE CARE UNIT	2,758	135	3,678		8.00
9.00	CORONARY CARE UNIT	930	73	3,570		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		67	3,752		13.00
14.00	Total (see instructions)	25,061	1,080	63,641	39.62	2,375.87
15.00	CAH visits	0	0	0		14.00
16.00	SUBPROVIDER - IPF					15.00
17.00	SUBPROVIDER - IRF					16.00
18.00	SUBPROVIDER					17.00
19.00	SKILLED NURSING FACILITY	6,867	0	14,036	0.00	38.57
20.00	NURSING FACILITY					18.00
21.00	OTHER LONG TERM CARE			11,047	0.00	24.91
22.00	HOME HEALTH AGENCY	16,229	284	36,804	0.00	51.66
23.00	AMBULATORY SURGICAL CENTER (D.P.)					21.00
24.00	HOSPICE	0	0	0	0.00	21.92
24.10	HOSPICE (non-distinct part)			0		24.00
25.00	CMHC - CMHC					24.10
26.00	RURAL HEALTH CLINIC					25.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00
27.00	Total (sum of lines 14-26)				39.62	2,512.93
28.00	Observation Bed Days		485	4,669		26.25
29.00	Ambulance Trips	0				27.00
30.00	Employee discount days (see instruction)			0		28.00
31.00	Employee discount days - IRF			0		29.00
32.00	Labor & delivery days (see instructions)	0	8	561		30.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		31.00
33.00	LTCH non-covered days	0				32.00
33.01	LTCH site neutral days and discharges	0				32.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
1/28/2022 1:34 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	4,754	186	12,164	1.00
2.00 HMO and other (see instructions)			2,835	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,754	186	12,164	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					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: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
1/28/2022 1:34 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	201,745,016	510,186	202,255,202	5,226,897.00	38.70	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		2,602,933	0	2,602,933	11,625.00	223.91	4.00
4.01	Physicians - Part A - Teaching		365,681	0	365,681	10,174.57	35.94	4.01
5.00	Physician and Non Physician-Part B		21,672,501	0	21,672,501	188,544.00	114.95	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	2,711,417	2,435	2,713,852	104,146.00	26.06	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,485,699	2,232	2,487,931	80,223.00	31.01	9.00
10.00	Excluded area salaries (see instructions)		12,930,075	463,283	13,393,358	385,396.00	34.75	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,191,786	0	1,191,786	13,132.28	90.75	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		471,857	0	471,857	3,060.00	154.20	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		35,108,812	0	35,108,812			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		2,987,208	0	2,987,208			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		89,170	0	89,170			22.00
22.01	Physician Part A - Teaching		77,011	0	77,011			22.01
23.00	Physician Part B		1,463,205	0	1,463,205			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		806,587	0	806,587			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
1/28/2022 1:34 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	2,093,961	330,877	2,424,838	59,771.00	40.57	26.00
27.00	Administrative & General	5.00	33,854,515	-129,631	33,724,884	810,429.00	41.61	27.00
28.00	Administrative & General under contract (see inst.)		9,114,585	0	9,114,585	100,972.00	90.27	28.00
29.00	Maintenance & Repairs	6.00	3,052,712	2,742	3,055,454	101,502.00	30.10	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	130,664	117	130,781	8,451.00	15.48	31.00
32.00	Housekeeping	9.00	2,950,911	142,361	3,093,272	203,651.00	15.19	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,204,714	-129,953	3,074,761	160,517.00	19.16	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	435,355	391	435,746	25,745.00	16.93	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,824,527	1,639	1,826,166	42,823.00	42.64	38.00
39.00	Central Services and Supply	14.00	1,715,681	1,541	1,717,222	77,273.00	22.22	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	3,925,857	3,526	3,929,383	158,747.00	24.75	41.00
42.00	Social Service	17.00	273,012	245	273,257	7,962.00	34.32	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
1/28/2022 1:34 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	186,110,002	507,751	186,617,753	5,025,004.43	37.14	1.00
2.00	Excluded area salaries (see instructions)	15,415,774	465,515	15,881,289	465,619.00	34.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	170,694,228	42,236	170,736,464	4,559,385.43	37.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,663,643	0	1,663,643	16,192.28	102.74	4.00
5.00	Subtotal wage-related costs (see inst.)	35,197,982	0	35,197,982	0.00	20.62	5.00
6.00	Total (sum of lines 3 thru 5)	207,555,853	42,236	207,598,089	4,575,577.71	45.37	6.00
7.00	Total overhead cost (see instructions)	62,576,494	223,855	62,800,349	1,757,843.00	35.73	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
1/28/2022 1:34 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	942,015	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	6,922,584	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	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	18,027,036	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	1,135,457	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	193,872	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	480,839	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	12,909,947	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	-79,757	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	40,531,993	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: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
1/28/2022 1:34 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	1,191,786	40,531,993	1.00
2.00	Hospital	1,191,786	40,531,993	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 26-0179 Component CCN: 26-7561		Period: From 07/01/2020 To 06/30/2021		Worksheet S-4 Date/Time Prepared: 1/28/2022 1:34 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County					ST. LOUIS		0.00	
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours			0	515	0	598	1,113	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	1,195.00	22.00	1,582.00	2,799.00	2.00
						Number of Employees (Full Time Equivalent)			
				Enter the number of hours in your normal work week		Staff	Contract	Total	
				0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)			40.00		1.03	0.00	1.03	3.00
4.00	Director(s) and Assistant Director(s)					0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel					7.50	0.00	7.50	5.00
6.00	Direct Nursing Service					18.44	0.00	18.44	6.00
7.00	Nursing Supervisor					3.21	0.00	3.21	7.00
8.00	Physical Therapy Service					12.82	0.00	12.82	8.00
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service					5.18	0.00	5.18	10.00
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00
12.00	Speech Pathology Service					0.31	0.00	0.31	12.00
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00
14.00	Medical Social Service					2.74	0.00	2.74	14.00
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00
16.00	Home Health Aide					0.53	0.00	0.53	16.00
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00
18.00	Other (specify)					0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180					20.00
				Full Episodes					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			6,394	1,142	243	72	7,851	21.00
22.00	Skilled Nursing Visit Charges			1,118,600	199,850	42,525	12,600	1,373,575	22.00
23.00	Physical Therapy Visits			4,361	924	334	45	5,664	23.00
24.00	Physical Therapy Visit Charges			763,175	161,700	58,450	7,875	991,200	24.00
25.00	Occupational Therapy Visits			1,630	560	30	12	2,232	25.00
26.00	Occupational Therapy Visit Charges			285,250	98,000	5,250	2,100	390,600	26.00
27.00	Speech Pathology Visits			75	61	0	0	136	27.00
28.00	Speech Pathology Visit Charges			13,125	10,675	0	0	23,800	28.00
29.00	Medical Social Service Visits			79	22	1	0	102	29.00
30.00	Medical Social Service Visit Charges			13,825	3,850	175	0	17,850	30.00
31.00	Home Health Aide Visits			166	76	2	0	244	31.00
32.00	Home Health Aide Visit Charges			14,110	6,460	170	0	20,740	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			12,705	2,785	610	129	16,229	33.00
34.00	Other Charges			0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)			2,208,085	480,535	106,570	22,575	2,817,765	35.00
36.00	Total Number of Episodes (standard/non outlier)			1,352		242	17	1,611	36.00
37.00	Total Number of Outlier Episodes				133		1	134	37.00
38.00	Total Non-Routine Medical Supply Charges			0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA				Provider CCN: 26-0179 Hospice CCN: 26-1627		Period: From 07/01/2020 To 06/30/2021		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 1/28/2022 1:34 pm	
				Hospice I					
		Unduplicated Days							
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)		
		1.00	2.00	3.00	4.00	5.00	6.00		
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
1.00	Hospice Continuous Home Care							1.00	
2.00	Hospice Routine Home Care							2.00	
3.00	Hospice Inpatient Respite Care							3.00	
4.00	Hospice General Inpatient Care							4.00	
5.00	Total Hospice Days							5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015									
6.00	Number of patients receiving hospice care							6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00	
8.00	Average Length of Stay (line 5 / line 6)							8.00	
9.00	Unduplicated census count							9.00	
NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.									
				Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)		
				1.00	2.00	3.00	4.00		
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015									
10.00	Hospice Continuous Home Care			0	0	0		10.00	
11.00	Hospice Routine Home Care			19,596	322	1,548	21,466	11.00	
12.00	Hospice Inpatient Respite Care			33	1	3	37	12.00	
13.00	Hospice General Inpatient Care			9	0	1	10	13.00	
14.00	Total Hospice Days			19,638	323	1,552	21,513	14.00	
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015									
15.00	Hospice Inpatient Respite Care			0	0	0	0	15.00	
16.00	Hospice General Inpatient Care			0	0	0	0	16.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-10

Date/Time Prepared:
1/28/2022 1:34 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)		0.251095		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,590,225		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		346,480		5.00
6.00	Medicaid charges		31,898,488		6.00
7.00	Medicaid cost (line 1 times line 6)		8,009,551		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,072,846		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,072,846		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)	18,513,792	13,940,925	32,454,717	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,648,721	13,940,925	18,589,646	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)	4,648,721	13,940,925	18,589,646	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)		3,232,362		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		316,386		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		486,747		27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,745,615		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		859,771		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		19,449,417		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		21,522,263		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	9,970,529	9,970,529	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		32,650,177	32,650,177	-17,422,445	15,227,732	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		461,190	461,190	81,629	542,819	2.01
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,093,961	45,347,169	47,441,130	2,747,083	50,188,213	4.00
5.01	00591	NONPATIENT TELEPHONES	484,624	65,529	550,153	349,091	899,244	5.01
5.02	00590	OTHER ADMIN AND GENERAL	0	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	21,504	21,504	5.03
5.04	00540	ADMITTING	1,196,471	302	1,196,773	1,075	1,197,848	5.04
5.05	00593	ADMIN & GENERAL - SURREY	657,178	135,846	793,024	-34,196	758,828	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	31,516,242	11,838,453	43,354,695	1,395,928	44,750,623	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,070,972	10,525,498	12,596,470	-215,512	12,380,958	6.00
6.01	00601	PURCHASING	830,776	763,310	1,594,086	-184,806	1,409,280	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	150,964	416,920	567,884	136	568,020	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	106,914	-9,142	97,772	1,182,167	1,279,939	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	23,750	75,213	98,963	21	98,984	8.01
9.00	00900	HOUSEKEEPING	2,770,981	824,633	3,595,614	179,888	3,775,502	9.00
9.01	00901	HOUSEKEEPING - SURREY	179,930	39,320	219,250	162	219,412	9.01
10.00	01000	DIETARY	2,518,066	562,330	3,080,396	615,367	3,695,763	10.00
10.01	01001	DIETARY - SURREY	686,648	590,732	1,277,380	617	1,277,997	10.01
11.00	01100	CAFETERIA	435,355	789,374	1,224,729	-766,525	458,204	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	1,518,683	643,589	2,162,272	1,317	2,163,589	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	305,844	2,595	308,439	-274	308,165	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	1,715,681	1,899,670	3,615,351	-517,008	3,098,343	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,804,191	202,823	4,007,014	3,417	4,010,431	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	121,666	0	121,666	109	121,775	16.01
17.00	01700	SOCIAL SERVICE	0	134	134	0	134	17.00
17.01	01701	SOCIAL SERVICE - SURREY	273,012	20	273,032	245	273,277	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,711,417	0	2,711,417	2,435	2,713,852	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,626,991	448,252	2,075,243	1,461	2,076,704	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	21,747	21,747	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	448,205	448,205	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,983,880	4,457,752	42,441,632	-5,499,631	36,942,001	30.00
31.00	03100	INTENSIVE CARE UNIT	5,099,656	624,886	5,724,542	-234,396	5,490,146	31.00
32.00	03200	CORONARY CARE UNIT	5,341,543	639,000	5,980,543	-227,974	5,752,569	32.00
43.00	04300	NURSERY	1,581,824	112,204	1,694,028	2,850,224	4,544,252	43.00
44.00	04400	SKILLED NURSING FACILITY	2,485,699	138,820	2,624,519	-59,911	2,564,608	44.00
46.00	04600	OTHER LONG TERM CARE	1,242,447	72,920	1,315,367	-23,001	1,292,366	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,591,981	40,013,692	53,605,673	-28,298,124	25,307,549	50.00
50.01	03650	VASCULAR ACCESS CENTER	992,484	2,260,432	3,252,916	-2,104,360	1,148,556	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	383,257	158,110	541,367	-30,210	511,157	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	1,195,075	1,619,036	2,814,111	-613,832	2,200,279	50.04
51.00	05100	RECOVERY ROOM	1,264,675	67,838	1,332,513	-30,650	1,301,863	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	679	62,643	63,322	1,017,093	1,080,415	52.00
53.00	05300	ANESTHESIOLOGY	223,020	1,257,986	1,481,006	-410,919	1,070,087	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,481,956	3,362,743	8,844,699	-1,401,637	7,443,062	54.00
54.01	05401	TDOC RADIOLOGY	375,475	222,289	597,764	-25,464	572,300	54.01
54.02	05402	CDI RADIOLOGY	2,329,488	17,279,692	19,609,180	-676,388	18,932,792	54.02
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	850,788	1,245,543	2,096,331	-131,713	1,964,618	57.00
57.01	05701	TDOC CT SCAN	112,537	85,540	198,077	-13,299	184,778	57.01
58.00	05800	MRI	338,301	137,623	475,924	-37,995	437,929	58.00
58.01	05801	TDOC - MRI	121,179	88,413	209,592	-44,729	164,863	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,018,569	12,870,400	14,888,969	-13,542,288	1,346,681	59.00
60.00	06000	LABORATORY	4,765,229	11,436,872	16,202,101	185,873	16,387,974	60.00
64.00	06400	INTRAVENOUS THERAPY	2,281,910	32,754,048	35,035,958	-610,503	34,425,455	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	189,317	61,075	250,392	-4,468	245,924	64.01
65.00	06500	RESPIRATORY THERAPY	2,119,230	406,786	2,526,016	-62,356	2,463,660	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,621,140	534,065	5,155,205	-40,084	5,115,121	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,143,200	711	1,143,911	1,013	1,144,924	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	69,903	587,414	657,317	-2,831	654,486	66.02
67.00	06700	OCCUPATIONAL THERAPY	841,782	4,054	845,836	756	846,592	67.00
68.00	06800	SPEECH PATHOLOGY	198,846	3,171	202,017	149	202,166	68.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
69.00	06900	ELECTROCARDIOLOGY	1,701,201	492,777	2,193,978	-41,980	2,151,998	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	764,354	182,146	946,500	-5,193	941,307	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	260,583	105,833	366,416	-2,919	363,497	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,662,514	387,504	3,050,018	-9,931	3,040,087	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,947,892	16,947,892	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,397,358	32,397,358	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,558,245	14,067,079	18,625,324	-754,773	17,870,551	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	426,694	49,734	476,428	133,214	609,642	76.01
76.02	03952	CARDIAC REHAB	2,086,488	440,156	2,526,644	-95,794	2,430,850	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	750,759	469,124	1,219,883	-274,002	945,881	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,053	23	3,076	3	3,079	90.00
90.01	09001	VACCINE CLINIC	1,362,271	315,319	1,677,590	1,223	1,678,813	90.01
91.00	09100	EMERGENCY	9,156,451	876,790	10,033,241	-254,377	9,778,864	91.00
91.01	09101	URGENT CARE CENTERS	9,214,812	2,652,968	11,867,780	274,678	12,142,458	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	64,576	48,702	113,278	58	113,336	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,170,226	1,709,987	5,880,213	-993,578	4,886,635	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	1,635,718	1,003,637	2,639,355	-150,177	2,489,178	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	195,863,332	263,641,474	459,504,806	-5,016,586	454,488,220	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,493,951	2,909,023	5,402,974	4,950,721	10,353,695	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	3	3	0	3	194.00
194.01	07951	DEVELOPMENT	272,771	93,182	365,953	-193	365,760	194.01
194.02	07952	COMMUNITY OUTREACH	327,110	289,952	617,062	9,885	626,947	194.02
194.03	07953	FOUNTAIN CAFE	-1,770	6,351	4,581	-548	4,033	194.03
194.04	07954	SLEEP RESEARCH	193,524	-197,162	-3,638	174	-3,464	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	141,191	11,152	152,343	127	152,470	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	991,288	1,626,381	2,617,669	890	2,618,559	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	14,570	4,801	19,371	13	19,384	194.12
194.13	07963	VOLUNTEERS	229,267	6,667	235,934	206	236,140	194.13
194.14	07964	RETAIL PHARMACY	658,204	7,900,970	8,559,174	54,806	8,613,980	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	345,998	-43,425	302,573	311	302,884	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	188,987	17,133	206,120	170	206,290	194.16
194.17	07967	VALET SERVICES	26,593	0	26,593	24	26,617	194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	201,745,016	276,266,502	478,011,518	0	478,011,518	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
1/28/2022 1:34 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	162,209	10,132,738	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-893,833	14,333,899	2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	-41,473	501,346	2.01
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-592,827	49,595,386	4.00
5.01	00591	NONPATIENT TELEPHONES	-213,530	685,714	5.01
5.02	00590	OTHER ADMIN AND GENERAL	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	21,504	5.03
5.04	00540	ADMITTING	0	1,197,848	5.04
5.05	00593	ADMIN & GENERAL - SURREY	-418,285	340,543	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	5,104,430	49,855,053	5.06
6.00	00600	MAINTENANCE & REPAIRS	-8,472	12,372,486	6.00
6.01	00601	PURCHASING	-9,252	1,400,028	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	-5,854	562,166	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,279,939	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	98,984	8.01
9.00	00900	HOUSEKEEPING	-450	3,775,052	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	219,412	9.01
10.00	01000	DIETARY	-1,447,221	2,248,542	10.00
10.01	01001	DIETARY - SURREY	-232,606	1,045,391	10.01
11.00	01100	CAFETERIA	-50	458,154	11.00
11.01	01101	CAFETERIA - SURREY	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-2,532	2,161,057	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	-70	308,095	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	-931	3,097,412	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,036	3,998,395	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	121,775	16.01
17.00	01700	SOCIAL SERVICE	-8	126	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	273,277	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,713,852	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-2,401,186	-324,482	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	21,747	23.01
23.02	02302	PHARMACY EDUCATION	0	448,205	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-8,851,599	28,090,402	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,215,974	3,274,172	31.00
32.00	03200	CORONARY CARE UNIT	-1,904,023	3,848,546	32.00
43.00	04300	NURSERY	-50,203	4,494,049	43.00
44.00	04400	SKILLED NURSING FACILITY	-1,533	2,563,075	44.00
46.00	04600	OTHER LONG TERM CARE	-5,447	1,286,919	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,135,609	24,171,940	50.00
50.01	03650	VASCULAR ACCESS CENTER	-617,669	530,887	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	-55,739	455,418	50.02
50.03	05002	PAIN MGMT CENTER	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	-244,575	1,955,704	50.04
51.00	05100	RECOVERY ROOM	-187	1,301,676	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-23,625	1,056,790	52.00
53.00	05300	ANESTHESIOLOGY	-560,055	510,032	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-932,360	6,510,702	54.00
54.01	05401	TDOC RADIOLOGY	0	572,300	54.01
54.02	05402	CDI RADIOLOGY	-8,109,582	10,823,210	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-29,715	1,934,903	57.00
57.01	05701	TDOC CT SCAN	-42,700	142,078	57.01
58.00	05800	MRI	0	437,929	58.00
58.01	05801	TDOC - MRI	0	164,863	58.01
59.00	05900	CARDIAC CATHETERIZATION	-17,349	1,329,332	59.00
60.00	06000	LABORATORY	-535,688	15,852,286	60.00
64.00	06400	INTRAVENOUS THERAPY	1,024,736	35,450,191	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	-132,319	113,605	64.01
65.00	06500	RESPIRATORY THERAPY	0	2,463,660	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	65.01
66.00	06600	PHYSICAL THERAPY	-174,959	4,940,162	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,144,924	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	-97,821	556,665	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	846,592	67.00
68.00	06800	SPEECH PATHOLOGY	0	202,166	68.00
69.00	06900	ELECTROCARDIOLOGY	-108,999	2,042,999	69.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
69.01	06901	TDOC - ELECTROCARDIOLOGY	-8	941,299	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-63,982	299,515	70.00
70.01	07001	SLEEP MEDICINE CLINIC	-1,427,613	1,612,474	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,947,892	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,397,358	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-76,991	17,793,560	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	-47,261	562,381	76.01
76.02	03952	CARDIAC REHAB	-211,668	2,219,182	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	-408,679	537,202	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-23	3,056	90.00
90.01	09001	VACCINE CLINIC	-5,891	1,672,922	90.01
91.00	09100	EMERGENCY	-5,601,552	4,177,312	91.00
91.01	09101	URGENT CARE CENTERS	-6,413,848	5,728,610	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	-45,194	68,142	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-55,515	4,831,120	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-58,242	2,430,936	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-40,253,438	414,234,782	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,377,893	11,731,588	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	3	194.00
194.01	07951	DEVELOPMENT	0	365,760	194.01
194.02	07952	COMMUNITY OUTREACH	42,877	669,824	194.02
194.03	07953	FOUNTAIN CAFE	-5,724	-1,691	194.03
194.04	07954	SLEEP RESEARCH	221,007	217,543	194.04
194.05	07955	MEALS ON WHEELS	0	0	194.05
194.06	07956	GUEST MEALS	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	-8,930	143,540	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	194.08
194.09	07959	VACANT SPACE	0	0	194.09
194.10	07960	TV STORAGE	0	0	194.10
194.11	07961	MARKETING	0	2,618,559	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	19,384	194.12
194.13	07963	VOLUNTEERS	0	236,140	194.13
194.14	07964	RETAIL PHARMACY	-25,083	8,588,897	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	44,375	347,259	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	-3,747	202,543	194.16
194.17	07967	VALET SERVICES	0	26,617	194.17
200.00		TOTAL (SUM OF LINES 118 through 199)	-38,610,770	439,400,748	200.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
1/28/2022 1:34 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
A - MED SUPPLIES CHGD TO PAT						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	308,795		1.00
	0		0	308,795		
B - NUTRITION/DIABETES EDUCATION						
1.00	NUTRITION/DIABETES EDUCATION	76.01	132,712			1.00
	0		132,712	0		
C - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,606,173		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,606,173		
D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,182,071		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
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		0	1,182,071		
E - RENTAL/LEASES						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,277,894		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	26,874		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	0		0	1,304,768		

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	F - INSURANCE AND FEES					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	5,200,954		1.00
	0		0	5,200,954		
	G - TELEPHONE EXPENSE					
1.00	NONPATIENT TELEPHONES	5.01	0	348,656		1.00
2.00	NONPATIENT TELEPHONES	5.03	0	21,504		2.00
	0		0	370,160		
	H - MOB DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,512,282		1.00
2.00	VASCULAR ACCESS CENTER	50.01	0	23,091		2.00
3.00	LABORATORY	60.00	0	296		3.00
4.00	SLEEP MEDICINE CLINIC	70.01	0	107		4.00
5.00	URGENT CARE CENTERS	91.01	0	344,334		5.00
6.00	PHYSICIANS PRIVATE OFFICES	192.00	0	3,340,192		6.00
	0		0	12,220,302		
	I - INTEREST ON BONDS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,000,538		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	41,473		2.00
3.00	ADMIN & GENERAL - HOSPITAL	5.06	0	35,200		3.00
4.00	PHYSICIANS PRIVATE OFFICES	192.00	0	201,872		4.00
	0		0	1,279,083		
	K - CLINICAL PASTORAL EDUCATION					
1.00	CLINICAL PASTORAL EDUCATION	23.01	18,760	2,970		1.00
	0		18,760	2,970		
	L - ALLOCATION OF SECURITY					
1.00	PHYSICIANS PRIVATE OFFICES	192.00	127,915	0		1.00
	0		127,915	0		
	M - MAINT AND HOUSEKEEPING RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00		26,741		1.00
2.00	HOUSEKEEPING	9.00	139,585	41,168		2.00
	0		139,585	67,909		
	N - MOB PROPERTY TAX					
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	1,339,508		1.00
	0		0	1,339,508		
	O - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	457,709		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	13,282		2.00
3.00	PHYSICIANS PRIVATE OFFICES	192.00	0	132,295		3.00
	0		0	603,286		
	P - WORKMENS COMPENSATION EXPENSE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,321,228		1.00
	0		0	1,321,228		
	R - CAFETERIA RECLASS					
1.00	DIETARY	10.00	0	750,730		1.00
2.00		0.00	0	0		2.00
	0		0	750,730		
	T - LOAN FORGIVENESS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	328,996	0		1.00
	0		328,996	0		
	U - AUDIO/VISUAL					
1.00	COMMUNITY OUTREACH	194.02	8,571	1,013		1.00
2.00	PHYSICIANS PRIVATE OFFICES	192.00	14,651	1,732		2.00
	0		23,222	2,745		
	V - PHARMACY EDUCATION					
1.00	PHARMACY EDUCATION	23.02	365,681	82,196		1.00
	0		365,681	82,196		
	W - LDRP ROUTINE EXPENSE					
1.00	NURSERY	43.00	2,458,100	401,826		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	901,701	147,403		2.00
	0		3,359,801	549,229		
	Y - SUPERVISOR RECLASSIFICATION					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	220,347	0		1.00
2.00	TD0C RADIOLOGY	54.01	26,194	0		2.00
3.00	CT SCAN	57.00	96,413	0		3.00
4.00	TD0C CT SCAN	57.01	9,402	0		4.00
5.00	MRI	58.00	22,591	0		5.00
6.00	TD0C - MRI	58.01	9,949	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	75,988	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	43,525	0		8.00
9.00	TD0C - ELECTROCARDIOLOGY	69.01	21,024	0		9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	141,917	0		10.00
11.00	CARDIAC REHAB	76.02	4,543	0		11.00
12.00	RETAIL PHARMACY	194.14	65,274	0		12.00
	0		737,167	0		

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AA - PATIENT BILLING					
1.00	ADMIN & GENERAL - HOSPITAL	5.06	10,004	119,349		1.00
2.00		0.00	0	0		2.00
	TOTALS		10,004	119,349		
	AB - MERCY CLINICAL ENGINEERING RECLASS					
1.00	PHYSICIANS PRIVATE OFFICES	192.00	0	456		1.00
2.00	RETAIL PHARMACY	194.14	0	40		2.00
	0		0	496		
	AC - IMPLANTS AND MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,639,097		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	32,397,358		2.00
3.00	LABORATORY	60.00	0	181,450		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
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
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
	0		0	49,217,905		
	AD - EMPLOYEE HOLIDAY GIFT CARDS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,881	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	435	0		2.00
3.00	ADMITTING	5.04	1,075	0		3.00
4.00	ADMIN & GENERAL - SURREY	5.05	590	0		4.00
5.00	ADMIN & GENERAL - HOSPITAL	5.06	28,162	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	1,860	0		6.00
7.00	PURCHASING	6.01	746	0		7.00
8.00	MAINTENANCE & REPAIRS - SURREY	6.02	136	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	96	0		9.00
10.00	LAUNDRY & LINEN SERVICE - SURREY	8.01	21	0		10.00
11.00	HOUSEKEEPING	9.00	2,614	0		11.00
12.00	HOUSEKEEPING - SURREY	9.01	162	0		12.00
13.00	DIETARY	10.00	2,142	0		13.00
14.00	DIETARY - SURREY	10.01	617	0		14.00
15.00	CAFETERIA	11.00	391	0		15.00
16.00	NURSING ADMINISTRATION	13.00	1,364	0		16.00
17.00	NURSING ADMINISTRATION - SURREY	13.01	275	0		17.00
18.00	CENTRAL SERVICES & SUPPLY	14.00	1,541	0		18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	3,417	0		19.00
20.00	MEDICAL RECORDS & LIBRARY - SURREY	16.01	109	0		20.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00	SOCIAL SERVICE - SURREY	17.01	245	0	21.00
22.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,435	0	22.00
23.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,461	0	23.00
24.00	CLINICAL PASTORAL EDUCATION	23.01	17	0	24.00
25.00	PHARMACY EDUCATION	23.02	328	0	25.00
26.00	ADULTS & PEDIATRICS	30.00	31,097	0	26.00
27.00	INTENSIVE CARE UNIT	31.00	4,580	0	27.00
28.00	CORONARY CARE UNIT	32.00	4,797	0	28.00
29.00	NURSERY	43.00	3,628	0	29.00
30.00	SKILLED NURSING FACILITY	44.00	2,232	0	30.00
31.00	OTHER LONG TERM CARE	46.00	1,116	0	31.00
32.00	OPERATING ROOM	50.00	12,207	0	32.00
33.00	VASCULAR ACCESS CENTER	50.01	891	0	33.00
34.00	PAIN MGMT - BRAIN & SPINE	50.02	344	0	34.00
35.00	WOMENS DIAGNOSTIC SVCS/GI SVCS	50.04	1,073	0	35.00
36.00	RECOVERY ROOM	51.00	1,136	0	36.00
37.00	DELIVERY ROOM & LABOR ROOM	52.00	810	0	37.00
38.00	ANESTHESIOLOGY	53.00	200	0	38.00
39.00	RADIOLOGY-DIAGNOSTIC	54.00	4,835	0	39.00
40.00	TDIC RADIOLOGY	54.01	361	0	40.00
41.00	CDI RADIOLOGY	54.02	2,092	0	41.00
42.00	CT SCAN	57.00	791	0	42.00
43.00	TDIC CT SCAN	57.01	110	0	43.00
44.00	MRI	58.00	324	0	44.00
45.00	TDIC - MRI	58.01	118	0	45.00
46.00	CARDIAC CATHETERIZATION	59.00	1,881	0	46.00
47.00	LABORATORY	60.00	4,280	0	47.00
48.00	INTRAVENOUS THERAPY	64.00	2,049	0	48.00
49.00	BRAIN & SPINE INFUSION CENTER	64.01	170	0	49.00
50.00	RESPIRATORY THERAPY	65.00	1,903	0	50.00
51.00	PHYSICAL THERAPY	66.00	4,150	0	51.00
52.00	PHYSICAL THERAPY - SURREY	66.01	1,027	0	52.00
53.00	THERAPY SVCS - BRAIN & SPINE	66.02	63	0	53.00
54.00	OCCUPATIONAL THERAPY	67.00	756	0	54.00
55.00	SPEECH PATHOLOGY	68.00	179	0	55.00
56.00	ELECTROCARDIOLOGY	69.00	1,522	0	56.00
57.00	TDIC - ELECTROCARDIOLOGY	69.01	705	0	57.00
58.00	ELECTROENCEPHALOGRAPHY	70.00	234	0	58.00
59.00	SLEEP MEDICINE CLINIC	70.01	2,391	0	59.00
60.00	DRUGS CHARGED TO PATIENTS	73.00	3,707	0	60.00
61.00	NUTRITION/DIABETES EDUCATION	76.01	502	0	61.00
62.00	CARDIAC REHAB	76.02	1,792	0	62.00
63.00	HYPERBARIC OXYGEN THERAPY	76.03	674	0	63.00
64.00	CLINIC	90.00	3	0	64.00
65.00	VACCINE CLINIC	90.01	1,223	0	65.00
66.00	EMERGENCY	91.00	8,224	0	66.00
67.00	URGENT CARE CENTERS	91.01	8,276	0	67.00
68.00	ADULT DOWN SYNDROME CENTER	91.02	58	0	68.00
69.00	HOME HEALTH AGENCY	101.00	3,745	0	69.00
70.00	HOSPICE	116.00	1,460	0	70.00
71.00	PHYSICIANS PRIVATE OFFICES	192.00	2,243	0	71.00
72.00	DEVELOPMENT	194.01	245	0	72.00
73.00	COMMUNITY OUTREACH	194.02	301	0	73.00
74.00	SLEEP RESEARCH	194.04	174	0	74.00
75.00	PHYSICIAN REFERRAL	194.07	127	0	75.00
76.00	MARKETING	194.11	890	0	76.00
77.00	CHILDBIRTH INSTRUCTION	194.12	13	0	77.00
78.00	VOLUNTEERS	194.13	206	0	78.00
79.00	RETAIL PHARMACY	194.14	650	0	79.00
80.00	REHAB HOSPITAL COVERAGE	194.15	311	0	80.00
81.00	EXECUTIVE HEALTH PROGRAM	194.16	170	0	81.00
82.00	VALET SERVICES	194.17	24	0	82.00
			181,190	0	
500.00	Grand Total: Increases		5,425,033	77,529,857	500.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
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To 06/30/2021Worksheet A-6
Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - MED SUPPLIES CHGD TO PAT						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	308,795	0		1.00
	0		0	308,795			
	B - NUTRITION/DIABETES EDUCATION						
1.00	DIETARY	10.00	132,712	0	0		1.00
	0		132,712	0			
	C - EMPLOYEE BENEFITS						
1.00	VASCULAR ACCESS CENTER	50.01	0	53,661	0		1.00
2.00	CDI RADIOLOGY	54.02	0	555,189	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	997,323	0		3.00
	0		0	1,606,173			
	D - LAUNDRY/LINEN RECLASSIFICATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,009	0		1.00
2.00	HOUSEKEEPING	9.00	0	3,479	0		2.00
3.00	DIETARY	10.00	0	4,793	0		3.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,514	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	515,226	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	26,063	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	46,983	0		8.00
9.00	NURSERY	43.00	0	2,965	0		9.00
10.00	OPERATING ROOM	50.00	0	157,260	0		10.00
11.00	VASCULAR ACCESS CENTER	50.01	0	24,391	0		11.00
12.00	WOMENS DIAGNOSTIC SVCS/GI SVCS	50.04	0	25,469	0		12.00
13.00	RECOVERY ROOM	51.00	0	18,975	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	58,393	0		14.00
15.00	TDIC RADIOLOGY	54.01	0	10,098	0		15.00
16.00	CDI RADIOLOGY	54.02	0	775	0		16.00
17.00	MRI	58.00	0	14,105	0		17.00
18.00	TDIC - MRI	58.01	0	11,304	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	27,583	0		19.00
20.00	LABORATORY	60.00	0	153	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	6,510	0		21.00
22.00	BRAIN & SPINE INFUSION CENTER	64.01	0	645	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	42,560	0		23.00
24.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	2,869	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	12,023	0		25.00
26.00	TDIC - ELECTROCARDIOLOGY	69.01	0	23,605	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,542	0		27.00
28.00	SLEEP MEDICINE CLINIC	70.01	0	5,991	0		28.00
29.00	CARDIAC REHAB	76.02	0	2,075	0		29.00
30.00	HYPERBARIC OXYGEN THERAPY	76.03	0	16,047	0		30.00
31.00	EMERGENCY	91.00	0	73,020	0		31.00
32.00	URGENT CARE CENTERS	91.01	0	22,710	0		32.00
33.00	PHYSICIANS PRIVATE OFFICES	192.00	0	1,936	0		33.00
	0		0	1,182,071			
	E - RENTAL/LEASES						
1.00	ADMIN & GENERAL - HOSPITAL	5.00	0	222,733	10		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	243,617	10		2.00
3.00	PURCHASING	6.01	0	185,552	0		3.00
4.00	CAFETERIA	11.00	0	16,300	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	47	0		5.00
6.00	NURSING ADMINISTRATION - SURREY	13.01	0	549	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	189,240	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	4,375	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	17,073	0		9.00
10.00	OTHER LONG TERM CARE	46.00	0	9,252	0		10.00
11.00	OPERATING ROOM	50.00	0	91,367	0		11.00
12.00	WOMENS DIAGNOSTIC SVCS/GI SVCS	50.04	0	4,668	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,300	0		13.00
14.00	CDI RADIOLOGY	54.02	0	2,337	0		14.00
15.00	CT SCAN	57.00	0	1,800	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	2,090	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	53,876	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	3,536	0		18.00
19.00	SLEEP MEDICINE CLINIC	70.01	0	914	0		19.00
20.00	DRUGS CHARGED TO PATIENTS	73.00	0	35,712	0		20.00
21.00	EMERGENCY	91.00	0	59,054	0		21.00
22.00	HOSPICE	116.00	0	141,633	0		22.00
23.00	PHYSICIANS PRIVATE OFFICES	192.00	0	713	0		23.00
24.00	DEVELOPMENT	194.01	0	438	0		24.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-6

Date/Time Prepared:
1/28/2022 1:34 pm

Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
25.00	FOUNTAIN CAFE	194.03	0	434	0		25.00
26.00	RETAIL PHARMACY	194.14	0	11,158	0		26.00
	0		0	1,304,768			
F - INSURANCE AND FEES							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,200,954	12		1.00
	0		0	5,200,954			
G - TELEPHONE EXPENSE							
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	348,656	0		1.00
2.00	ADMIN & GENERAL - SURREY	5.05	0	21,504	0		2.00
	0		0	370,160			
H - MOB DEPRECIATION							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,220,302	9		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
	0		0	12,220,302			
I - INTEREST ON BONDS							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,279,083	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		0	1,279,083			
K - CLINICAL PASTORAL EDUCATION							
1.00	ADMIN & GENERAL - HOSPITAL	5.06	18,760	2,970	0		1.00
	0		18,760	2,970			
L - ALLOCATION OF SECURITY							
1.00	ADMIN & GENERAL - HOSPITAL	5.06	127,915	0	0		1.00
	0		127,915	0			
M - MAINT AND HOUSEKEEPING RECLASS							
1.00	PHYSICIANS PRIVATE OFFICES	192.00	139,585	67,909	0		1.00
2.00		0.00	0	0	0		2.00
	0		139,585	67,909			
N - MOB PROPERTY TAX							
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,339,508	0		1.00
	0		0	1,339,508			
O - PROPERTY INSURANCE							
1.00	ADMIN & GENERAL - SURREY	5.05	0	13,282	12		1.00
2.00	ADMIN & GENERAL - HOSPITAL	5.06	0	590,004	12		2.00
3.00		0.00	0	0	0		3.00
	0		0	603,286			
P - WORKMENS COMPENSATION EXPENSE							
1.00	ADMIN & GENERAL - HOSPITAL	5.06	0	1,321,228	0		1.00
	0		0	1,321,228			
R - CAFETERIA RECLASS							
1.00	CAFETERIA	11.00	0	750,616	0		1.00
2.00	FOUNTAIN CAFE	194.03	0	114	0		2.00
	0		0	750,730			
T - LOAN FORGIVENESS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	328,996	0		1.00
	0		0	328,996			
U - AUDIO/VISUAL							
1.00	ADMIN & GENERAL - HOSPITAL	5.06	23,222	2,745	0		1.00
2.00		0.00	0	0	0		2.00
	0		23,222	2,745			
V - PHARMACY EDUCATION							
1.00	DRUGS CHARGED TO PATIENTS	73.00	365,681	82,196	0		1.00
	0		365,681	82,196			
W - LDRP ROUTINE EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	3,359,801	549,229	0		1.00
2.00		0.00	0	0	0		2.00
	0		3,359,801	549,229			
Y - SUPERVISOR RECLASSIFICATION							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	318,527	0	0		1.00
2.00	CT SCAN	57.00	66,368	0	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	49,577	0	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	207,191	0	0		4.00
5.00	CARDIAC REHAB	76.02	95,504	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00

RECLASSIFICATIONS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
1/28/2022 1:34 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
	0		737,167	0			
AA - PATIENT BILLING							
1.00	CDI RADIOLOGY	54.02	0	119,349	0		1.00
2.00	HOSPICE	116.00	10,004	0	0		2.00
	TOTALS		10,004	119,349			
AB - MERCY CLINICAL ENGINEERING RECLASS							
1.00	MAINTENANCE & REPAIRS	6.00	0	496	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	496			
AC - IMPLANTS AND MEDICAL SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	1,102,097	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	212,913	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	185,788	0		3.00
4.00	NURSERY	43.00	0	10,365	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	0	45,070	0		5.00
6.00	OTHER LONG TERM CARE	46.00	0	14,865	0		6.00
7.00	OPERATING ROOM	50.00	0	28,061,704	0		7.00
8.00	VASCULAR ACCESS CENTER	50.01	0	2,050,290	0		8.00
9.00	PAIN MGMT - BRAIN & SPINE	50.02	0	30,554	0		9.00
10.00	WOMENS DIAGNOSTIC SVCS/GI SVCS	50.04	0	584,768	0		10.00
11.00	RECOVERY ROOM	51.00	0	12,811	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	32,821	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	411,119	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,243,599	0		14.00
15.00	TDIC RADIOLOGY	54.01	0	41,921	0		15.00
16.00	CDI RADIOLOGY	54.02	0	830	0		16.00
17.00	CT SCAN	57.00	0	160,749	0		17.00
18.00	TDIC CT SCAN	57.01	0	22,811	0		18.00
19.00	MRI	58.00	0	46,805	0		19.00
20.00	TDIC - MRI	58.01	0	43,492	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	13,590,484	0		21.00
23.00	INTRAVENOUS THERAPY	64.00	0	552,166	0		23.00
24.00	BRAIN & SPINE INFUSION CENTER	64.01	0	3,993	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	60,723	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	1,674	0		26.00
27.00	PHYSICAL THERAPY - SURREY	66.01	0	14	0		27.00
28.00	THERAPY SVCS - BRAIN & SPINE	66.02	0	25	0		28.00
30.00	SPEECH PATHOLOGY	68.00	0	30	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	25,427	0		31.00
32.00	TDIC - ELECTROCARDIOLOGY	69.01	0	3,317	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	611	0		33.00
34.00	SLEEP MEDICINE CLINIC	70.01	0	5,524	0		34.00
35.00	DRUGS CHARGED TO PATIENTS	73.00	0	209,617	0		35.00
37.00	CARDIAC REHAB	76.02	0	4,550	0		37.00
38.00	HYPERBARIC OXYGEN THERAPY	76.03	0	258,629	0		38.00
40.00	EMERGENCY	91.00	0	130,527	0		40.00
41.00	URGENT CARE CENTERS	91.01	0	55,222	0		41.00
	0		0	49,217,905			
AD - EMPLOYEE HOLIDAY GIFT CARDS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	181,190	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00

	Decreases				wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
47.00		0.00	0	0	0		47.00
48.00		0.00	0	0	0		48.00
49.00		0.00	0	0	0		49.00
50.00		0.00	0	0	0		50.00
51.00		0.00	0	0	0		51.00
52.00		0.00	0	0	0		52.00
53.00		0.00	0	0	0		53.00
54.00		0.00	0	0	0		54.00
55.00		0.00	0	0	0		55.00
56.00		0.00	0	0	0		56.00
57.00		0.00	0	0	0		57.00
58.00		0.00	0	0	0		58.00
59.00		0.00	0	0	0		59.00
60.00		0.00	0	0	0		60.00
61.00		0.00	0	0	0		61.00
62.00		0.00	0	0	0		62.00
63.00		0.00	0	0	0		63.00
64.00		0.00	0	0	0		64.00
65.00		0.00	0	0	0		65.00
66.00		0.00	0	0	0		66.00
67.00		0.00	0	0	0		67.00
68.00		0.00	0	0	0		68.00
69.00		0.00	0	0	0		69.00
70.00		0.00	0	0	0		70.00
71.00		0.00	0	0	0		71.00
72.00		0.00	0	0	0		72.00
73.00		0.00	0	0	0		73.00
74.00		0.00	0	0	0		74.00
75.00		0.00	0	0	0		75.00
76.00		0.00	0	0	0		76.00
77.00		0.00	0	0	0		77.00
78.00		0.00	0	0	0		78.00
79.00		0.00	0	0	0		79.00
80.00		0.00	0	0	0		80.00
81.00		0.00	0	0	0		81.00
82.00		0.00	0	0	0		82.00
	0		0	181,190			
500.00	Grand Total: Decreases		4,914,847	78,040,043			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
1/28/2022 1:34 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,267,852	0	0	0	0	1.00
2.00	Land Improvements	13,324,937	215,730	0	215,730	24,756	2.00
3.00	Buildings and Fixtures	386,610,976	5,282,060	0	5,282,060	4,154,369	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	265,832,342	30,953,778	0	30,953,778	10,315,577	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	683,036,107	36,451,568	0	36,451,568	14,494,702	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	683,036,107	36,451,568	0	36,451,568	14,494,702	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	17,267,852	0				1.00
2.00	Land Improvements	13,515,911	0				2.00
3.00	Buildings and Fixtures	387,738,667	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	286,470,543	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	704,992,973	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	704,992,973	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	25,035,456	0	2,413,767	5,200,954	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	419,718	0	41,472	0	0	2.01
3.00	Total (sum of lines 1-2)	25,455,174	0	2,455,239	5,200,954	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	32,650,177				2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	461,190				2.01
3.00	Total (sum of lines 1-2)	0	33,111,367				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
1/28/2022 1:34 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	417,869,160	0	417,869,160	0.598963	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	279,784,852	0	279,784,852	0.401037	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	697,654,012	0	697,654,012	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	8,541,280	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,815,154	1,277,894	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	0	419,718	26,874	2.01
3.00	Total (sum of lines 1-2)	0	0	0	21,776,152	1,304,768	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	1,133,749	457,709	0	0	10,132,738	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	240,851	0	0	0	14,333,899	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	41,472	13,282	0	0	501,346	2.01
3.00	Total (sum of lines 1-2)	1,416,072	470,991	0	0	24,967,983	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
1/28/2022 1:34 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	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,000,538	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-41,473	CAP REL COSTS-MVBLE EQUIP	2.01	11	2.01
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-200,165	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-31,654,804			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	-8,109,744			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,191,055	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-13,308	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.01	0	27.01
28.00	Non-physician Anesthetist		0	NONPHYSICIAN 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	0	OCCUPATIONAL THERAPY	67.00		30.00

ADJUSTMENTS TO EXPENSES

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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	
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	NON-ALLOWABLE INTEREST OFFSET	B	-201,872	PHYSICIANS PRIVATE OFFICES	192.00	0	33.00
33.01	NON-ALLOWABLE INTEREST OFFSET	A	-893,833	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.01
33.02	TELEPHONE BENEFITS	A	-24,259	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.03
33.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.04
33.05	CHAPLAIN INCOME	B	-2,010	ADMIN & GENERAL - HOSPITAL	5.06	0	33.05
33.06	MEALS ON WHEELS	B	-54,619	DIETARY	10.00	0	33.06
33.07	TDOC CORNER GOURMET INCOME	B	-188,196	DIETARY	10.00	0	33.07
33.08	SNF CAFETERIA MEALS	B	-232,031	DIETARY - SURREY	10.01	0	33.08
33.09	LACTATION INCOME	B	-2,257	ADULTS & PEDIATRICS	30.00	0	33.09
33.10	PHYSICAL THERAPY INCOME	B	-172,297	PHYSICAL THERAPY	66.00	0	33.10
33.11	MISCELLANEOUS REHAB INCOME	B	-271,290	ADMIN & GENERAL - SURREY	5.05	0	33.11
33.12	MISCELLANEOUS ORTHO INCOME	B	-230,475	ADMIN & GENERAL - HOSPITAL	5.06	0	33.12
33.13	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.13
33.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.14
33.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.15
33.16	NONALLOWABLE INCOME	B	-30	ADULTS & PEDIATRICS	30.00	0	33.16
33.17	NUTRITION REFERENCE BOOKS	B	-571	NUTRITION/DIABETES EDUCATION	76.01	0	33.17
33.18	MISCELLANEOUS INCOME	B	-312,730	ADMIN & GENERAL - HOSPITAL	5.06	0	33.18
33.19	MOONLIGHTERS SALARIES	A	-47,453	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.19
33.20	MOONLIGHTERS BENEFITS	A	-10,666	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.21	ADVERTISING	A	-36	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.22
33.23	ADVERTISING	A	-67,912	ADMIN & GENERAL - HOSPITAL	5.06	0	33.23
33.24	ADVERTISING	A	-8,325	ADULTS & PEDIATRICS	30.00	0	33.24
33.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.25
33.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.26
33.27	ADVERTISING	A	-1,994	PHYSICAL THERAPY	66.00	0	33.27
33.28	ADVERTISING	A	-27,142	URGENT CARE CENTERS	91.01	0	33.28
33.29	ADVERTISING	A	-3,565	ELECTROCARDIOLOGY	69.00	0	33.29
33.30	ADVERTISING	A	-30	NUTRITION/DIABETES EDUCATION	76.01	0	33.30
33.31	ADVERTISING	A	-5,891	VACCINE CLINIC	90.01	0	33.31
33.32	ADVERTISING	A	-2,192	EMERGENCY	91.00	0	33.32
33.33	ADVERTISING	A	-1,100	HOME HEALTH AGENCY	101.00	0	33.33
33.34	ADVERTISING	A	-1,593	HOSPICE	116.00	0	33.34
33.35	ASSET LIVES	A	51,753	CAP REL COSTS-BLDG & FIXT	1.00	9	33.35
33.36	ASSET LIVES	A	14,850	PHYSICIANS PRIVATE OFFICES	192.00	0	33.36
33.37	FRA TAX	A	6,524,946	ADMIN & GENERAL - HOSPITAL	5.06	0	33.37
33.38	RENT EXPENSE PAID FOR MOB SPACE	A	-252,783	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.38
33.39	RENT EXPENSE PAID FOR MOB SPACE	A	-13,365	NONPATIENT TELEPHONES	5.01	0	33.39
33.40	RENT EXPENSE PAID FOR MOB SPACE	A	-227,737	ADMIN & GENERAL - HOSPITAL	5.06	0	33.40
33.41	RENT EXPENSE PAID FOR MOB SPACE	A	-11,970	MEDICAL RECORDS & LIBRARY	16.00	0	33.41
33.42	RENT EXPENSE PAID FOR MOB SPACE	A	-54,737	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.42
33.43	RENT EXPENSE PAID FOR MOB SPACE	A	-49,518	ADULTS & PEDIATRICS	30.00	0	33.43

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0179

Period:
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To 06/30/2021

Worksheet A-8

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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	
33.44	RENT EXPENSE PAID FOR MOB SPACE	A	-76,560	OPERATING ROOM	50.00	0	33.44
33.45	RENT EXPENSE PAID FOR MOB SPACE	A	-55,020	PAIN MGMT - BRAIN & SPINE	50.02	0	33.45
33.46	RENT EXPENSE PAID FOR MOB SPACE	A	-244,380	WOMENS DIAGNOSTIC SVCS/GI SVCS	50.04	0	33.46
33.47	RENT EXPENSE PAID FOR MOB SPACE	A	-442,674	RADIOLOGY-DIAGNOSTIC	54.00	0	33.47
33.48	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.48
33.49	RENT EXPENSE PAID FOR MOB SPACE	A	-29,460	CT SCAN	57.00	0	33.49
33.50	RENT EXPENSE PAID FOR MOB SPACE	A	-516,512	LABORATORY	60.00	0	33.50
33.51	RENT EXPENSE PAID FOR MOB SPACE	A	-190,915	INTRAVENOUS THERAPY	64.00	0	33.51
33.52	RENT EXPENSE PAID FOR MOB SPACE	A	-43,103	BRAIN & SPINE INFUSION CENTER	64.01	0	33.52
33.53	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.53
33.54	RENT EXPENSE PAID FOR MOB SPACE	A	-97,821	THERAPY SVCS - BRAIN & SPINE	66.02	0	33.54
33.55	RENT EXPENSE PAID FOR MOB SPACE	A	-105,270	ELECTROCARDIOLOGY	69.00	0	33.55
33.56	RENT EXPENSE PAID FOR MOB SPACE	A	-63,982	ELECTROENCEPHALOGRAPHY	70.00	0	33.56
33.57	RENT EXPENSE PAID FOR MOB SPACE	A	-240,000	SLEEP MEDICINE CLINIC	70.01	0	33.57
33.58	RENT EXPENSE PAID FOR MOB SPACE	A	-76,653	DRUGS CHARGED TO PATIENTS	73.00	0	33.58
33.59	RENT EXPENSE PAID FOR MOB SPACE	A	-45,419	NUTRITION/DIABETES EDUCATION	76.01	0	33.59
33.60	RENT EXPENSE PAID FOR MOB SPACE	A	-51,372	CARDIAC REHAB	76.02	0	33.60
33.61	RENT EXPENSE PAID FOR MOB SPACE	A	-119,503	URGENT CARE CENTERS	91.01	0	33.61
33.62	RENT EXPENSE PAID FOR MOB SPACE	A	-43,029	ADULT DOWN SYNDROME CENTER	91.02	0	33.62
33.63	RENT EXPENSE PAID FOR MOB SPACE	A	-53,208	HOME HEALTH AGENCY	101.00	0	33.63
33.64	RENT EXPENSE PAID FOR MOB SPACE	A	-50,376	HOSPICE	116.00	0	33.64
33.65	RENT EXPENSE PAID FOR MOB SPACE	A	-59,430	PHYSICIANS PRIVATE OFFICES	192.00	0	33.65
33.66	RENT EXPENSE PAID FOR MOB SPACE	A	-5,724	FOUNTAIN CAFE	194.03	0	33.66
33.67	RENT EXPENSE PAID FOR MOB SPACE	A	-8,930	PHYSICIAN REFERRAL	194.07	0	33.67
33.68	RENT EXPENSE PAID FOR MOB SPACE	A	-25,083	RETAIL PHARMACY	194.14	0	33.68
33.69	RENT EXPENSE PAID FOR MOB SPACE	A	-3,747	EXECUTIVE HEALTH PROGRAM	194.16	0	33.69
33.70	NON-ALLOWABLE	A	-221,645	ADMIN & GENERAL - HOSPITAL	5.06	0	33.70
33.71	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.71
33.72	MISCELLANEOUS INCOME	B	0	ADMIN & GENERAL - HOSPITAL	5.06	0	33.72
33.73	NON-ALLOWABLE SURREY CAFETERIA	B	-8,394	ADMIN & GENERAL - SURREY	5.05	0	33.73
33.74	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.74
33.75	MISCELLANEOUS INCOME	B	0	MAINTENANCE & REPAIRS	6.00	0	33.75
33.76	MISCELLANEOUS INCOME	B	0	PURCHASING	6.01	0	33.76
33.77	NON-ALLOWABLE REHAB INCOME	B	-5,854	MAINTENANCE & REPAIRS - SURREY	6.02	0	33.77
33.78	MISCELLANEOUS INCOME	B	0	MEDICAL RECORDS & LIBRARY	16.00	0	33.78
33.79	MISCELLANEOUS INCOME	B	-2	DIETARY	10.00	0	33.79
33.80	MISCELLANEOUS INCOME	B	0	ADULTS & PEDIATRICS	30.00	0	33.80
33.81	MISCELLANEOUS INCOME	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.81

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
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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
33.82	MISCELLANEOUS INCOME	B		0	INTRAVENOUS THERAPY	64.00	0	33.82
33.83	MISCELLANEOUS INCOME	B		0	DRUGS CHARGED TO PATIENTS	73.00	0	33.83
33.84	MISCELLANEOUS INCOME	B		0	URGENT CARE CENTERS	91.01	0	33.84
33.85	MISCELLANEOUS INCOME	B		0	ADULT DOWN SYNDROME CENTER	91.02	0	33.85
33.86	NON-ALLOWABLE	A	-82,089		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.86
33.87	NON-ALLOWABLE	A	-3,671		ADMIN & GENERAL - SURREY	5.05	0	33.87
33.88	NON-ALLOWABLE	A	-111,752		ADMIN & GENERAL - HOSPITAL	5.06	0	33.88
33.89	NON-ALLOWABLE	A	-8,472		MAINTENANCE & REPAIRS	6.00	0	33.89
34.00	NON-ALLOWABLE	A	-9,252		PURCHASING	6.01	0	34.00
34.01	NON-ALLOWABLE	A	-450		HOUSEKEEPING	9.00	0	34.01
34.02	NON-ALLOWABLE	A	-41		DIETARY	10.00	0	34.02
34.03	NON-ALLOWABLE	A	-575		DIETARY - SURREY	10.01	0	34.03
34.04	NON-ALLOWABLE	A	-50		CAFETERIA	11.00	0	34.04
34.05	NON-ALLOWABLE	A	-2,532		NURSING ADMINISTRATION	13.00	0	34.05
34.06	NON-ALLOWABLE	A	-70		NURSING ADMINISTRATION - SURREY	13.01	0	34.06
34.07	NON-ALLOWABLE	A	-931		CENTRAL SERVICES & SUPPLY	14.00	0	34.07
34.08	NON-ALLOWABLE	A	-66		MEDICAL RECORDS & LIBRARY	16.00	0	34.08
34.09	NON-ALLOWABLE	A	-8		SOCIAL SERVICE	17.00	0	34.09
34.10	NON-ALLOWABLE	A	-24,678		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	34.10
34.11	NON-ALLOWABLE	A	-11,111		ADULTS & PEDIATRICS	30.00	0	34.11
34.12	NON-ALLOWABLE	A	-55,358		INTENSIVE CARE UNIT	31.00	0	34.12
34.13	NON-ALLOWABLE	A	-491		CORONARY CARE UNIT	32.00	0	34.13
34.14	NON-ALLOWABLE	A	-203		NURSERY	43.00	0	34.14
34.15	NON-ALLOWABLE	A	-1,533		SKILLED NURSING FACILITY	44.00	0	34.15
34.16	NON-ALLOWABLE	A	-5,447		OTHER LONG TERM CARE	46.00	0	34.16
34.17	NON-ALLOWABLE	A	-4,324		OPERATING ROOM	50.00	0	34.17
34.18	NON-ALLOWABLE	A	-1,306		VASCULAR ACCESS CENTER	50.01	0	34.18
34.19	NON-ALLOWABLE	A	-719		PAIN MGMT - BRAIN & SPINE	50.02	0	34.19
34.20	NON-ALLOWABLE	A	-195		WOMENS DIAGNOSTIC SVCS/GI SVCS	50.04	0	34.20
34.21	NON-ALLOWABLE	A	-187		RECOVERY ROOM	51.00	0	34.21
34.22	LOBBYING	A	-54,447		ADMIN & GENERAL - HOSPITAL	5.06	0	34.22
34.23	MEDICAL GROUP ADMINISTRATIVE SALARY	A	-596,766		ADMIN & GENERAL - HOSPITAL	5.06	0	34.23
34.24	MEDICAL GROUP ADMINISTRATIVE BENEFIT	A	-134,138		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.24
34.25	REVENUE ADD BACK	A	45,285		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.25
34.26	REVENUE ADD BACK	A	619,849		ADMIN & GENERAL - HOSPITAL	5.06	0	34.26
34.27	REVENUE ADD BACK	A	1,261,073		INTRAVENOUS THERAPY	64.00	0	34.27
34.28	REVENUE ADD BACK	A	371,366		PHYSICIANS PRIVATE OFFICES	192.00	0	34.28
34.29	REVENUE ADD BACK	A	42,877		COMMUNITY OUTREACH	194.02	0	34.29
34.30	REVENUE ADD BACK	A	221,007		SLEEP RESEARCH	194.04	0	34.30
34.31	REVENUE ADD BACK	A	44,375		REHAB HOSPITAL COVERAGE	194.15	0	34.31
34.32	OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	34.32
34.33	EDUCATION CENTER DEPRECIATION	A	-22,755		CAP REL COSTS-BLDG & FIXT	1.00	9	34.33
34.34	RCE	A	-360,789		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	34.34
34.35	LOSS ON REFINANCING	A	1,133,749		CAP REL COSTS-BLDG & FIXT	1.00	11	34.35
34.36	LOSS ON REFINANCING	A	1,252,979		PHYSICIANS PRIVATE OFFICES	192.00	0	34.36
34.37	LEGAL FEES	A	-41,321		ADMIN & GENERAL - HOSPITAL	5.06	0	34.37
34.38	NON-ALLOWABLE	A	-55		ANESTHESIOLOGY	53.00	0	34.38
34.39	NON-ALLOWABLE	A	-19,863		RADIOLOGY-DIAGNOSTIC	54.00	0	34.39
34.40	NON-ALLOWABLE	A	-375		CDI RADIOLOGY	54.02	0	34.40
34.41	NON-ALLOWABLE	A	-255		CT SCAN	57.00	0	34.41
34.42	NON-ALLOWABLE	A	-210		CARDIAC CATHETERIZATION	59.00	0	34.42
34.43	NON-ALLOWABLE	A	-511		LABORATORY	60.00	0	34.43
34.44	NON-ALLOWABLE	A	-2,096		INTRAVENOUS THERAPY	64.00	0	34.44
34.45	NON-ALLOWABLE	A	-31		BRAIN & SPINE INFUSION CENTER	64.01	0	34.45
34.46	NON-ALLOWABLE	A	-668		PHYSICAL THERAPY	66.00	0	34.46
34.47	NON-ALLOWABLE	A	-164		ELECTROCARDIOLOGY	69.00	0	34.47
34.48	NON-ALLOWABLE	A	-8		TDOC - ELECTROCARDIOLOGY	69.01	0	34.48
34.49	NON-ALLOWABLE	A	-1,289		SLEEP MEDICINE CLINIC	70.01	0	34.49

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0179

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Worksheet A-8

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				Cost Center	Line #		
				3.00	4.00		
		1.00	2.00	3.00	4.00	5.00	
34.50	NON-ALLOWABLE	A	-338	DRUGS CHARGED TO PATIENTS	73.00	0	34.50
34.51	NON-ALLOWABLE	A	-1,241	NUTRITION/DIABETES EDUCATION	76.01	0	34.51
34.52	NON-ALLOWABLE	A	-25,361	CARDIAC REHAB	76.02	0	34.52
34.53	NON-ALLOWABLE	A	-39	HYPERBARIC OXYGEN THERAPY	76.03	0	34.53
34.54	NON-ALLOWABLE	A	-23	CLINIC	90.00	0	34.54
34.55	NON-ALLOWABLE	A	-59,032	EMERGENCY	91.00	0	34.55
34.56	NON-ALLOWABLE	A	-68,316	URGENT CARE CENTERS	91.01	0	34.56
34.57	NON-ALLOWABLE	A	-2,165	ADULT DOWN SYNDROME CENTER	91.02	0	34.57
34.58	NON-ALLOWABLE	A	-1,207	HOME HEALTH AGENCY	101.00	0	34.58
34.59	NON-ALLOWABLE	A	-6,273	HOSPICE	116.00	0	34.59
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-38,610,770				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: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
1/28/2022 1:34 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	54.02	CDI RADIOLOGY	EQUIP SUPPLIES MGMT BILIL	5,603,182	12,840,269	1.00
2.00	54.02	CDI RADIOLOGY	EQUIP SUPPLIES MGMT BILLI	1,091,799	1,393,533	2.00
3.00	54.02	CDI RADIOLOGY	EQUIP SUPPLIES MGMT BILLI	635,797	1,206,183	3.00
4.00	5.06	ADMIN & GENERAL - HOSPITAL	NETWORK ALLOCATION	-6,008,541	-6,008,004	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			1,322,237	9,431,981	5.00

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

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

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

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

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

6.00	C		0.00	ST.LUKES CDI	31.00	6.00
7.00	C		0.00	ST. LUKES CDI	43.30	7.00
8.00	C		0.00	ST. LUKES CDI	30.00	8.00
9.00	C		0.00	SL DES PERES	100.00	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: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
1/28/2022 1:34 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	-7,237,087	0		1.00
2.00	-301,734	0		2.00
3.00	-570,386	0		3.00
4.00	-537	0		4.00
5.00	-8,109,744			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	RADIOLOGY MGMT		6.00
7.00	RADIOLOGY MGMT		7.00
8.00	RADIOLOGY MGMT		8.00
9.00	HOSPITAL		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: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
1/28/2022 1:34 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	134,141	134,141	0	211,500	0	1.00
2.00	5.05	ADMIN & GENERAL - SURREY	175,806	117,919	57,887	211,500	402	2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	467,709	0	467,709	211,500	2,898	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,875,358	1,875,358	0	211,500	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	9,316,062	8,151,983	1,164,079	211,500	7,067	5.00
6.00	31.00	INTENSIVE CARE UNIT	2,198,340	2,123,192	75,148	211,500	371	6.00
7.00	32.00	CORONARY CARE UNIT	1,906,786	1,901,057	5,729	211,500	32	7.00
8.00	50.00	OPERATING ROOM	1,111,032	641,571	469,461	246,400	6,212	8.00
9.00	50.01	VASCULAR ACCESS CENTER	427,275	0	427,275	246,400	1,288	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	71,620	71,620	0	239,400	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	19,211	14,156	5,055	239,400	18	11.00
12.00	64.00	INTRAVENOUS THERAPY	96,007	0	96,007	271,900	403	12.00
13.00	64.01	BRAIN & SPINE INFUSION CENTER	89,185	89,185	0	271,900	0	13.00
14.00	70.01	SLEEP MEDICINE CLINIC	1,192,706	1,185,274	7,432	260,300	51	14.00
15.00	76.02	CARDIAC REHAB	134,935	134,935	0	271,900	0	15.00
16.00	76.03	HYPERBARIC OXYGEN THERAPY	408,640	408,640	0	211,500	0	16.00
17.00	91.00	EMERGENCY	5,851,375	5,205,373	646,002	211,500	3,059	17.00
18.00	91.01	URGENT CARE CENTERS	2,730,726	2,730,726	0	211,500	0	18.00
23.00	91.01	URGENT CARE CENTERS	3,468,161	3,468,161	0	211,500	0	23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	44,475	36,667	7,808	211,500	62	24.00
25.00	30.00	ADULTS & PEDIATRICS	306,229	50,639	255,590	211,500	1,213	25.00
26.00	43.00	NURSERY	50,000	50,000	0	211,500	0	26.00
27.00	50.00	OPERATING ROOM	425,000	400,000	25,000	246,400	100	27.00
28.00	50.01	VASCULAR ACCESS CENTER	341,667	341,667	0	246,400	0	28.00
29.00	52.00	DELIVERY ROOM & LABOR ROOM	23,625	23,625	0	211,500	0	29.00
30.00	53.00	ANESTHESIOLOGY	560,000	560,000	0	211,500	0	30.00
31.00	54.00	RADIOLOGY-DIAGNOSTIC	398,203	398,203	0	211,500	0	31.00
32.00	57.01	TDOC CT SCAN	42,700	42,700	0	211,500	0	32.00
33.00	60.00	LABORATORY	190,000	6,541	183,459	211,500	1,685	33.00
200.00			34,056,974	30,163,333	3,893,641		24,861	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
1/28/2022 1:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.05	ADMIN & GENERAL - SURREY	40,876	2,044	0	0	0	2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	294,676	14,734	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	718,592	35,930	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	37,724	1,886	0	0	0	6.00
7.00	32.00	CORONARY CARE UNIT	3,254	163	0	0	0	7.00
8.00	50.00	OPERATING ROOM	735,883	36,794	0	0	0	8.00
9.00	50.01	VASCULAR ACCESS CENTER	152,579	7,629	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	2,072	104	0	0	0	11.00
12.00	64.00	INTRAVENOUS THERAPY	52,681	2,634	0	0	0	12.00
13.00	64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	13.00
14.00	70.01	SLEEP MEDICINE CLINIC	6,382	319	0	0	0	14.00
15.00	76.02	CARDIAC REHAB	0	0	0	0	0	15.00
16.00	76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	16.00
17.00	91.00	EMERGENCY	311,047	15,552	0	0	0	17.00
18.00	91.01	URGENT CARE CENTERS	0	0	0	0	0	18.00
23.00	91.01	URGENT CARE CENTERS	0	0	0	0	0	23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	6,304	315	0	0	0	24.00
25.00	30.00	ADULTS & PEDIATRICS	123,341	6,167	0	0	0	25.00
26.00	43.00	NURSERY	0	0	0	0	0	26.00
27.00	50.00	OPERATING ROOM	11,846	592	0	0	0	27.00
28.00	50.01	VASCULAR ACCESS CENTER	0	0	0	0	0	28.00
29.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	29.00
30.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	30.00
31.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	31.00
32.00	57.01	TDOC CT SCAN	0	0	0	0	0	32.00
33.00	60.00	LABORATORY	171,335	8,567	0	0	0	33.00
200.00			2,668,592	133,430	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
1/28/2022 1:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	134,141		1.00
2.00	5.05	ADMIN & GENERAL - SURREY	0	40,876	17,011	134,930		2.00
3.00	5.06	ADMIN & GENERAL - HOSPITAL	0	294,676	173,033	173,033		3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,875,358		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	718,592	445,487	8,597,470		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	37,724	37,424	2,160,616		6.00
7.00	32.00	CORONARY CARE UNIT	0	3,254	2,475	1,903,532		7.00
8.00	50.00	OPERATING ROOM	0	735,883	0	641,571		8.00
9.00	50.01	VASCULAR ACCESS CENTER	0	152,579	274,696	274,696		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	71,620		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	2,072	2,983	17,139		11.00
12.00	64.00	INTRAVENOUS THERAPY	0	52,681	43,326	43,326		12.00
13.00	64.01	BRAIN & SPINE INFUSION CENTER	0	0	0	89,185		13.00
14.00	70.01	SLEEP MEDICINE CLINIC	0	6,382	1,050	1,186,324		14.00
15.00	76.02	CARDIAC REHAB	0	0	0	134,935		15.00
16.00	76.03	HYPERBARIC OXYGEN THERAPY	0	0	0	408,640		16.00
17.00	91.00	EMERGENCY	0	311,047	334,955	5,540,328		17.00
18.00	91.01	URGENT CARE CENTERS	0	0	0	2,730,726		18.00
23.00	91.01	URGENT CARE CENTERS	0	0	0	3,468,161		23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6,304	1,504	38,171		24.00
25.00	30.00	ADULTS & PEDIATRICS	0	123,341	132,249	182,888		25.00
26.00	43.00	NURSERY	0	0	0	50,000		26.00
27.00	50.00	OPERATING ROOM	0	11,846	13,154	413,154		27.00
28.00	50.01	VASCULAR ACCESS CENTER	0	0	0	341,667		28.00
29.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	23,625		29.00
30.00	53.00	ANESTHESIOLOGY	0	0	0	560,000		30.00
31.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	398,203		31.00
32.00	57.01	TDOC CT SCAN	0	0	0	42,700		32.00
33.00	60.00	LABORATORY	0	171,335	12,124	18,665		33.00
200.00			0	2,668,592	1,491,471	31,654,804		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP		
		0	1.00	2.00	2.01	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,132,738	10,132,738			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,333,899		14,333,899		2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	501,346	0	501,346		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	49,595,386	140,262	198,417	0	4.00
5.01	00591	NONPATIENT TELEPHONES	685,714	19,772	27,969	0	5.01
5.02	00590	OTHER ADMIN AND GENERAL	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	21,504	0	0	0	5.03
5.04	00540	ADMITTING	1,197,848	21,965	31,072	0	5.04
5.05	00593	ADMIN & GENERAL - SURREY	340,543	0	0	25,035	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	49,855,053	930,525	1,316,332	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	12,372,486	1,105,369	1,563,668	0	6.00
6.01	00601	PURCHASING	1,400,028	31,556	44,640	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	562,166	0	0	16,241	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,279,939	52,795	74,685	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	98,984	0	0	8,333	8.01
9.00	00900	HOUSEKEEPING	3,775,052	57,424	81,233	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	219,412	0	0	0	9.01
10.00	01000	DIETARY	2,248,542	205,629	290,885	0	10.00
10.01	01001	DIETARY - SURREY	1,045,391	0	0	18,688	10.01
11.00	01100	CAFETERIA	458,154	191,605	271,047	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	34,548	11.01
13.00	01300	NURSING ADMINISTRATION	2,161,057	24,189	34,218	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	308,095	0	0	1,631	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	3,097,412	234,764	332,100	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,998,395	86,877	122,898	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	121,775	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	126	26,352	37,278	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	273,277	0	0	1,170	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,713,852	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-324,482	4,977	7,040	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	21,747	27,517	38,926	0	23.01
23.02	02302	PHARMACY EDUCATION	448,205	5,280	7,468	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,090,402	1,897,720	2,684,537	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,274,172	127,631	180,548	0	31.00
32.00	03200	CORONARY CARE UNIT	3,848,546	185,827	262,873	0	32.00
43.00	04300	NURSERY	4,494,049	344,257	486,991	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,563,075	0	0	213,794	44.00
46.00	04600	OTHER LONG TERM CARE	1,286,919	0	0	161,622	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,171,940	938,799	1,328,038	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	530,887	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	455,418	57,727	81,661	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	1,955,704	123,229	174,321	0	50.04
51.00	05100	RECOVERY ROOM	1,301,676	70,676	99,979	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,056,790	196,098	277,403	0	52.00
53.00	05300	ANESTHESIOLOGY	510,032	2,193	3,103	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,510,702	673,629	952,924	0	54.00
54.01	05401	TDOC RADIOLOGY	572,300	40,073	56,688	0	54.01
54.02	05402	CDI RADIOLOGY	10,823,210	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	1,934,903	55,503	78,515	0	57.00
57.01	05701	TDOC CT SCAN	142,078	19,484	27,563	0	57.01
58.00	05800	MRI	437,929	62,325	88,166	0	58.00
58.01	05801	TDOC - MRI	164,863	33,855	47,892	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,329,332	142,290	201,285	0	59.00
60.00	06000	LABORATORY	15,852,286	282,734	399,958	0	60.00
64.00	06400	INTRAVENOUS THERAPY	35,450,191	81,265	114,959	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	113,605	17,034	24,096	0	64.01
65.00	06500	RESPIRATORY THERAPY	2,463,660	25,339	35,844	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,940,162	314,274	444,577	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,144,924	0	0	18,688	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	556,665	54,807	77,531	0	66.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MBLE EQUIP	MBLE EQUIP		
			0	1.00	2.00	2.01	4.00	
67.00	06700	OCCUPATIONAL THERAPY	846,592	0	0	0	210,533	67.00
68.00	06800	SPEECH PATHOLOGY	202,166	1,135	1,605	0	49,732	68.00
69.00	06900	ELECTROCARDIOLOGY	2,042,999	55,185	78,066	0	423,964	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	941,299	67,121	94,950	0	196,426	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	299,515	27,668	39,140	0	65,173	70.00
70.01	07001	SLEEP MEDICINE CLINIC	1,612,474	124,273	175,798	0	665,905	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,947,892	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,397,358	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,793,560	93,095	131,693	0	1,032,252	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	562,381	15,249	21,571	0	139,910	76.01
76.02	03952	CARDIAC REHAB	2,219,182	160,064	226,429	0	499,089	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	537,202	102,489	144,982	0	187,768	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,056	0	0	0	764	90.00
90.01	09001	VACCINE CLINIC	1,672,922	0	0	0	340,709	90.01
91.00	09100	EMERGENCY	4,177,312	145,421	205,714	0	2,290,065	91.00
91.01	09101	URGENT CARE CENTERS	5,728,610	83,625	118,297	0	2,304,661	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	68,142	19,666	27,819	0	16,151	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,831,120	20,316	28,740	0	1,042,990	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,430,936	7,155	10,122	0	406,598	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	414,234,782	9,836,089	13,914,254	499,750	48,443,376	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	23,236	32,870	1,596	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	11,731,588	80,221	113,482	0	624,493	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	3	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	365,760	24,234	34,282	0	68,221	194.01
194.02	07952	COMMUNITY OUTREACH	669,824	18,516	26,193	0	83,955	194.02
194.03	07953	FOUNTAIN CAFE	-1,691	3,252	4,601	0	0	194.03
194.04	07954	SLEEP RESEARCH	217,543	0	0	0	48,401	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	143,540	3,268	4,622	0	35,312	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	78,270	110,722	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,618,559	23,402	33,105	0	247,925	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	19,384	0	0	0	3,644	194.12
194.13	07963	VOLUNTEERS	236,140	19,968	28,247	0	57,341	194.13
194.14	07964	RETAIL PHARMACY	8,588,897	15,233	21,549	0	180,945	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	347,259	0	0	0	86,535	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	202,543	7,049	9,972	0	47,266	194.16
194.17	07967	VALET SERVICES	26,617	0	0	0	6,651	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	439,400,748	10,132,738	14,333,899	501,346	49,934,065	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			NONPATIENT TELEPHONES	Subtotal	OTHER ADMIN AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			5.01	5A.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES	854,661					5.01
5.02	00590	OTHER ADMIN AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	19,784	41,288	0	41,288		5.03
5.04	00540	ADMITTING	15,036	1,565,163	0	0	1,565,163	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	529,941	0	2,541	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	140,069	60,084,327	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,057	15,572,538	0	0	0	6.00
6.01	00601	PURCHASING	5,144	1,689,148	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	616,164	0	2,541	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	791	1,434,950	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	113,257	0	635	0	8.01
9.00	00900	HOUSEKEEPING	15,036	4,656,689	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	264,413	0	4,446	0	9.01
10.00	01000	DIETARY	14,244	3,355,887	0	0	0	10.00
10.01	01001	DIETARY - SURREY	0	1,235,812	0	4,446	0	10.01
11.00	01100	CAFETERIA	2,374	1,032,064	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	34,548	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	10,288	2,609,581	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	386,219	0	3,176	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	9,892	4,103,267	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,179	5,179,792	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	152,204	0	6,988	0	16.01
17.00	01700	SOCIAL SERVICE	0	63,756	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	342,728	0	1,270	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,391,988	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,770	97,222	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	92,882	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	552,411	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	140,467	41,472,844	0	0	131,346	30.00
31.00	03100	INTENSIVE CARE UNIT	6,726	4,864,521	0	0	17,869	31.00
32.00	03200	CORONARY CARE UNIT	11,079	5,644,266	0	0	18,667	32.00
43.00	04300	NURSERY	22,949	6,358,647	0	0	7,763	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,398,552	0	6,987	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	1,759,282	0	6,352	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,726	29,899,912	0	0	97,186	50.00
50.01	03650	VASCULAR ACCESS CENTER	791	779,902	0	0	8,599	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,957	694,617	0	0	4,473	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	8,705	2,560,852	0	0	14,686	50.04
51.00	05100	RECOVERY ROOM	8,309	1,796,940	0	0	9,545	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,309	1,764,289	0	0	6,231	52.00
53.00	05300	ANESTHESIOLOGY	2,374	573,480	0	0	19,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,194	9,520,953	0	0	80,697	54.00
54.01	05401	TDOC RADIOLOGY	2,374	771,894	0	0	13,006	54.01
54.02	05402	CDI RADIOLOGY	0	11,405,824	0	0	77,824	54.02
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	3,561	2,292,782	0	0	76,564	57.00
57.01	05701	TDOC CT SCAN	396	220,018	0	0	11,182	57.01
58.00	05800	MRI	1,187	679,868	0	0	14,303	58.00
58.01	05801	TDOC - MRI	396	279,802	0	0	11,384	58.01
59.00	05900	CARDIAC CATHETERIZATION	11,870	2,208,634	0	0	59,074	59.00
60.00	06000	LABORATORY	29,280	17,756,061	0	0	180,751	60.00
64.00	06400	INTRAVENOUS THERAPY	3,165	36,220,295	0	0	195,523	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	791	202,875	0	0	736	64.01
65.00	06500	RESPIRATORY THERAPY	8,309	3,063,180	0	0	14,887	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	18,201	6,872,980	0	0	20,923	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,449,531	0	1,906	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,165	709,651	0	0	1,983	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,935	1,063,060	0	0	4,155	67.00
68.00	06800	SPEECH PATHOLOGY	1,187	255,825	0	0	950	68.00
69.00	06900	ELECTROCARDIOLOGY	7,122	2,607,336	0	0	36,659	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	6,331	1,306,127	0	0	30,218	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,352	435,848	0	0	3,849	70.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			NONPATIENT TELEPHONES	Subtotal	OTHER ADMIN AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			5.01	5A.01	5.02	5.03	5.04	
70.01	07001	SLEEP MEDICINE CLINIC	14,244	2,592,694	0	0	4,368	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,947,892	0	0	50,775	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,397,358	0	0	96,622	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,036	19,065,636	0	0	143,178	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	3,561	742,672	0	0	759	76.01
76.02	03952	CARDIAC REHAB	9,496	3,114,260	0	0	7,389	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	5,144	977,585	0	0	2,846	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,820	0	0	2	90.00
90.01	09001	VACCINE CLINIC	0	2,013,631	0	0	5,222	90.01
91.00	09100	EMERGENCY	21,367	6,839,879	0	0	53,360	91.00
91.01	09101	URGENT CARE CENTERS	0	8,235,193	0	0	30,363	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	791	132,569	0	0	9	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	24,928	5,948,094	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	13,057	2,867,868	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	796,496	411,968,038	0	41,288	1,565,122	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,187	58,889	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	29,676	12,579,460	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	3	0	0	0	194.00
194.01	07951	DEVELOPMENT	3,561	496,058	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	5,144	803,632	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	396	6,558	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	1,187	267,131	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	1,978	188,720	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	188,992	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	5,144	2,928,135	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	396	23,424	0	0	0	194.12
194.13	07963	VOLUNTEERS	6,331	348,027	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	1,978	8,808,602	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	433,794	0	0	41	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	1,187	268,017	0	0	0	194.16
194.17	07967	VALET SERVICES	0	33,268	0	0	0	194.17
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)	854,661	439,400,748	0	41,288	1,565,163	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
			5A.04	5.05	5A.05	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	532,482	532,482				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	60,084,327	73,023	60,157,350	60,157,350		5.06
6.00	00600	MAINTENANCE & REPAIRS	15,572,538	18,889	15,591,427	2,473,190	18,064,617	6.00
6.01	00601	PURCHASING	1,689,148	2,049	1,691,197	268,266	72,023	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	618,705	750	619,455	98,261	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,434,950	1,741	1,436,691	227,895	120,498	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	113,892	138	114,030	18,088	0	8.01
9.00	00900	HOUSEKEEPING	4,656,689	5,649	4,662,338	739,563	131,063	9.00
9.01	00901	HOUSEKEEPING - SURREY	268,859	326	269,185	42,699	0	9.01
10.00	01000	DIETARY	3,355,887	4,071	3,359,958	532,973	469,321	10.00
10.01	01001	DIETARY - SURREY	1,240,258	1,504	1,241,762	196,974	0	10.01
11.00	01100	CAFETERIA	1,032,064	1,252	1,033,316	163,910	437,314	11.00
11.01	01101	CAFETERIA - SURREY	34,548	42	34,590	5,487	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,609,581	3,165	2,612,746	414,447	55,208	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	389,395	472	389,867	61,843	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	4,103,267	4,977	4,108,244	651,670	535,819	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,179,792	6,283	5,186,075	822,641	198,287	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	159,192	193	159,385	25,282	0	16.01
17.00	01700	SOCIAL SERVICE	63,756	77	63,833	10,126	60,145	17.00
17.01	01701	SOCIAL SERVICE - SURREY	343,998	417	344,415	54,633	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,391,988	4,114	3,396,102	538,707	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	97,222	118	97,340	15,441	11,359	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	92,882	113	92,995	14,751	62,804	23.01
23.02	02302	PHARMACY EDUCATION	552,411	670	553,081	87,732	12,050	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,604,190	50,466	41,654,656	6,607,340	4,331,300	30.00
31.00	03100	INTENSIVE CARE UNIT	4,882,390	5,922	4,888,312	775,408	291,301	31.00
32.00	03200	CORONARY CARE UNIT	5,662,933	6,869	5,669,802	899,372	424,125	32.00
43.00	04300	NURSERY	6,366,410	7,722	6,374,132	1,011,097	785,723	43.00
44.00	04400	SKILLED NURSING FACILITY	3,405,539	4,131	3,409,670	540,859	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,765,634	2,142	1,767,776	280,413	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,997,098	36,386	30,033,484	4,764,061	2,142,689	50.00
50.01	03650	VASCULAR ACCESS CENTER	788,501	956	789,457	125,228	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	699,090	848	699,938	111,028	131,754	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	2,575,538	3,124	2,578,662	409,040	281,254	50.04
51.00	05100	RECOVERY ROOM	1,806,485	2,191	1,808,676	286,901	161,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,770,520	2,148	1,772,668	281,189	447,569	52.00
53.00	05300	ANESTHESIOLOGY	592,676	719	593,395	94,127	5,006	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,601,650	11,647	9,613,297	1,524,909	1,537,472	54.00
54.01	05401	TDOC RADIOLOGY	784,900	952	785,852	124,656	91,461	54.01
54.02	05402	CDI RADIOLOGY	11,483,648	13,930	11,497,578	1,823,803	0	54.02
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	2,369,346	2,874	2,372,220	376,293	126,678	57.00
57.01	05701	TDOC CT SCAN	231,200	280	231,480	36,719	44,470	57.01
58.00	05800	MRI	694,171	842	695,013	110,246	142,250	58.00
58.01	05801	TDOC - MRI	291,186	353	291,539	46,245	77,271	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,267,708	2,751	2,270,459	360,152	324,758	59.00
60.00	06000	LABORATORY	17,936,812	21,757	17,958,569	2,848,678	645,303	60.00
64.00	06400	INTRAVENOUS THERAPY	36,415,818	44,172	36,459,990	5,783,466	185,477	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	203,611	247	203,858	32,337	38,877	64.01
65.00	06500	RESPIRATORY THERAPY	3,078,067	3,734	3,081,801	488,851	57,832	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	6,893,903	8,362	6,902,265	1,094,872	717,291	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,451,437	1,761	1,453,198	230,514	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	711,634	863	712,497	113,020	125,090	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,067,215	1,295	1,068,510	169,492	0	67.00
68.00	06800	SPEECH PATHOLOGY	256,775	311	257,086	40,780	2,589	68.00
69.00	06900	ELECTROCARDIOLOGY	2,643,995	3,207	2,647,202	419,912	125,953	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,336,345	1,621	1,337,966	212,235	153,195	69.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Subtotal	ADMIN & GENERAL - SURREY	Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	
			5A.04	5.05	5A.05	5.06	6.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	439,697	533	440,230	69,831	63,149	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,597,062	3,150	2,600,212	412,459	283,636	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,998,667	20,619	17,019,286	2,699,684	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,493,980	39,415	32,533,395	5,160,610	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,208,814	23,300	19,232,114	3,050,694	212,477	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	743,431	902	744,333	118,070	34,803	76.01
76.02	03952	CARDIAC REHAB	3,121,649	3,787	3,125,436	495,772	365,326	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	980,431	1,189	981,620	155,709	233,918	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,822	5	3,827	607	0	90.00
90.01	09001	VACCINE CLINIC	2,018,853	2,449	2,021,302	320,629	0	90.01
91.00	09100	EMERGENCY	6,893,239	8,361	6,901,600	1,094,766	331,905	91.00
91.01	09101	URGENT CARE CENTERS	8,265,556	10,026	8,275,582	1,312,714	190,863	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	132,578	161	132,739	21,056	44,885	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,948,094	7,215	5,955,309	944,661	46,369	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,867,868	3,479	2,871,347	455,467	16,331	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	411,967,997	499,207	411,934,722	55,800,551	17,387,549	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	58,889	71	58,960	9,353	53,033	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	12,579,460	15,259	12,594,719	1,997,837	183,095	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	3	0	3	0	0	194.00
194.01	07951	DEVELOPMENT	496,058	602	496,660	78,783	55,312	194.01
194.02	07952	COMMUNITY OUTREACH	803,632	975	804,607	127,631	42,261	194.02
194.03	07953	FOUNTAIN CAFE	6,558	8	6,566	1,042	7,423	194.03
194.04	07954	SLEEP RESEARCH	267,131	324	267,455	42,425	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	188,720	229	188,949	29,972	7,458	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	188,992	229	189,221	30,015	178,641	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,928,135	3,552	2,931,687	465,039	53,413	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	23,424	28	23,452	3,720	0	194.12
194.13	07963	VOLUNTEERS	348,027	422	348,449	55,273	45,575	194.13
194.14	07964	RETAIL PHARMACY	8,808,602	10,685	8,819,287	1,398,959	34,768	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	433,835	526	434,361	68,901	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	268,017	325	268,342	42,566	16,089	194.16
194.17	07967	VALET SERVICES	33,268	40	33,308	5,283	0	194.17
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)	439,400,748	532,482	439,400,748	60,157,350	18,064,617	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
			6.01	6.02	8.00	8.01	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
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING	2,031,486					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	259	717,975				6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,785,084			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	76	13,005	0	145,199		8.01
9.00	00900	HOUSEKEEPING	8,890	0	0	0	5,541,854	9.00
9.01	00901	HOUSEKEEPING - SURREY	652	0	0	0	0	9.01
10.00	01000	DIETARY	15,942	0	0	0	146,604	10.00
10.01	01001	DIETARY - SURREY	15,846	29,164	0	0	0	10.01
11.00	01100	CAFETERIA	23,044	0	0	0	136,606	11.00
11.01	01101	CAFETERIA - SURREY	0	53,915	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	406	0	0	0	17,246	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	21	2,546	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	21,766	0	4,711	0	167,376	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	753	0	0	0	61,940	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	18,788	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	1,826	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	568	0	0	0	3,548	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	19,618	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	3,764	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,253	0	754,526	0	1,352,990	30.00
31.00	03100	INTENSIVE CARE UNIT	7,474	0	172,186	0	90,995	31.00
32.00	03200	CORONARY CARE UNIT	10,605	0	87,547	0	132,486	32.00
43.00	04300	NURSERY	11,233	0	75,117	0	245,440	43.00
44.00	04400	SKILLED NURSING FACILITY	1,655	333,641	0	81,251	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,016	252,224	0	63,948	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	296,645	0	235,735	0	669,322	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	816	0	0	0	41,157	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	10,634	0	43,944	0	87,857	50.04
51.00	05100	RECOVERY ROOM	930	0	37,630	0	50,389	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,816	0	26,421	0	139,809	52.00
53.00	05300	ANESTHESIOLOGY	6,425	0	0	0	1,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,228	0	108,010	0	480,268	54.00
54.01	05401	TDOC RADIOLOGY	949	0	0	0	28,570	54.01
54.02	05402	CDI RADIOLOGY	274	0	0	0	0	54.02
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	2,726	0	0	0	39,571	57.00
57.01	05701	TDOC CT SCAN	241	0	0	0	13,891	57.01
58.00	05800	MRI	560	0	26,795	0	44,435	58.00
58.01	05801	TDOC - MRI	281	0	0	0	24,137	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	44,347	0	101,446	59.00
60.00	06000	LABORATORY	91,988	0	0	0	201,576	60.00
64.00	06400	INTRAVENOUS THERAPY	10,387	0	10,440	0	57,938	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	326	0	0	0	12,144	64.01
65.00	06500	RESPIRATORY THERAPY	5,926	0	0	0	18,065	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,923	0	514	0	224,064	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	15	29,164	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	94	0	4,415	0	39,075	66.02
67.00	06700	OCCUPATIONAL THERAPY	47	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	43	0	0	0	809	68.00
69.00	06900	ELECTROCARDIOLOGY	1,012	0	13,856	0	39,345	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	816	0	0	0	47,854	69.01

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Cost Center Description			PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	
			6.01	6.02	8.00	8.01	9.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	783	0	0	0	19,726	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,090	0	0	0	88,601	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	468,745	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	896,048	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	66,372	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	31	0	0	0	10,872	76.01
76.02	03952	CARDIAC REHAB	1,140	0	0	0	114,119	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,855	0	0	0	73,070	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	VACCINE CLINIC	5,062	0	0	0	0	90.01
91.00	09100	EMERGENCY	13,645	0	138,890	0	103,679	91.00
91.01	09101	URGENT CARE CENTERS	9,327	0	0	0	59,621	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	8	0	0	0	14,021	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,596	0	0	0	14,485	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,792	0	0	0	5,101	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,016,683	715,485	1,785,084	145,199	5,330,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	2,490	0	0	16,566	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	9,127	0	0	0	57,194	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	927	0	0	0	17,278	194.01
194.02	07952	COMMUNITY OUTREACH	2,039	0	0	0	13,201	194.02
194.03	07953	FOUNTAIN CAFE	3	0	0	0	2,319	194.03
194.04	07954	SLEEP RESEARCH	8	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	15	0	0	0	2,330	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	55,803	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	1,062	0	0	0	16,685	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	20	0	0	0	14,237	194.13
194.14	07964	RETAIL PHARMACY	1,504	0	0	0	10,861	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	98	0	0	0	5,026	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	2,031,486	717,975	1,785,084	145,199	5,541,854	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
			9.01	10.00	10.01	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY	312,536					9.01
10.00	01000	DIETARY	0	4,524,798				10.00
10.01	01001	DIETARY - SURREY	12,929	0	1,496,675			10.01
11.00	01100	CAFETERIA	0	2,554,716	0	4,348,906		11.00
11.01	01101	CAFETERIA - SURREY	23,902	0	55,675	0	173,569	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	51,588	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	1,129	0	0	0	6,173	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	110,334	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	6,671	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	810	0	0	0	7,342	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	133,440	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 PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	742	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	14,523	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,669,349	0	1,155,311	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	113,530	0	118,650	0	31.00
32.00	03200	CORONARY CARE UNIT	0	110,193	0	134,242	0	32.00
43.00	04300	NURSERY	0	0	0	132,965	0	43.00
44.00	04400	SKILLED NURSING FACILITY	147,914	0	263,487	0	73,940	44.00
46.00	04600	OTHER LONG TERM CARE	111,819	0	698,931	0	47,754	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	438,633	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	25,334	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	0	0	50,608	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	44,193	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	33,768	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	17,998	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	224,202	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	16,424	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	1,960	0	54.02
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	35,283	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	4,663	0	57.01
58.00	05800	MRI	0	0	0	13,098	0	58.00
58.01	05801	TDOC - MRI	0	0	0	5,257	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	70,269	0	59.00
60.00	06000	LABORATORY	0	0	0	224,083	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	87,703	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	5,673	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	88,594	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	174,930	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	12,929	0	0	0	31,689	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	5,643	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	37,035	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,920	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	62,666	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	34,659	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	13,127	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
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Cost Center Description			HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	
			9.01	10.00	10.01	11.00	11.01	
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	75,793	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,768	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	123,877	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	16,424	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	75,912	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	20,018	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	535	0	90.00
90.01	09001	VACCINE CLINIC	0	0	0	51,024	0	90.01
91.00	09100	EMERGENCY	0	0	0	175,792	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	17,255	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	3,505	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	311,432	4,447,788	1,018,093	4,171,421	173,569	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,104	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	109,799	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	416	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	30	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	9,266	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	77,010	46,524	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	10,157	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	1,129	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	11,672	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	26,522	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	432,058	5,821	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	2,673	0	194.17
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)	312,536	4,524,798	1,496,675	4,348,906	173,569	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			NURSING ADMINISTRATIO N	NURSING ADMINISTRATIO N - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION	3,151,641					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	461,579				13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	5,599,920			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	6,269,696		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	191,338	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	199	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,734,102	0	286,203	526,174	0	30.00
31.00	03100	INTENSIVE CARE UNIT	233,481	0	53,387	71,583	0	31.00
32.00	03200	CORONARY CARE UNIT	284,511	0	68,799	74,779	0	32.00
43.00	04300	NURSERY	294,000	0	76,216	31,097	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	258,291	11,678	0	60,666	44.00
46.00	04600	OTHER LONG TERM CARE	0	203,288	7,140	0	31,596	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	172,915	389,328	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	5,703	34,446	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	3,026	17,917	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	0	74,147	58,834	0	50.04
51.00	05100	RECOVERY ROOM	0	0	5,036	38,239	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	65,353	0	26,153	24,960	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	45,920	76,899	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,072	0	31,698	323,276	702	54.00
54.01	05401	TDOC RADIOLOGY	0	0	3,616	52,101	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	941	311,766	0	54.02
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	18,883	306,717	0	57.00
57.01	05701	TDOC CT SCAN	0	0	1,672	44,794	0	57.01
58.00	05800	MRI	0	0	4,006	57,297	0	58.00
58.01	05801	TDOC - MRI	0	0	1,497	45,604	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	161,145	0	43,889	236,653	0	59.00
60.00	06000	LABORATORY	0	0	699,293	724,095	8,392	60.00
64.00	06400	INTRAVENOUS THERAPY	34,199	0	70,942	782,898	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	2,239	2,947	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	16,522	59,638	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	211	65.01
66.00	06600	PHYSICAL THERAPY	0	0	4,918	83,819	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	56	0	56,746	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	358	7,945	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	68	16,645	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,804	0	68.00
69.00	06900	ELECTROCARDIOLOGY	36,168	0	8,146	146,855	73	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			NURSING ADMINISTRATIO N	NURSING ADMINISTRATIO N - SURREY	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	
			13.00	13.01	14.00	16.00	16.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	6,718	121,053	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,156	15,421	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	21,424	17,499	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,603,399	203,406	3,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	387,069	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	17,042	573,574	29,756	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	45	3,040	0	76.01
76.02	03952	CARDIAC REHAB	40,465	0	2,077	29,601	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	7,146	11,402	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	7	0	90.00
90.01	09001	VACCINE CLINIC	0	0	19,024	20,920	0	90.01
91.00	09100	EMERGENCY	261,145	0	91,138	213,760	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	31,014	121,635	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	36	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	25,432	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	20,871	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,151,641	461,579	5,595,752	6,269,533	191,338	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	3,469	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	411	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	2	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	2	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	284	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	163	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	3,151,641	461,579	5,599,920	6,269,696	191,338	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			17.00	17.01	19.00	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
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE	152,892					17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	409,026				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		4,068,249		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			128,455	22.00
23.00	02300	PARAMED ED PROGRAM	0	0				23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0				23.01
23.02	02302	PHARMACY EDUCATION	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	126,465	0	0	2,411,144	76,133	30.00
31.00	03100	INTENSIVE CARE UNIT	8,836	0	0	380,356	12,010	31.00
32.00	03200	CORONARY CARE UNIT	8,577	0	0	24,467	773	32.00
43.00	04300	NURSERY	9,014	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	228,884	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	180,142	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	2,224	70	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	0	0	26,692	843	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	77,851	2,458	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	77,851	2,458	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	220,206	6,953	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	164,598	5,197	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
			17.00	17.01	19.00	21.00	22.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	157,925	4,986	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	97,869	3,090	70.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	97,869	3,090	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	175,720	5,548	90.00
90.01	09001	VACCINE CLINIC	0	0	0	144,580	4,565	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	152,892	409,026	0	4,059,352	128,174	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	8,897	281	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	152,892	409,026	0	4,068,249	128,455	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			PARAMED ED PROGRAM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	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
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
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 PROGRAM	0					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION		190,910				23.01
23.02	02302	PHARMACY EDUCATION			671,150			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	113,269	0	62,846,215	-2,487,277	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,914	0	7,225,423	-392,366	31.00
32.00	03200	CORONARY CARE UNIT	0	7,682	0	7,937,960	-25,240	32.00
43.00	04300	NURSERY	0	8,073	0	9,054,107	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	30,202	0	5,442,138	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	23,770	0	3,669,817	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	39,142,812	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	954,834	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	1,033,264	-2,294	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	0	0	3,622,515	-27,535	50.04
51.00	05100	RECOVERY ROOM	0	0	0	2,433,302	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,821,706	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	921,643	-80,309	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,937,443	-80,309	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	1,103,629	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	13,636,322	0	54.02
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	3,278,371	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	377,930	0	57.01
58.00	05800	MRI	0	0	0	1,093,700	0	58.00
58.01	05801	TDOC - MRI	0	0	0	491,831	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,840,277	-227,159	59.00
60.00	06000	LABORATORY	0	0	0	23,401,977	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	43,483,440	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	298,401	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,987,024	-169,795	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	211	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	9,204,596	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	1,814,311	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	1,008,137	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,291,797	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	312,031	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			PARAMED ED PROGRAM	CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,664,099	-162,911	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	1,914,496	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	627,423	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	3,603,673	-100,959	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,034,484	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,977,122	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	671,150	23,977,056	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	927,618	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	4,249,848	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	1,585,697	-100,959	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	186,244	-181,268	90.00
90.01	09001	VACCINE CLINIC	0	0	0	2,587,106	-149,145	90.01
91.00	09100	EMERGENCY	0	0	0	9,326,320	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	10,018,011	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	216,250	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	6,989,852	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	3,371,909	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	190,910	671,150	405,924,372	-4,187,526	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	141,506	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	14,955,240	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	3	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	648,960	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	990,566	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	17,383	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	319,156	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	123,534	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	248,059	-9,178	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	453,680	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	3,467,886	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	28,301	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	475,228	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	10,292,185	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	941,304	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	332,121	0	194.16
194.17	07967	VALET SERVICES	0	0	0	41,264	0	194.17
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)	0	190,910	671,150	439,400,748	-4,196,704	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
1/28/2022 1:34 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
2.01	00201	CAP REL COSTS-MVBLE EQUIP	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00591	NONPATIENT TELEPHONES	5.01
5.02	00590	OTHER ADMIN AND GENERAL	5.02
5.03	00592	NONPATIENT TELEPHONES	5.03
5.04	00540	ADMITTING	5.04
5.05	00593	ADMIN & GENERAL - SURREY	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00601	PURCHASING	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	8.01
9.00	00900	HOUSEKEEPING	9.00
9.01	00901	HOUSEKEEPING - SURREY	9.01
10.00	01000	DIETARY	10.00
10.01	01001	DIETARY - SURREY	10.01
11.00	01100	CAFETERIA	11.00
11.01	01101	CAFETERIA - SURREY	11.01
13.00	01300	NURSING ADMINISTRATION	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	16.01
17.00	01700	SOCIAL SERVICE	17.00
17.01	01701	SOCIAL SERVICE - SURREY	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
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 PROGRAM	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	23.01
23.02	02302	PHARMACY EDUCATION	23.02
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
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	03650	VASCULAR ACCESS CENTER	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	50.02
50.03	05002	PAIN MGMT CENTER	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	50.04
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	TDOC RADIOLOGY	54.01
54.02	05402	CDI RADIOLOGY	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
57.01	05701	TDOC CT SCAN	57.01
58.00	05800	MRI	58.00
58.01	05801	TDOC - MRI	58.01
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	64.01
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	65.01
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	66.02
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP MEDICINE CLINIC	70.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			Total	
			26.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,034,484	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,977,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,977,056	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	927,618	76.01
76.02	03952	CARDIAC REHAB	4,249,848	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,484,738	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	4,976	90.00
90.01	09001	VACCINE CLINIC	2,437,961	90.01
91.00	09100	EMERGENCY	9,326,320	91.00
91.01	09101	URGENT CARE CENTERS	10,018,011	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	216,250	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	6,989,852	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	3,371,909	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	401,736,846	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	141,506	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	14,955,240	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	3	194.00
194.01	07951	DEVELOPMENT	648,960	194.01
194.02	07952	COMMUNITY OUTREACH	990,566	194.02
194.03	07953	FOUNTAIN CAFE	17,383	194.03
194.04	07954	SLEEP RESEARCH	319,156	194.04
194.05	07955	MEALS ON WHEELS	0	194.05
194.06	07956	GUEST MEALS	123,534	194.06
194.07	07957	PHYSICIAN REFERRAL	238,881	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	194.08
194.09	07959	VACANT SPACE	453,680	194.09
194.10	07960	TV STORAGE	0	194.10
194.11	07961	MARKETING	3,467,886	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	28,301	194.12
194.13	07963	VOLUNTEERS	475,228	194.13
194.14	07964	RETAIL PHARMACY	10,292,185	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	941,304	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	332,121	194.16
194.17	07967	VALET SERVICES	41,264	194.17
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	435,204,044	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	
			0	1.00	2.00	2.01	2A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	248,862	140,262	198,417	0	4.00
5.01	00591	NONPATIENT TELEPHONES	0	19,772	27,969	0	5.01
5.02	00590	OTHER ADMIN AND GENERAL	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	0	5.03
5.04	00540	ADMITTING	0	21,965	31,072	0	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	0	25,035	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	47,043	930,525	1,316,332	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,105,369	1,563,668	0	6.00
6.01	00601	PURCHASING	185,552	31,556	44,640	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	0	16,241	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	52,795	74,685	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	0	8,333	8.01
9.00	00900	HOUSEKEEPING	0	57,424	81,233	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	9.01
10.00	01000	DIETARY	0	205,629	290,885	0	10.00
10.01	01001	DIETARY - SURREY	0	0	0	18,688	10.01
11.00	01100	CAFETERIA	0	191,605	271,047	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	34,548	11.01
13.00	01300	NURSING ADMINISTRATION	47	24,189	34,218	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	549	0	0	1,631	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	234,764	332,100	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	86,877	122,898	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	26,352	37,278	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	1,170	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
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	4,977	7,040	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	27,517	38,926	0	23.01
23.02	02302	PHARMACY EDUCATION	0	5,280	7,468	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	369	1,897,720	2,684,537	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	127,631	180,548	0	31.00
32.00	03200	CORONARY CARE UNIT	0	185,827	262,873	0	32.00
43.00	04300	NURSERY	0	344,257	486,991	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	213,794	44.00
46.00	04600	OTHER LONG TERM CARE	9,252	0	0	161,622	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	938,799	1,328,038	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	327,755	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	57,727	81,661	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	83,328	123,229	174,321	0	50.04
51.00	05100	RECOVERY ROOM	0	70,676	99,979	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	196,098	277,403	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,193	3,103	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	673,629	952,924	0	54.00
54.01	05401	TDOC RADIOLOGY	0	40,073	56,688	0	54.01
54.02	05402	CDI RADIOLOGY	2,351,691	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	1,800	55,503	78,515	0	57.00
57.01	05701	TDOC CT SCAN	0	19,484	27,563	0	57.01
58.00	05800	MRI	0	62,325	88,166	0	58.00
58.01	05801	TDOC - MRI	0	33,855	47,892	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,090	142,290	201,285	0	59.00
60.00	06000	LABORATORY	36,573	282,734	399,958	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	81,265	114,959	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	17,034	24,096	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	25,339	35,844	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	299,864	314,274	444,577	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	18,688	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	54,807	77,531	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP		
				1.00	2.00	2.01		
			0				2A	
68.00	06800	SPEECH PATHOLOGY	0	1,135	1,605	0	2,740	68.00
69.00	06900	ELECTROCARDIOLOGY	64,431	55,185	78,066	0	197,682	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	67,121	94,950	0	162,071	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,668	39,140	0	66,808	70.00
70.01	07001	SLEEP MEDICINE CLINIC	344,334	124,273	175,798	0	644,405	70.01
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	35,712	93,095	131,693	0	260,500	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	15,249	21,571	0	36,820	76.01
76.02	03952	CARDIAC REHAB	0	160,064	226,429	0	386,493	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	102,489	144,982	0	247,471	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	VACCINE CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	145,421	205,714	0	351,135	91.00
91.01	09101	URGENT CARE CENTERS	1,086,757	83,625	118,297	0	1,288,679	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	19,666	27,819	0	47,485	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	20,316	28,740	0	49,056	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	7,155	10,122	0	17,277	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,126,009	9,836,089	13,914,254	499,750	29,376,102	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	23,236	32,870	1,596	57,702	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	4,313,615	80,221	113,482	0	4,507,318	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	24,234	34,282	0	58,516	194.01
194.02	07952	COMMUNITY OUTREACH	0	18,516	26,193	0	44,709	194.02
194.03	07953	FOUNTAIN CAFE	0	3,252	4,601	0	7,853	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	3,268	4,622	0	7,890	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	78,270	110,722	0	188,992	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	23,402	33,105	0	56,507	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	19,968	28,247	0	48,215	194.13
194.14	07964	RETAIL PHARMACY	0	15,233	21,549	0	36,782	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	7,049	9,972	0	17,021	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	9,439,624	10,132,738	14,333,899	501,346	34,407,607	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMIN AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	587,541					4.00
5.01	00591	NONPATIENT TELEPHONES	1,426	49,167				5.01
5.02	00590	OTHER ADMIN AND GENERAL	0	0	0			5.02
5.03	00592	NONPATIENT TELEPHONES	0	1,138	0	1,138		5.03
5.04	00540	ADMITTING	3,521	865	0	0	57,423	5.04
5.05	00593	ADMIN & GENERAL - SURREY	1,934	0	0	0	0	5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	92,282	8,058	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	6,095	751	0	0	0	6.00
6.01	00601	PURCHASING	2,445	296	0	0	0	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	444	0	0	70	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	315	46	0	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	70	0	0	18	0	8.01
9.00	00900	HOUSEKEEPING	8,566	865	0	0	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	530	0	0	123	0	9.01
10.00	01000	DIETARY	7,020	819	0	0	0	10.00
10.01	01001	DIETARY - SURREY	2,021	0	0	123	0	10.01
11.00	01100	CAFETERIA	1,281	137	0	0	0	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	4,469	592	0	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	900	0	0	88	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	5,049	569	0	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,196	1,161	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	358	0	0	190	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	803	0	0	35	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,980	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,788	159	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	55	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	1,076	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	101,866	8,080	0	0	4,879	30.00
31.00	03100	INTENSIVE CARE UNIT	15,008	387	0	0	664	31.00
32.00	03200	CORONARY CARE UNIT	15,720	637	0	0	693	32.00
43.00	04300	NURSERY	11,889	1,320	0	0	288	43.00
44.00	04400	SKILLED NURSING FACILITY	7,315	0	0	193	0	44.00
46.00	04600	OTHER LONG TERM CARE	3,657	0	0	175	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,001	3,551	0	0	3,610	50.00
50.01	03650	VASCULAR ACCESS CENTER	2,921	46	0	0	319	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,128	228	0	0	166	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	3,517	501	0	0	546	50.04
51.00	05100	RECOVERY ROOM	3,722	478	0	0	355	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,656	478	0	0	231	52.00
53.00	05300	ANESTHESIOLOGY	656	137	0	0	713	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,844	2,140	0	0	2,998	54.00
54.01	05401	TDOC RADIOLOGY	1,182	137	0	0	483	54.01
54.02	05402	CDI RADIOLOGY	6,856	0	0	0	2,891	54.02
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	2,592	205	0	0	2,844	57.00
57.01	05701	TDOC CT SCAN	359	23	0	0	415	57.01
58.00	05800	MRI	1,062	68	0	0	531	58.00
58.01	05801	TDOC - MRI	386	23	0	0	423	58.01
59.00	05900	CARDIAC CATHETERIZATION	6,164	683	0	0	2,195	59.00
60.00	06000	LABORATORY	14,024	1,684	0	0	6,715	60.00
64.00	06400	INTRAVENOUS THERAPY	6,716	182	0	0	6,546	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	557	46	0	0	27	64.01
65.00	06500	RESPIRATORY THERAPY	6,237	478	0	0	553	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	13,600	1,047	0	0	777	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	3,364	0	0	53	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	206	182	0	0	74	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,477	341	0	0	154	67.00
68.00	06800	SPEECH PATHOLOGY	585	68	0	0	35	68.00
69.00	06900	ELECTROCARDIOLOGY	4,989	410	0	0	1,362	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	2,311	364	0	0	1,123	69.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	OTHER ADMIN AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
70.00	07000	ELECTROENCEPHALOGRAPHY	767	250	0	0	143	70.00
70.01	07001	SLEEP MEDICINE CLINIC	7,836	819	0	0	162	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,886	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,589	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,147	865	0	0	5,319	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1,646	205	0	0	28	76.01
76.02	03952	CARDIAC REHAB	5,873	546	0	0	274	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	2,209	296	0	0	106	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9	0	0	0	0	90.00
90.01	09001	VACCINE CLINIC	4,009	0	0	0	194	90.01
91.00	09100	EMERGENCY	26,947	1,229	0	0	1,982	91.00
91.01	09101	URGENT CARE CENTERS	27,119	0	0	0	1,128	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	190	46	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	12,273	1,434	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,784	751	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	570,000	45,821	0	1,138	57,421	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	68	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	7,348	1,707	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	803	205	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	988	296	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	23	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	570	68	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	416	114	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,917	296	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	43	23	0	0	0	194.12
194.13	07963	VOLUNTEERS	675	364	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	2,129	114	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	1,018	0	0	0	2	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	556	68	0	0	0	194.16
194.17	07967	VALET SERVICES	78	0	0	0	0	194.17
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)	587,541	49,167	0	1,138	57,423	202.00

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Cost Center Description			ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY	27,039					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	3,553	2,397,793				5.06
6.00	00600	MAINTENANCE & REPAIRS	965	98,585	2,775,433			6.00
6.01	00601	PURCHASING	105	10,693	11,065	286,352		6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	38	3,917	0	37	20,747	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	89	9,084	18,513	0	0	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	7	721	0	11	376	8.01
9.00	00900	HOUSEKEEPING	289	29,480	20,136	1,253	0	9.00
9.01	00901	HOUSEKEEPING - SURREY	17	1,702	0	92	0	9.01
10.00	01000	DIETARY	208	21,245	72,106	2,247	0	10.00
10.01	01001	DIETARY - SURREY	77	7,852	0	2,234	843	10.01
11.00	01100	CAFETERIA	64	6,534	67,189	3,248	0	11.00
11.01	01101	CAFETERIA - SURREY	2	219	0	0	1,558	11.01
13.00	01300	NURSING ADMINISTRATION	162	16,520	8,482	57	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	24	2,465	0	3	74	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	254	25,976	82,323	3,068	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	321	32,792	30,465	106	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	10	1,008	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	4	404	9,241	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	21	2,178	0	0	53	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	210	21,474	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6	615	1,745	80	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	6	588	9,649	0	0	23.01
23.02	02302	PHARMACY EDUCATION	34	3,497	1,851	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,579	263,215	665,457	6,661	0	30.00
31.00	03100	INTENSIVE CARE UNIT	303	30,909	44,755	1,054	0	31.00
32.00	03200	CORONARY CARE UNIT	351	35,850	65,162	1,495	0	32.00
43.00	04300	NURSERY	395	40,304	120,718	1,584	0	43.00
44.00	04400	SKILLED NURSING FACILITY	211	21,559	0	233	9,640	44.00
46.00	04600	OTHER LONG TERM CARE	109	11,178	0	143	7,288	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,860	189,902	329,201	41,819	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	49	4,992	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	43	4,426	20,243	115	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	160	16,305	43,212	1,499	0	50.04
51.00	05100	RECOVERY ROOM	112	11,436	24,783	131	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	110	11,209	68,764	538	0	52.00
53.00	05300	ANESTHESIOLOGY	37	3,752	769	906	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	595	60,785	236,216	878	0	54.00
54.01	05401	TDOC RADIOLOGY	49	4,969	14,052	134	0	54.01
54.02	05402	CDI RADIOLOGY	712	72,699	0	39	0	54.02
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	147	15,000	19,463	384	0	57.00
57.01	05701	TDOC CT SCAN	14	1,464	6,832	34	0	57.01
58.00	05800	MRI	43	4,395	21,855	79	0	58.00
58.01	05801	TDOC - MRI	18	1,843	11,872	40	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	141	14,356	49,896	0	0	59.00
60.00	06000	LABORATORY	1,112	113,552	99,144	12,968	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,258	230,537	28,497	1,464	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	13	1,289	5,973	46	0	64.01
65.00	06500	RESPIRATORY THERAPY	191	19,486	8,885	835	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	427	43,643	110,204	271	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	90	9,189	0	2	843	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	44	4,505	19,219	13	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	66	6,756	0	7	0	67.00
68.00	06800	SPEECH PATHOLOGY	16	1,626	398	6	0	68.00
69.00	06900	ELECTROCARDIOLOGY	164	16,738	19,351	143	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	83	8,460	23,537	115	0	69.01

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Cost Center Description			ADMIN & GENERAL - SURREY	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	
			5.05	5.06	6.00	6.01	6.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	27	2,784	9,702	110	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	161	16,441	43,578	436	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,054	107,613	0	66,080	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,015	205,709	0	126,285	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,191	121,605	32,645	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	46	4,706	5,347	4	0	76.01
76.02	03952	CARDIAC REHAB	194	19,762	56,128	161	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	61	6,207	35,939	262	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	24	0	0	0	90.00
90.01	09001	VACCINE CLINIC	125	12,781	0	714	0	90.01
91.00	09100	EMERGENCY	427	43,639	50,994	1,924	0	91.00
91.01	09101	URGENT CARE CENTERS	512	52,327	29,324	1,315	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	8	839	6,896	1	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	369	37,655	7,124	507	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	178	18,156	2,509	394	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,336	2,224,126	2,671,409	284,265	20,675	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	4	373	8,148	0	72	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	780	79,636	28,131	1,287	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	31	3,140	8,498	131	0	194.01
194.02	07952	COMMUNITY OUTREACH	50	5,088	6,493	287	0	194.02
194.03	07953	FOUNTAIN CAFE	0	42	1,140	0	0	194.03
194.04	07954	SLEEP RESEARCH	17	1,691	0	1	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	12	1,195	1,146	2	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	12	1,196	27,446	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	182	18,537	8,206	150	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	1	148	0	0	0	194.12
194.13	07963	VOLUNTEERS	22	2,203	7,002	3	0	194.13
194.14	07964	RETAIL PHARMACY	546	55,764	5,342	212	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	27	2,746	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	17	1,697	2,472	14	0	194.16
194.17	07967	VALET SERVICES	2	211	0	0	0	194.17
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)	27,039	2,397,793	2,775,433	286,352	20,747	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	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
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE	155,527					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	9,536				8.01
9.00	00900	HOUSEKEEPING	0	0	199,246			9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	2,464		9.01
10.00	01000	DIETARY	0	0	5,271	0	605,430	10.00
10.01	01001	DIETARY - SURREY	0	0	0	102	0	10.01
11.00	01100	CAFETERIA	0	0	4,911	0	341,828	11.00
11.01	01101	CAFETERIA - SURREY	0	0	0	188	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	620	0	0	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	9	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	410	0	6,018	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,227	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	675	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	6	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	128	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	705	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	135	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,737	0	48,643	0	223,363	30.00
31.00	03100	INTENSIVE CARE UNIT	15,002	0	3,272	0	15,191	31.00
32.00	03200	CORONARY CARE UNIT	7,628	0	4,763	0	14,744	32.00
43.00	04300	NURSERY	6,545	0	8,824	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	5,336	0	1,166	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	4,200	0	882	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,539	0	24,064	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	1,480	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	3,829	0	3,159	0	0	50.04
51.00	05100	RECOVERY ROOM	3,279	0	1,812	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,302	0	5,027	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	56	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,410	0	17,267	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	1,027	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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	1,423	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	499	0	0	57.01
58.00	05800	MRI	2,334	0	1,598	0	0	58.00
58.01	05801	TDOC - MRI	0	0	868	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,864	0	3,647	0	0	59.00
60.00	06000	LABORATORY	0	0	7,247	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	910	0	2,083	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	437	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	650	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	45	0	8,056	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	102	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	385	0	1,405	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	29	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,207	0	1,415	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,720	0	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	
			8.00	8.01	9.00	9.01	10.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	709	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	3,185	0	0	70.01
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	2,386	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	391	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	4,103	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	2,627	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	VACCINE CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	12,101	0	3,728	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	2,144	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	504	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	521	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	183	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	155,527	9,536	191,642	2,455	595,126	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	596	9	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	2,056	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	621	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	475	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	83	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	10,304	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	84	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	2,006	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	600	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	512	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	390	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	181	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	155,527	9,536	199,246	2,464	605,430	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0179

Period:
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Cost Center Description			DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATION	NURSING ADMINISTRATION - SURREY	
			10.01	11.00	11.01	13.00	13.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY	31,940					10.01
11.00	01100	CAFETERIA	0	887,844				11.00
11.01	01101	CAFETERIA - SURREY	1,188	0	37,703			11.01
13.00	01300	NURSING ADMINISTRATION	0	10,532	0	99,888		13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	1,341	0	7,084	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,525	0	0		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	1,449	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	1,595	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	27,242	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 PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	152	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	2,965	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	235,861	0	54,961	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	24,223	0	7,400	0	31.00
32.00	03200	CORONARY CARE UNIT	0	27,406	0	9,017	0	32.00
43.00	04300	NURSERY	0	27,145	0	9,318	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,623	0	16,062	0	3,964	44.00
46.00	04600	OTHER LONG TERM CARE	14,916	0	10,373	0	3,120	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	89,548	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	5,172	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	10,332	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	9,022	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,894	0	2,071	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,674	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,772	0	224	0	54.00
54.01	05401	TDOC RADIOLOGY	0	3,353	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	400	0	0	0	54.02
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	7,203	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	952	0	0	0	57.01
58.00	05800	MRI	0	2,674	0	0	0	58.00
58.01	05801	TDOC - MRI	0	1,073	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	14,346	0	5,107	0	59.00
60.00	06000	LABORATORY	0	45,747	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	17,905	0	1,084	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	1,158	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	18,087	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	35,713	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	6,883	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,152	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7,561	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,413	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,793	0	1,146	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	7,076	0	0	0	69.01

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			DIETARY - SURREY	CAFETERIA	CAFETERIA - SURREY	NURSING ADMINISTRATIO N	NURSING ADMINISTRATIO N - SURREY	
			10.01	11.00	11.01	13.00	13.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,680	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	15,473	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,506	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	25,290	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	3,353	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	15,498	0	1,283	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	4,087	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	109	0	0	0	90.00
90.01	09001	VACCINE CLINIC	0	10,417	0	0	0	90.01
91.00	09100	EMERGENCY	0	35,888	0	8,277	0	91.00
91.01	09101	URGENT CARE CENTERS	0	3,523	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	715	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,727	851,610	37,703	99,888	7,084	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	22,416	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	85	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	6	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	1,892	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	993	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	2,074	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	230	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	2,383	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	5,414	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	9,220	1,188	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	546	0	0	0	194.17
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)	31,940	887,844	37,703	99,888	7,084	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
		14.00	16.00	16.01	17.00	17.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMIN AND GENERAL					5.02
5.03	00592	NONPATIENT TELEPHONES					5.03
5.04	00540	ADMITTING					5.04
5.05	00593	ADMIN & GENERAL - SURREY					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	PURCHASING					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY					6.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - SURREY					9.01
10.00	01000	DIETARY					10.00
10.01	01001	DIETARY - SURREY					10.01
11.00	01100	CAFETERIA					11.00
11.01	01101	CAFETERIA - SURREY					11.01
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	713,056				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	288,043			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	3,015		16.01
17.00	01700	SOCIAL SERVICE	0	0	0	73,954	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
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	25	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,443	24,133	0	61,171	30.00
31.00	03100	INTENSIVE CARE UNIT	6,798	3,283	0	4,274	31.00
32.00	03200	CORONARY CARE UNIT	8,760	3,430	0	4,149	32.00
43.00	04300	NURSERY	9,705	1,426	0	4,360	43.00
44.00	04400	SKILLED NURSING FACILITY	1,487	0	960	0	44.00
46.00	04600	OTHER LONG TERM CARE	909	0	497	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,018	17,856	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	726	1,580	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	385	822	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	9,441	2,698	0	0	50.04
51.00	05100	RECOVERY ROOM	641	1,754	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,330	1,145	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,847	3,527	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,036	14,827	11	0	54.00
54.01	05401	TDOC RADIOLOGY	460	2,390	0	0	54.01
54.02	05402	CDI RADIOLOGY	120	14,299	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	2,404	14,067	0	0	57.00
57.01	05701	TDOC CT SCAN	213	2,054	0	0	57.01
58.00	05800	MRI	510	2,628	0	0	58.00
58.01	05801	TDOC - MRI	191	2,092	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	5,589	10,854	0	0	59.00
60.00	06000	LABORATORY	89,043	33,210	132	0	60.00
64.00	06400	INTRAVENOUS THERAPY	9,033	36,395	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	285	135	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	2,104	2,735	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	3	0	65.01
66.00	06600	PHYSICAL THERAPY	626	3,844	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	7	0	893	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	46	364	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	9	763	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	174	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,037	6,735	1	0	69.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY - SURREY	SOCIAL SERVICE	SOCIAL SERVICE - SURREY	
			14.00	16.00	16.01	17.00	17.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	855	5,552	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	657	707	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,728	803	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	458,836	9,329	50	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,753	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,170	26,307	468	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	6	139	0	0	0	76.01
76.02	03952	CARDIAC REHAB	264	1,358	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	910	523	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	VACCINE CLINIC	2,422	960	0	0	0	90.01
91.00	09100	EMERGENCY	11,605	9,804	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	3,949	5,579	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	2	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,238	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	2,658	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	712,526	288,036	3,015	73,954	5,861	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	442	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	52	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	36	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	7	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	713,056	288,043	3,015	73,954	5,861	202.00

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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PROGRAM	CLINICAL PASTORAL EDUCATION	
			NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
			19.00	21.00	22.00	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
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY						17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		56,906				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			5,548			22.00
23.00	02300	PARAMED ED PROGRAM				0		23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					77,598	23.01
23.02	02302	PHARMACY EDUCATION						23.02
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
43.00	04300	NURSERY						43.00
44.00	04400	SKILLED NURSING FACILITY						44.00
46.00	04600	OTHER LONG TERM CARE						46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
50.01	03650	VASCULAR ACCESS CENTER						50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE						50.02
50.03	05002	PAIN MGMT CENTER						50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS						50.04
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	05401	TDOC RADIOLOGY						54.01
54.02	05402	CDI RADIOLOGY						54.02
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
57.01	05701	TDOC CT SCAN						57.01
58.00	05800	MRI						58.00
58.01	05801	TDOC - MRI						58.01
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
64.00	06400	INTRAVENOUS THERAPY						64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER						64.01
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	06501	RESPIRATORY THERAPY - SURREY						65.01
66.00	06600	PHYSICAL THERAPY						66.00
66.01	06601	PHYSICAL THERAPY - SURREY						66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE						66.02
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PROGRAM	CLINICAL PASTORAL EDUCATION	
			NONPHYSICIAN ANESTHETISTS	SERVICES-SALA RY & FRINGES	SERVICES-OTHE R PRGM COSTS		
				APPRV	APPRV		
			19.00	21.00	22.00	23.00	23.01
69.00	06900	ELECTROCARDIOLOGY					69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
70.01	07001	SLEEP MEDICINE CLINIC					70.01
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
75.00	07500	ASC (NON-DISTINCT PART)					75.00
76.00	03020	NUTRITION/DIABETES EDUCATION					76.00
76.01	03951	NUTRITION/DIABETES EDUCATION					76.01
76.02	03952	CARDIAC REHAB					76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY					76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC					90.00
90.01	09001	VACCINE CLINIC					90.01
91.00	09100	EMERGENCY					91.00
91.01	09101	URGENT CARE CENTERS					91.01
91.02	04950	ADULT DOWN SYNDROME CENTER					91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN					190.00
191.00	19100	RESEARCH					191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES					192.00
193.00	19300	NONPAID WORKERS					193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS					194.00
194.01	07951	DEVELOPMENT					194.01
194.02	07952	COMMUNITY OUTREACH					194.02
194.03	07953	FOUNTAIN CAFE					194.03
194.04	07954	SLEEP RESEARCH					194.04
194.05	07955	MEALS ON WHEELS					194.05
194.06	07956	GUEST MEALS					194.06
194.07	07957	PHYSICIAN REFERRAL					194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS					194.08
194.09	07959	VACANT SPACE					194.09
194.10	07960	TV STORAGE					194.10
194.11	07961	MARKETING					194.11
194.12	07962	CHILDBIRTH INSTRUCTION					194.12
194.13	07963	VOLUNTEERS					194.13
194.14	07964	RETAIL PHARMACY					194.14
194.15	07965	REHAB HOSPITAL COVERAGE					194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM					194.16
194.17	07967	VALET SERVICES					194.17
200.00		Cross Foot Adjustments	0	56,906	5,548	0	77,598
201.00		Negative Cost Centers	0	0	14,015	0	0
202.00		TOTAL (sum lines 118 through 201)	0	56,906	19,563	0	77,598

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Cost Center Description			PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	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
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMIN AND GENERAL					5.02
5.03	00592	NONPATIENT TELEPHONES					5.03
5.04	00540	ADMITTING					5.04
5.05	00593	ADMIN & GENERAL - SURREY					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	PURCHASING					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY					6.02
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY					8.01
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING - SURREY					9.01
10.00	01000	DIETARY					10.00
10.01	01001	DIETARY - SURREY					10.01
11.00	01100	CAFETERIA					11.00
11.01	01101	CAFETERIA - SURREY					11.01
13.00	01300	NURSING ADMINISTRATION					13.00
13.01	01301	NURSING ADMINISTRATION - SURREY					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY					16.01
17.00	01700	SOCIAL SERVICE					17.00
17.01	01701	SOCIAL SERVICE - SURREY					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
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 PROGRAM					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION					23.01
23.02	02302	PHARMACY EDUCATION	22,306				23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		6,385,675	0	6,385,675	30.00
31.00	03100	INTENSIVE CARE UNIT		480,702	0	480,702	31.00
32.00	03200	CORONARY CARE UNIT		648,505	0	648,505	32.00
43.00	04300	NURSERY		1,075,069	0	1,075,069	43.00
44.00	04400	SKILLED NURSING FACILITY		290,823	0	290,823	44.00
46.00	04600	OTHER LONG TERM CARE		230,902	0	230,902	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		3,050,806	0	3,050,806	50.00
50.01	03650	VASCULAR ACCESS CENTER		338,388	0	338,388	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		173,596	0	173,596	50.02
50.03	05002	PAIN MGMT CENTER		0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS		476,077	0	476,077	50.04
51.00	05100	RECOVERY ROOM		228,180	0	228,180	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		578,256	0	578,256	52.00
53.00	05300	ANESTHESIOLOGY		25,370	0	25,370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,037,556	0	2,037,556	54.00
54.01	05401	TDOC RADIOLOGY		124,997	0	124,997	54.01
54.02	05402	CDI RADIOLOGY		2,449,707	0	2,449,707	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	56.00
57.00	05700	CT SCAN		201,550	0	201,550	57.00
57.01	05701	TDOC CT SCAN		59,906	0	59,906	57.01
58.00	05800	MRI		188,268	0	188,268	58.00
58.01	05801	TDOC - MRI		100,576	0	100,576	58.01
59.00	05900	CARDIAC CATHETERIZATION		462,507	0	462,507	59.00
60.00	06000	LABORATORY		1,143,843	0	1,143,843	60.00
64.00	06400	INTRAVENOUS THERAPY		539,834	0	539,834	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		51,096	0	51,096	64.01
65.00	06500	RESPIRATORY THERAPY		121,424	0	121,424	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		3	0	3	65.01
66.00	06600	PHYSICAL THERAPY		1,276,968	0	1,276,968	66.00
66.01	06601	PHYSICAL THERAPY - SURREY		40,114	0	40,114	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		159,933	0	159,933	66.02
67.00	06700	OCCUPATIONAL THERAPY		18,134	0	18,134	67.00
68.00	06800	SPEECH PATHOLOGY		7,090	0	7,090	68.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	24.00	25.00	26.00	
69.00	06900	ELECTROCARDIOLOGY		265,173	0	265,173	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		213,267	0	213,267	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		85,344	0	85,344	70.00
70.01	07001	SLEEP MEDICINE CLINIC		736,027	0	736,027	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		652,354	0	652,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		355,351	0	355,351	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		490,893	0	490,893	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION		0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION		52,691	0	52,691	76.01
76.02	03952	CARDIAC REHAB		491,937	0	491,937	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		300,698	0	300,698	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		142	0	142	90.00
90.01	09001	VACCINE CLINIC		31,622	0	31,622	90.01
91.00	09100	EMERGENCY		559,680	0	559,680	91.00
91.01	09101	URGENT CARE CENTERS		1,415,599	0	1,415,599	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		56,686	0	56,686	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		112,177	0	112,177	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		46,890	0	46,890	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	28,832,386	0	28,832,386	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN		66,972	0	66,972	190.00
191.00	19100	RESEARCH		0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES		4,651,121	0	4,651,121	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS		0	0	0	194.00
194.01	07951	DEVELOPMENT		71,945	0	71,945	194.01
194.02	07952	COMMUNITY OUTREACH		58,523	0	58,523	194.02
194.03	07953	FOUNTAIN CAFE		9,147	0	9,147	194.03
194.04	07954	SLEEP RESEARCH		4,239	0	4,239	194.04
194.05	07955	MEALS ON WHEELS		0	0	0	194.05
194.06	07956	GUEST MEALS		11,297	0	11,297	194.06
194.07	07957	PHYSICIAN REFERRAL		12,933	0	12,933	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS		0	0	0	194.08
194.09	07959	VACANT SPACE		219,652	0	219,652	194.09
194.10	07960	TV STORAGE		0	0	0	194.10
194.11	07961	MARKETING		87,395	0	87,395	194.11
194.12	07962	CHILDBIRTH INSTRUCTION		445	0	445	194.12
194.13	07963	VOLUNTEERS		61,379	0	61,379	194.13
194.14	07964	RETAIL PHARMACY		106,729	0	106,729	194.14
194.15	07965	REHAB HOSPITAL COVERAGE		14,208	0	14,208	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM		22,026	0	22,026	194.16
194.17	07967	VALET SERVICES		837	0	837	194.17
200.00		Cross Foot Adjustments	22,306	162,358	0	162,358	200.00
201.00		Negative Cost Centers	0	14,015	0	14,015	201.00
202.00		TOTAL (sum lines 118 through 201)	22,306	34,407,607	0	34,407,607	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHON ES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
		1.00	2.00	2.01	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	669,821				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		669,821			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	56,552		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,272	9,272	0	199,652,825	4.00
5.01	00591	NONPATIENT TELEPHONES	1,307	1,307	0	484,624	2,160 5.01
5.02	00590	OTHER ADMIN AND GENERAL	0	0	0	0	5.02
5.03	00592	NONPATIENT TELEPHONES	0	0	0	0	5.03
5.04	00540	ADMITTING	1,452	1,452	0	1,196,471	38 5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	0	2,824	657,178	0 5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	61,512	61,512	0	31,356,349	354 5.06
6.00	00600	MAINTENANCE & REPAIRS	73,070	73,070	0	2,070,972	33 6.00
6.01	00601	PURCHASING	2,086	2,086	0	830,776	13 6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	0	1,832	150,964	0 6.02
8.00	00800	LAUNDRY & LINEN SERVICE	3,490	3,490	0	106,914	2 8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	0	940	23,750	0 8.01
9.00	00900	HOUSEKEEPING	3,796	3,796	0	2,910,566	38 9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	179,930	0 9.01
10.00	01000	DIETARY	13,593	13,593	0	2,385,354	36 10.00
10.01	01001	DIETARY - SURREY	0	0	2,108	686,648	0 10.01
11.00	01100	CAFETERIA	12,666	12,666	0	435,355	6 11.00
11.01	01101	CAFETERIA - SURREY	0	0	3,897	0	0 11.01
13.00	01300	NURSING ADMINISTRATION	1,599	1,599	0	1,518,683	26 13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	184	305,844	0 13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	15,519	15,519	0	1,715,681	25 14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,743	5,743	0	3,804,191	51 16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	121,666	0 16.01
17.00	01700	SOCIAL SERVICE	1,742	1,742	0	0	0 17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	132	273,012	0 17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,711,417	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	329	329	0	1,626,991	7 22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	0 23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	1,819	1,819	0	18,760	0 23.01
23.02	02302	PHARMACY EDUCATION	349	349	0	365,681	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	125,448	125,448	0	34,624,079	355 30.00
31.00	03100	INTENSIVE CARE UNIT	8,437	8,437	0	5,099,656	17 31.00
32.00	03200	CORONARY CARE UNIT	12,284	12,284	0	5,341,543	28 32.00
43.00	04300	NURSERY	22,757	22,757	0	4,039,924	58 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	24,116	2,485,699	0 44.00
46.00	04600	OTHER LONG TERM CARE	0	0	18,231	1,242,447	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	62,059	62,059	0	13,591,981	156 50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	992,484	2 50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,816	3,816	0	383,257	10 50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0 50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	8,146	8,146	0	1,195,075	22 50.04
51.00	05100	RECOVERY ROOM	4,672	4,672	0	1,264,675	21 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,963	12,963	0	902,380	21 52.00
53.00	05300	ANESTHESIOLOGY	145	145	0	223,020	6 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,530	44,530	0	5,383,776	94 54.00
54.01	05401	TDOC RADIOLOGY	2,649	2,649	0	401,669	6 54.01
54.02	05402	CDI RADIOLOGY	0	0	0	2,329,488	0 54.02
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	3,669	3,669	0	880,833	9 57.00
57.01	05701	TDOC CT SCAN	1,288	1,288	0	121,939	1 57.01
58.00	05800	MRI	4,120	4,120	0	360,892	3 58.00
58.01	05801	TDOC - MRI	2,238	2,238	0	131,128	1 58.01
59.00	05900	CARDIAC CATHETERIZATION	9,406	9,406	0	2,094,557	30 59.00
60.00	06000	LABORATORY	18,690	18,690	0	4,765,229	74 60.00
64.00	06400	INTRAVENOUS THERAPY	5,372	5,372	0	2,281,910	8 64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	1,126	1,126	0	189,317	2 64.01
65.00	06500	RESPIRATORY THERAPY	1,675	1,675	0	2,119,230	21 65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0 65.01
66.00	06600	PHYSICAL THERAPY	20,775	20,775	0	4,621,140	46 66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	2,108	1,143,200	0 66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	3,623	3,623	0	69,903	8 66.02

COST ALLOCATION - STATISTICAL BASIS

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To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHON ES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
			1.00	2.00	2.01	4.00	5.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	841,782	15	67.00
68.00	06800	SPEECH PATHOLOGY	75	75	0	198,846	3	68.00
69.00	06900	ELECTROCARDIOLOGY	3,648	3,648	0	1,695,149	18	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	4,437	4,437	0	785,378	16	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,829	1,829	0	260,583	11	70.00
70.01	07001	SLEEP MEDICINE CLINIC	8,215	8,215	0	2,662,514	36	70.01
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	6,154	6,154	0	4,127,290	38	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1,008	1,008	0	559,406	9	76.01
76.02	03952	CARDIAC REHAB	10,581	10,581	0	1,995,527	24	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	6,775	6,775	0	750,759	13	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	3,053	0	90.00
90.01	09001	VACCINE CLINIC	0	0	0	1,362,271	0	90.01
91.00	09100	EMERGENCY	9,613	9,613	0	9,156,451	54	91.00
91.01	09101	URGENT CARE CENTERS	5,528	5,528	0	9,214,812	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	1,300	1,300	0	64,576	2	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,343	1,343	0	4,170,226	63	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	473	473	0	1,625,714	33	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	650,211	650,211	56,372	193,692,545	2,013	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,536	1,536	180	0	3	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	5,303	5,303	0	2,496,932	75	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	1,602	1,602	0	272,771	9	194.01
194.02	07952	COMMUNITY OUTREACH	1,224	1,224	0	335,681	13	194.02
194.03	07953	FOUNTAIN CAFE	215	215	0	0	1	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	193,524	3	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	216	216	0	141,191	5	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	5,174	5,174	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	1,547	1,547	0	991,288	13	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	14,570	1	194.12
194.13	07963	VOLUNTEERS	1,320	1,320	0	229,267	16	194.13
194.14	07964	RETAIL PHARMACY	1,007	1,007	0	723,478	5	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	345,998	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	466	466	0	188,987	3	194.16
194.17	07967	VALET SERVICES	0	0	0	26,593	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,132,738	14,333,899	501,346	49,934,065	854,661	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.127531	21.399596	8.865221	0.250104	395.676389	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				587,541	49,167	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.002943	22.762500	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: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONE S)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5A.02	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMIN AND GENERAL	0	439,400,748			5.02
5.03	00592	NONPATIENT TELEPHONES	0	41,288	65		5.03
5.04	00540	ADMITTING	0	1,565,163	0	1,571,416,217	5.04
5.05	00593	ADMIN & GENERAL - SURREY	0	529,941	4	0	-532,482
5.06	00594	ADMIN & GENERAL - HOSPITAL	0	60,084,327	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	15,572,538	0	0	0
6.01	00601	PURCHASING	0	1,689,148	0	0	0
6.02	00602	MAINTENANCE & REPAIRS - SURREY	0	616,164	4	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,434,950	0	0	0
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	0	113,257	1	0	0
9.00	00900	HOUSEKEEPING	0	4,656,689	0	0	0
9.01	00901	HOUSEKEEPING - SURREY	0	264,413	7	0	0
10.00	01000	DIETARY	0	3,355,887	0	0	0
10.01	01001	DIETARY - SURREY	0	1,235,812	7	0	0
11.00	01100	CAFETERIA	0	1,032,064	0	0	0
11.01	01101	CAFETERIA - SURREY	0	34,548	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	2,609,581	0	0	0
13.01	01301	NURSING ADMINISTRATION - SURREY	0	386,219	5	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,103,267	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,179,792	0	0	0
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	152,204	11	0	0
17.00	01700	SOCIAL SERVICE	0	63,756	0	0	0
17.01	01701	SOCIAL SERVICE - SURREY	0	342,728	2	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,391,988	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	97,222	0	0	0
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	0
23.01	02301	CLINICAL PASTORAL EDUCATION	0	92,882	0	0	0
23.02	02302	PHARMACY EDUCATION	0	552,411	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	41,472,844	0	131,873,079	0
31.00	03100	INTENSIVE CARE UNIT	0	4,864,521	0	17,940,618	0
32.00	03200	CORONARY CARE UNIT	0	5,644,266	0	18,741,487	0
43.00	04300	NURSERY	0	6,358,647	0	7,793,839	0
44.00	04400	SKILLED NURSING FACILITY	0	3,398,552	11	0	0
46.00	04600	OTHER LONG TERM CARE	0	1,759,282	10	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	29,899,912	0	97,575,904	0
50.01	03650	VASCULAR ACCESS CENTER	0	779,902	0	8,633,036	0
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	694,617	0	4,490,501	0
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	2,560,852	0	14,745,342	0
51.00	05100	RECOVERY ROOM	0	1,796,940	0	9,583,603	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,764,289	0	6,255,614	0
53.00	05300	ANESTHESIOLOGY	0	573,480	0	19,272,900	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,520,953	0	81,021,455	0
54.01	05401	TDOC RADIOLOGY	0	771,894	0	13,057,850	0
54.02	05402	CDI RADIOLOGY	0	11,405,824	0	78,136,844	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	2,292,782	0	76,871,480	0
57.01	05701	TDOC CT SCAN	0	220,018	0	11,226,522	0
58.00	05800	MRI	0	679,868	0	14,360,222	0
58.01	05801	TDOC - MRI	0	279,802	0	11,429,518	0
59.00	05900	CARDIAC CATHETERIZATION	0	2,208,634	0	59,311,455	0
60.00	06000	LABORATORY	0	17,756,061	0	181,477,390	0
64.00	06400	INTRAVENOUS THERAPY	0	36,220,295	0	196,279,432	0
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	202,875	0	738,660	0
65.00	06500	RESPIRATORY THERAPY	0	3,063,180	0	14,946,844	0
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	6,872,980	0	21,007,204	0
66.01	06601	PHYSICAL THERAPY - SURREY	0	1,449,531	3	0	0
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	709,651	0	1,991,217	0
67.00	06700	OCCUPATIONAL THERAPY	0	1,063,060	0	4,171,701	0
68.00	06800	SPEECH PATHOLOGY	0	255,825	0	953,317	0
69.00	06900	ELECTROCARDIOLOGY	0	2,607,336	0	36,805,803	0

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONE S)	ADMITTING (GROSS CHARGES)	Reconciliation	
			5A.02	5.02	5.03	5.04	5A.05	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	1,306,127	0	30,339,186	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	435,848	0	3,864,815	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	2,592,694	0	4,385,790	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,947,892	0	50,978,823	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,397,358	0	97,009,759	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,065,636	0	143,752,997	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	742,672	0	761,975	0	76.01
76.02	03952	CARDIAC REHAB	0	3,114,260	0	7,418,797	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	977,585	0	2,857,643	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,820	0	1,725	0	90.00
90.01	09001	VACCINE CLINIC	0	2,013,631	0	5,243,233	0	90.01
91.00	09100	EMERGENCY	0	6,839,879	0	53,573,833	0	91.00
91.01	09101	URGENT CARE CENTERS	0	8,235,193	0	30,485,083	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	132,569	0	8,908	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	5,948,094	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	2,867,868	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	411,968,038	65	1,571,375,404	-532,482	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	58,889	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	12,579,460	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	3	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	496,058	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	803,632	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	6,558	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	267,131	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	188,720	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	188,992	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	2,928,135	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	23,424	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	348,027	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	8,808,602	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	433,794	0	40,813	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	268,017	0	0	0	194.16
194.17	07967	VALET SERVICES	0	33,268	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		0	41,288	1,565,163		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.000000	635.200000	0.000996		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		0	1,138	57,423		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000000	17.507692	0.000037		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: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description		ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliatio n	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
		5.05	5A.06	5.06	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMIN AND GENERAL					5.02
5.03	00592	NONPATIENT TELEPHONES					5.03
5.04	00540	ADMITTING					5.04
5.05	00593	ADMIN & GENERAL - SURREY	438,868,266				5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL	60,084,327	-60,157,350	379,243,398		5.06
6.00	00600	MAINTENANCE & REPAIRS	15,572,538	0	15,591,427	523,208	6.00
6.01	00601	PURCHASING	1,689,148	0	1,691,197	2,086	6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	618,705	0	619,455	0	6.02
8.00	00800	LAUNDRY & LINEN SERVICE	1,434,950	0	1,436,691	3,490	8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	113,892	0	114,030	0	8.01
9.00	00900	HOUSEKEEPING	4,656,689	0	4,662,338	3,796	9.00
9.01	00901	HOUSEKEEPING - SURREY	268,859	0	269,185	0	9.01
10.00	01000	DIETARY	3,355,887	0	3,359,958	13,593	10.00
10.01	01001	DIETARY - SURREY	1,240,258	0	1,241,762	0	10.01
11.00	01100	CAFETERIA	1,032,064	0	1,033,316	12,666	11.00
11.01	01101	CAFETERIA - SURREY	34,548	0	34,590	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,609,581	0	2,612,746	1,599	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	389,395	0	389,867	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	4,103,267	0	4,108,244	15,519	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,179,792	0	5,186,075	5,743	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	159,192	0	159,385	0	16.01
17.00	01700	SOCIAL SERVICE	63,756	0	63,833	1,742	17.00
17.01	01701	SOCIAL SERVICE - SURREY	343,998	0	344,415	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,391,988	0	3,396,102	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	97,222	0	97,340	329	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	92,882	0	92,995	1,819	23.01
23.02	02302	PHARMACY EDUCATION	552,411	0	553,081	349	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,604,190	0	41,654,656	125,448	30.00
31.00	03100	INTENSIVE CARE UNIT	4,882,390	0	4,888,312	8,437	31.00
32.00	03200	CORONARY CARE UNIT	5,662,933	0	5,669,802	12,284	32.00
43.00	04300	NURSERY	6,366,410	0	6,374,132	22,757	43.00
44.00	04400	SKILLED NURSING FACILITY	3,405,539	0	3,409,670	0	44.00
46.00	04600	OTHER LONG TERM CARE	1,765,634	0	1,767,776	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,997,098	0	30,033,484	62,059	50.00
50.01	03650	VASCULAR ACCESS CENTER	788,501	0	789,457	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	699,090	0	699,938	3,816	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	2,575,538	0	2,578,662	8,146	50.04
51.00	05100	RECOVERY ROOM	1,806,485	0	1,808,676	4,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,770,520	0	1,772,668	12,963	52.00
53.00	05300	ANESTHESIOLOGY	592,676	0	593,395	145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,601,650	0	9,613,297	44,530	54.00
54.01	05401	TDOC RADIOLOGY	784,900	0	785,852	2,649	54.01
54.02	05402	CDI RADIOLOGY	11,483,648	0	11,497,578	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	2,369,346	0	2,372,220	3,669	57.00
57.01	05701	TDOC CT SCAN	231,200	0	231,480	1,288	57.01
58.00	05800	MRI	694,171	0	695,013	4,120	58.00
58.01	05801	TDOC - MRI	291,186	0	291,539	2,238	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,267,708	0	2,270,459	9,406	59.00
60.00	06000	LABORATORY	17,936,812	0	17,958,569	18,690	60.00
64.00	06400	INTRAVENOUS THERAPY	36,415,818	0	36,459,990	5,372	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	203,611	0	203,858	1,126	64.01
65.00	06500	RESPIRATORY THERAPY	3,078,067	0	3,081,801	1,675	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	6,893,903	0	6,902,265	20,775	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,451,437	0	1,453,198	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	711,634	0	712,497	3,623	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,067,215	0	1,068,510	0	67.00
68.00	06800	SPEECH PATHOLOGY	256,775	0	257,086	75	68.00
69.00	06900	ELECTROCARDIOLOGY	2,643,995	0	2,647,202	3,648	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliatio n	ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	
			5.05	5A.06	5.06	6.00	6.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,336,345	0	1,337,966	4,437	29,496	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	439,697	0	440,230	1,829	28,321	70.00
70.01	07001	SLEEP MEDICINE CLINIC	2,597,062	0	2,600,212	8,215	111,721	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,998,667	0	17,019,286	0	16,947,892	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,493,980	0	32,533,395	0	32,397,358	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,208,814	0	19,232,114	6,154	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	743,431	0	744,333	1,008	1,132	76.01
76.02	03952	CARDIAC REHAB	3,121,649	0	3,125,436	10,581	41,201	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	980,431	0	981,620	6,775	67,075	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,822	0	3,827	0	0	90.00
90.01	09001	VACCINE CLINIC	2,018,853	0	2,021,302	0	183,005	90.01
91.00	09100	EMERGENCY	6,893,239	0	6,901,600	9,613	493,358	91.00
91.01	09101	URGENT CARE CENTERS	8,265,556	0	8,275,582	5,528	337,219	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	132,578	0	132,739	1,300	290	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,948,094	0	5,955,309	1,343	130,032	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	2,867,868	0	2,871,347	473	100,958	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	411,435,515	-60,157,350	351,777,372	503,598	72,914,955	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	58,889	0	58,960	1,536	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	12,579,460	0	12,594,719	5,303	330,004	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	3	0	3	0	0	194.00
194.01	07951	DEVELOPMENT	496,058	0	496,660	1,602	33,514	194.01
194.02	07952	COMMUNITY OUTREACH	803,632	0	804,607	1,224	73,711	194.02
194.03	07953	FOUNTAIN CAFE	6,568	0	6,566	215	114	194.03
194.04	07954	SLEEP RESEARCH	267,131	0	267,455	0	297	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	188,720	0	188,949	216	533	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	188,992	0	189,221	5,174	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	2,928,135	0	2,931,687	1,547	38,411	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	23,424	0	23,452	0	0	194.12
194.13	07963	VOLUNTEERS	348,027	0	348,449	1,320	719	194.13
194.14	07964	RETAIL PHARMACY	8,808,602	0	8,819,287	1,007	54,362	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	433,835	0	434,361	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	268,017	0	268,342	466	3,528	194.16
194.17	07967	VALET SERVICES	33,268	0	33,308	0	0	194.17
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)	532,482		60,157,350	18,064,617	2,031,486	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001213		0.158625	34.526645	0.027658	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	27,039		2,397,793	2,775,433	286,352	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000062		0.006323	5.304646	0.003899	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: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description		MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
		6.02	8.00	8.01	9.00	9.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00591	NONPATIENT TELEPHONES					5.01
5.02	00590	OTHER ADMIN AND GENERAL					5.02
5.03	00592	NONPATIENT TELEPHONES					5.03
5.04	00540	ADMITTING					5.04
5.05	00593	ADMIN & GENERAL - SURREY					5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	PURCHASING					6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY	51,896				6.02
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,066,605			8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY	940	0	25,083		8.01
9.00	00900	HOUSEKEEPING	0	0	0	513,836	9.00
9.01	00901	HOUSEKEEPING - SURREY	0	0	0	0	9.01
10.00	01000	DIETARY	0	0	0	13,593	10.00
10.01	01001	DIETARY - SURREY	2,108	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	12,666	11.00
11.01	01101	CAFETERIA - SURREY	3,897	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,599	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	184	0	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,815	0	15,519	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,743	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	1,742	17.00
17.01	01701	SOCIAL SERVICE - SURREY	132	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
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	329	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	1,819	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	349	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	450,837	0	125,448	30.00
31.00	03100	INTENSIVE CARE UNIT	0	102,883	0	8,437	31.00
32.00	03200	CORONARY CARE UNIT	0	52,310	0	12,284	32.00
43.00	04300	NURSERY	0	44,883	0	22,757	43.00
44.00	04400	SKILLED NURSING FACILITY	24,116	0	14,036	0	44.00
46.00	04600	OTHER LONG TERM CARE	18,231	0	11,047	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	140,854	0	62,059	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	3,816	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	26,257	0	8,146	50.04
51.00	05100	RECOVERY ROOM	0	22,484	0	4,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,787	0	12,963	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	64,537	0	44,530	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	2,649	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	3,669	57.00
57.01	05701	TDOC CT SCAN	0	0	0	1,288	57.01
58.00	05800	MRI	0	16,010	0	4,120	58.00
58.01	05801	TDOC - MRI	0	0	0	2,238	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	26,498	0	9,406	59.00
60.00	06000	LABORATORY	0	0	0	18,690	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,238	0	5,372	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	1,126	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,675	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	307	0	20,775	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	2,108	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	2,638	0	3,623	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	75	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,279	0	3,648	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	
			6.02	8.00	8.01	9.00	9.01	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	4,437	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,829	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	8,215	0	70.01
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	6,154	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	1,008	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	10,581	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	6,775	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	VACCINE CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	82,988	0	9,613	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	5,528	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	1,300	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	1,343	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	473	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,716	1,066,605	25,083	494,226	50,776	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	180	0	0	1,536	180	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	5,303	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	1,602	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	1,224	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	215	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	216	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	5,174	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	1,547	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	1,320	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	1,007	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	466	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	717,975	1,785,084	145,199	5,541,854	312,536	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.834881	1.673613	5.788741	10.785258	6.133448	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,747	155,527	9,536	199,246	2,464	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.399780	0.145815	0.380178	0.387762	0.048355	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: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTES)	CAFETERIA - SURREY (FTES)	NURSING ADMINISTRATIO N (NURSING FT ES)	
			10.00	10.01	11.00	11.01	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY	600,664					10.00
10.01	01001	DIETARY - SURREY	0	108,283				10.01
11.00	01100	CAFETERIA	339,137	0	146,430			11.00
11.01	01101	CAFETERIA - SURREY	0	4,028	0	9,054		11.01
13.00	01300	NURSING ADMINISTRATION	0	0	1,737	0	35,204	13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	0	0	0	322	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,715	0	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	348	0	16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	383	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	4,493	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 PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	25	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	489	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	221,605	0	38,900	0	19,370	30.00
31.00	03100	INTENSIVE CARE UNIT	15,071	0	3,995	0	2,608	31.00
32.00	03200	CORONARY CARE UNIT	14,628	0	4,520	0	3,178	32.00
43.00	04300	NURSERY	0	0	4,477	0	3,284	43.00
44.00	04400	SKILLED NURSING FACILITY	0	19,063	0	3,857	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	50,567	0	2,491	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	14,769	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	853	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	0	1,704	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	1,488	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,137	0	730	52.00
53.00	05300	ANESTHESIOLOGY	0	0	606	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	7,549	0	79	54.00
54.01	05401	TDOC RADIOLOGY	0	0	553	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	66	0	0	54.02
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	1,188	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	157	0	0	57.01
58.00	05800	MRI	0	0	441	0	0	58.00
58.01	05801	TDOC - MRI	0	0	177	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,366	0	1,800	59.00
60.00	06000	LABORATORY	0	0	7,545	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,953	0	382	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	191	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	2,983	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	5,890	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	1,653	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	190	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,247	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	233	0	0	68.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTES)	CAFETERIA - SURREY (FTES)	NURSING ADMINISTRATIO N (NURSING FT ES)	
			10.00	10.01	11.00	11.01	13.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	2,110	0	404	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	1,167	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	442	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	2,552	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,238	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	4,171	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	553	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	2,556	0	452	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	674	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	18	0	0	90.00
90.01	09001	VACCINE CLINIC	0	0	1,718	0	0	90.01
91.00	09100	EMERGENCY	0	0	5,919	0	2,917	91.00
91.01	09101	URGENT CARE CENTERS	0	0	581	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	118	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	590,441	73,658	140,454	9,054	35,204	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	3,697	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	14	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	1	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	312	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	10,223	3,366	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	342	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	38	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	393	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	893	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	31,259	196	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	90	0	0	194.17
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)	4,524,798	1,496,675	4,348,906	173,569	3,151,641	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.532993	13.821883	29.699556	19.170422	89.525082	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	605,430	31,940	887,844	37,703	99,888	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.007935	0.294968	6.063266	4.164237	2.837405	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: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			NURSING ADMINISTRATION - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHAR GES)	SOCIAL SERVICE (TOTAL DAYS)	
			13.01	14.00	16.00	16.01	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY	25,083					13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26,338,124				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1	1,571,416,217			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY	0	0	0	18,024,281		16.01
17.00	01700	SOCIAL SERVICE	0	0	0	0	63,641	17.00
17.01	01701	SOCIAL SERVICE - SURREY	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	937	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	0	0	0	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY EDUCATION	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,346,096	131,873,079	0	52,641	30.00
31.00	03100	INTENSIVE CARE UNIT	0	251,095	17,940,618	0	3,678	31.00
32.00	03200	CORONARY CARE UNIT	0	323,580	18,741,487	0	3,570	32.00
43.00	04300	NURSERY	0	358,465	7,793,839	0	3,752	43.00
44.00	04400	SKILLED NURSING FACILITY	14,036	54,926	0	5,715,410	0	44.00
46.00	04600	OTHER LONG TERM CARE	11,047	33,580	0	2,976,244	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	813,268	97,575,904	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	26,824	8,633,036	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	14,234	4,490,501	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	348,737	14,745,342	0	0	50.04
51.00	05100	RECOVERY ROOM	0	23,686	9,583,603	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	123,007	6,255,614	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	215,976	19,272,900	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	149,084	81,021,455	66,107	0	54.00
54.01	05401	TDOC RADIOLOGY	0	17,005	13,057,850	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	4,426	78,136,844	0	0	54.02
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	88,813	76,871,480	0	0	57.00
57.01	05701	TDOC CT SCAN	0	7,865	11,226,522	0	0	57.01
58.00	05800	MRI	0	18,841	14,360,222	0	0	58.00
58.01	05801	TDOC - MRI	0	7,041	11,429,518	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	206,424	59,311,455	0	0	59.00
60.00	06000	LABORATORY	0	3,288,979	181,477,390	790,520	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	333,659	196,279,432	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	10,531	738,660	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	77,707	14,946,844	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	19,837	0	65.01
66.00	06600	PHYSICAL THERAPY	0	23,130	21,007,204	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	265	0	5,345,311	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,684	1,991,217	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	319	4,171,701	0	0	67.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			NURSING ADMINISTRATIO N - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHAR GES)	SOCIAL SERVICE (TOTAL DAYS)	
			13.01	14.00	16.00	16.01	17.00	
68.00	06800	SPEECH PATHOLOGY	0	0	953,317	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,314	36,805,803	6,842	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	31,598	30,339,186	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,251	3,864,815	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	100,763	4,385,790	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,947,892	50,978,823	301,030	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	97,009,759	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	80,153	143,752,997	2,802,980	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	211	761,975	0	0	76.01
76.02	03952	CARDIAC REHAB	0	9,768	7,418,797	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	33,610	2,857,643	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,725	0	0	90.00
90.01	09001	VACCINE CLINIC	0	89,475	5,243,233	0	0	90.01
91.00	09100	EMERGENCY	0	428,649	53,573,833	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	145,869	30,485,083	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	8,908	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	119,614	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	98,164	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,083	26,318,516	1,571,375,404	18,024,281	63,641	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	16,318	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	1,934	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	11	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	0	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	10	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	1,335	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	40,813	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	461,579	5,599,920	6,269,696	191,338	152,892	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.402065	0.212617	0.003990	0.010616	2.402414	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,084	713,056	288,043	3,015	73,954	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.282422	0.027073	0.000183	0.000167	1.162050	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: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PROGRAM (ASSIGNED TIME)	
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)		
			17.01	19.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00591	NONPATIENT TELEPHONES						5.01
5.02	00590	OTHER ADMIN AND GENERAL						5.02
5.03	00592	NONPATIENT TELEPHONES						5.03
5.04	00540	ADMITTING						5.04
5.05	00593	ADMIN & GENERAL - SURREY						5.05
5.06	00594	ADMIN & GENERAL - HOSPITAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	PURCHASING						6.01
6.02	00602	MAINTENANCE & REPAIRS - SURREY						6.02
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
8.01	00801	LAUNDRY & LINEN SERVICE - SURREY						8.01
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING - SURREY						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY - SURREY						10.01
11.00	01100	CAFETERIA						11.00
11.01	01101	CAFETERIA - SURREY						11.01
13.00	01300	NURSING ADMINISTRATION						13.00
13.01	01301	NURSING ADMINISTRATION - SURREY						13.01
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY - SURREY						16.01
17.00	01700	SOCIAL SERVICE						17.00
17.01	01701	SOCIAL SERVICE - SURREY	25,083					17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		1,829			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			1,829		22.00
23.00	02300	PARAMED ED PROGRAM	0				0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0					23.01
23.02	02302	PHARMACY EDUCATION	0					23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,084	1,084	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	171	171	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	11	11	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	14,036	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	11,047	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	1	1	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	0	12	12	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	35	35	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	35	35	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	99	99	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	74	74	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PROGRAM (ASSIGNED TIME)	
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)		
			17.01	19.00	21.00	22.00	23.00	
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	71	71	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	44	44	0	70.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	44	44	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	79	79	0	90.00
90.01	09001	VACCINE CLINIC	0	0	65	65	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0					116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,083	0	1,825	1,825	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	0	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	0	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	0	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	0	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	0	0	0	194.05
194.06	07956	GUEST MEALS	0	0	0	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	4	4	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.08
194.09	07959	VACANT SPACE	0	0	0	0	0	194.09
194.10	07960	TV STORAGE	0	0	0	0	0	194.10
194.11	07961	MARKETING	0	0	0	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	0	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	0	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	0	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	0	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	0	0	0	194.16
194.17	07967	VALET SERVICES	0	0	0	0	0	194.17
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)	409,026	0	4,068,249	128,455	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.306901	0.000000	2,224.302351	70.232367	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,861	0	56,906	19,563	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.233664	0.000000	31.113177	3.033352	0.000000	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: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description		CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	PHARMACY EDUCATION (ASSIGNED TIME)	
		23.01	23.02	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP			2.01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00591 NONPATIENT TELEPHONES			5.01
5.02	00590 OTHER ADMIN AND GENERAL			5.02
5.03	00592 NONPATIENT TELEPHONES			5.03
5.04	00540 ADMITTING			5.04
5.05	00593 ADMIN & GENERAL - SURREY			5.05
5.06	00594 ADMIN & GENERAL - HOSPITAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
6.01	00601 PURCHASING			6.01
6.02	00602 MAINTENANCE & REPAIRS - SURREY			6.02
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
8.01	00801 LAUNDRY & LINEN SERVICE - SURREY			8.01
9.00	00900 HOUSEKEEPING			9.00
9.01	00901 HOUSEKEEPING - SURREY			9.01
10.00	01000 DIETARY			10.00
10.01	01001 DIETARY - SURREY			10.01
11.00	01100 CAFETERIA			11.00
11.01	01101 CAFETERIA - SURREY			11.01
13.00	01300 NURSING ADMINISTRATION			13.00
13.01	01301 NURSING ADMINISTRATION - SURREY			13.01
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
16.01	01601 MEDICAL RECORDS & LIBRARY - SURREY			16.01
17.00	01700 SOCIAL SERVICE			17.00
17.01	01701 SOCIAL SERVICE - SURREY			17.01
19.00	01900 NONPHYSICIAN ANESTHETISTS			19.00
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 PROGRAM			23.00
23.01	02301 CLINICAL PASTORAL EDUCATION	88,724		23.01
23.02	02302 PHARMACY EDUCATION		100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	52,641	0	30.00
31.00	03100 INTENSIVE CARE UNIT	3,678	0	31.00
32.00	03200 CORONARY CARE UNIT	3,570	0	32.00
43.00	04300 NURSERY	3,752	0	43.00
44.00	04400 SKILLED NURSING FACILITY	14,036	0	44.00
46.00	04600 OTHER LONG TERM CARE	11,047	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	03650 VASCULAR ACCESS CENTER	0	0	50.01
50.02	05001 PAIN MGMT - BRAIN & SPINE	0	0	50.02
50.03	05002 PAIN MGMT CENTER	0	0	50.03
50.04	03340 WOMENS DIAGNOSTIC SVCS/GI SVCS	0	0	50.04
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 TDOC RADIOLOGY	0	0	54.01
54.02	05402 CDI RADIOLOGY	0	0	54.02
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
57.01	05701 TDOC CT SCAN	0	0	57.01
58.00	05800 MRI	0	0	58.00
58.01	05801 TDOC - MRI	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
64.01	06401 BRAIN & SPINE INFUSION CENTER	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	06501 RESPIRATORY THERAPY - SURREY	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06601 PHYSICAL THERAPY - SURREY	0	0	66.01
66.02	06602 THERAPY SVCS - BRAIN & SPINE	0	0	66.02
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description			CLINICAL PASTORAL EDUCATION (TOTAL DAYS) 23.01	PHARMACY EDUCATION (ASSIGNED TIME) 23.02	
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	70.01
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	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	VACCINE CLINIC	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	88,724	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CTRS	0	0	194.00
194.01	07951	DEVELOPMENT	0	0	194.01
194.02	07952	COMMUNITY OUTREACH	0	0	194.02
194.03	07953	FOUNTAIN CAFE	0	0	194.03
194.04	07954	SLEEP RESEARCH	0	0	194.04
194.05	07955	MEALS ON WHEELS	0	0	194.05
194.06	07956	GUEST MEALS	0	0	194.06
194.07	07957	PHYSICIAN REFERRAL	0	0	194.07
194.08	07958	OTHER NONREIMBURSABLE COST CTRS	0	0	194.08
194.09	07959	VACANT SPACE	0	0	194.09
194.10	07960	TV STORAGE	0	0	194.10
194.11	07961	MARKETING	0	0	194.11
194.12	07962	CHILDBIRTH INSTRUCTION	0	0	194.12
194.13	07963	VOLUNTEERS	0	0	194.13
194.14	07964	RETAIL PHARMACY	0	0	194.14
194.15	07965	REHAB HOSPITAL COVERAGE	0	0	194.15
194.16	07966	EXECUTIVE HEALTH PROGRAM	0	0	194.16
194.17	07967	VALET SERVICES	0	0	194.17
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)	190,910	671,150	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.151729	6,711.500000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,598	22,306	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.874600	223.060000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/28/2022 1:34 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	Total Costs
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	60,358,938	60,358,938	577,736	60,936,674
31.00	03100	INTENSIVE CARE UNIT	6,833,057	6,833,057	37,424	6,870,481
32.00	03200	CORONARY CARE UNIT	7,912,720	7,912,720	2,475	7,915,195
43.00	04300	NURSERY	9,054,107	9,054,107	0	9,054,107
44.00	04400	SKILLED NURSING FACILITY	5,442,138	5,442,138	0	5,442,138
46.00	04600	OTHER LONG TERM CARE	3,669,817	3,669,817	0	3,669,817
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,142,812	39,142,812	13,154	39,155,966
50.01	03650	VASCULAR ACCESS CENTER	954,834	954,834	274,696	1,229,530
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,030,970	1,030,970	0	1,030,970
50.03	05002	PAIN MGMT CENTER	0	0	0	0
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	3,594,980	3,594,980	0	3,594,980
51.00	05100	RECOVERY ROOM	2,433,302	2,433,302	0	2,433,302
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,821,706	2,821,706	0	2,821,706
53.00	05300	ANESTHESIOLOGY	841,334	841,334	0	841,334
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,857,134	13,857,134	0	13,857,134
54.01	05401	TDOC RADIOLOGY	1,103,629	1,103,629	0	1,103,629
54.02	05402	CDI RADIOLOGY	13,636,322	13,636,322	0	13,636,322
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0
57.00	05700	CT SCAN	3,278,371	3,278,371	0	3,278,371
57.01	05701	TDOC CT SCAN	377,930	377,930	0	377,930
58.00	05800	MRI	1,093,700	1,093,700	0	1,093,700
58.01	05801	TDOC - MRI	491,831	491,831	0	491,831
59.00	05900	CARDIAC CATHETERIZATION	3,613,118	3,613,118	2,983	3,616,101
60.00	06000	LABORATORY	23,401,977	23,401,977	12,124	23,414,101
64.00	06400	INTRAVENOUS THERAPY	43,483,440	43,483,440	43,326	43,526,766
64.01	06401	BRAIN & SPINE INFUSION CENTER	298,401	298,401	0	298,401
65.00	06500	RESPIRATORY THERAPY	3,817,229	3,817,229	0	3,817,229
65.01	06501	RESPIRATORY THERAPY - SURREY	211	211	0	211
66.00	06600	PHYSICAL THERAPY	9,204,596	9,204,596	0	9,204,596
66.01	06601	PHYSICAL THERAPY - SURREY	1,814,311	1,814,311	0	1,814,311
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,008,137	1,008,137	0	1,008,137
67.00	06700	OCCUPATIONAL THERAPY	1,291,797	1,291,797	0	1,291,797
68.00	06800	SPEECH PATHOLOGY	312,031	312,031	0	312,031
69.00	06900	ELECTROCARDIOLOGY	3,501,188	3,501,188	0	3,501,188
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,914,496	1,914,496	0	1,914,496
70.00	07000	ELECTROENCEPHALOGRAPHY	627,423	627,423	0	627,423
70.01	07001	SLEEP MEDICINE CLINIC	3,502,714	3,502,714	1,050	3,503,764
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,034,484	24,034,484	0	24,034,484
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,977,122	38,977,122	0	38,977,122
73.00	07300	DRUGS CHARGED TO PATIENTS	23,977,056	23,977,056	0	23,977,056
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0
76.01	03951	NUTRITION/DIABETES EDUCATION	927,618	927,618	0	927,618
76.02	03952	CARDIAC REHAB	4,249,848	4,249,848	0	4,249,848
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,484,738	1,484,738	0	1,484,738
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,976	4,976	0	4,976
90.01	09001	VACCINE CLINIC	2,437,961	2,437,961	0	2,437,961
91.00	09100	EMERGENCY	9,326,320	9,326,320	334,955	9,661,275
91.01	09101	URGENT CARE CENTERS	10,018,011	10,018,011	0	10,018,011
91.02	04950	ADULT DOWN SYNDROME CENTER	216,250	216,250	0	216,250
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,964,454	4,964,454	0	4,964,454
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	6,989,852	6,989,852	0	6,989,852
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
116.00	11600	HOSPICE	3,371,909	3,371,909	0	3,371,909
200.00		Subtotal (see instructions)	406,701,300	406,701,300	1,299,923	408,001,223
201.00		Less Observation Beds	4,964,454	4,964,454	0	4,964,454
202.00		Total (see instructions)	401,736,846	401,736,846	1,299,923	403,036,769

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
1/28/2022 1:34 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	123,766,330		123,766,330		30.00
31.00	03100	INTENSIVE CARE UNIT	17,915,157		17,915,157		31.00
32.00	03200	CORONARY CARE UNIT	18,728,572		18,728,572		32.00
43.00	04300	NURSERY	7,793,839		7,793,839		43.00
44.00	04400	SKILLED NURSING FACILITY	5,715,410		5,715,410		44.00
46.00	04600	OTHER LONG TERM CARE	2,976,244		2,976,244		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,169,374	64,409,808	97,579,182	0.401139	0.000000
50.01	03650	VASCULAR ACCESS CENTER	6,411	8,626,625	8,633,036	0.110602	0.000000
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,844	4,486,657	4,490,501	0.229589	0.000000
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	3,182,385	11,633,277	14,815,662	0.242647	0.000000
51.00	05100	RECOVERY ROOM	2,776,687	6,806,916	9,583,603	0.253903	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,045,634	1,209,980	6,255,614	0.451068	0.000000
53.00	05300	ANESTHESIOLOGY	6,640,525	12,632,375	19,272,900	0.043654	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,590,162	66,497,400	81,087,562	0.170891	0.000000
54.01	05401	TDOC RADIOLOGY	59,805	12,998,045	13,057,850	0.084518	0.000000
54.02	05402	CDI RADIOLOGY	0	78,136,844	78,136,844	0.174518	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	23,101,348	53,770,132	76,871,480	0.042647	0.000000
57.01	05701	TDOC CT SCAN	49,975	11,176,547	11,226,522	0.033664	0.000000
58.00	05800	MRI	4,151,038	10,209,184	14,360,222	0.076162	0.000000
58.01	05801	TDOC - MRI	30,559	11,398,959	11,429,518	0.043032	0.000000
59.00	05900	CARDIAC CATHETERIZATION	18,688,383	40,623,072	59,311,455	0.060918	0.000000
60.00	06000	LABORATORY	75,038,577	107,229,333	182,267,910	0.128393	0.000000
64.00	06400	INTRAVENOUS THERAPY	3,465,134	192,814,298	196,279,432	0.221538	0.000000
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	738,660	738,660	0.403976	0.000000
65.00	06500	RESPIRATORY THERAPY	13,818,159	1,128,685	14,946,844	0.255387	0.000000
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0.000000	0.000000
66.00	06600	PHYSICAL THERAPY	5,111,290	15,895,914	21,007,204	0.438164	0.000000
66.01	06601	PHYSICAL THERAPY - SURREY	5,202,057	143,254	5,345,311	0.339421	0.000000
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,991,217	1,991,217	0.506292	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,328,864	842,837	4,171,701	0.309657	0.000000
68.00	06800	SPEECH PATHOLOGY	819,167	134,150	953,317	0.327311	0.000000
69.00	06900	ELECTROCARDIOLOGY	17,946,495	18,866,150	36,812,645	0.095108	0.000000
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	30,339,186	30,339,186	0.063103	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	523,866	3,340,949	3,864,815	0.162342	0.000000
70.01	07001	SLEEP MEDICINE CLINIC	9,212	4,376,578	4,385,790	0.798651	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,441,426	23,662,449	51,103,875	0.470306	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,767,948	54,166,491	96,934,439	0.402098	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	106,494,284	40,061,693	146,555,977	0.163603	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000
76.01	03951	NUTRITION/DIABETES EDUCATION	0	761,975	761,975	1.217386	0.000000
76.02	03952	CARDIAC REHAB	1,811,085	5,607,712	7,418,797	0.572849	0.000000
76.03	03950	HYPERBARIC OXYGEN THERAPY	6,509	2,851,134	2,857,643	0.519567	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,725	1,725	2.884638	0.000000
90.01	09001	VACCINE CLINIC	0	5,243,233	5,243,233	0.464973	0.000000
91.00	09100	EMERGENCY	20,638,962	32,930,871	53,569,833	0.174096	0.000000
91.01	09101	URGENT CARE CENTERS	10,611	30,474,472	30,485,083	0.328620	0.000000
91.02	04950	ADULT DOWN SYNDROME CENTER	0	8,908	8,908	24.275932	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,145,500	6,005,347	8,150,847	0.609072	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	6,730,976	6,730,976		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,007,248	4,007,248		116.00
200.00		Subtotal (see instructions)	614,970,828	984,971,266	1,599,942,094		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	614,970,828	984,971,266	1,599,942,094		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 1/28/2022 1:34 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
PPS					
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
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.401274		50.00
50.01	03650	VASCULAR ACCESS CENTER	0.142422		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.229589		50.02
50.03	05002	PAIN MGMT CENTER	0.000000		50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0.242647		50.04
51.00	05100	RECOVERY ROOM	0.253903		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451068		52.00
53.00	05300	ANESTHESIOLOGY	0.043654		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170891		54.00
54.01	05401	TDOC RADIOLOGY	0.084518		54.01
54.02	05402	CDI RADIOLOGY	0.174518		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.042647		57.00
57.01	05701	TDOC CT SCAN	0.033664		57.01
58.00	05800	MRI	0.076162		58.00
58.01	05801	TDOC - MRI	0.043032		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.060968		59.00
60.00	06000	LABORATORY	0.128460		60.00
64.00	06400	INTRAVENOUS THERAPY	0.221759		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.403976		64.01
65.00	06500	RESPIRATORY THERAPY	0.255387		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	0.438164		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.339421		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.506292		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.309657		67.00
68.00	06800	SPEECH PATHOLOGY	0.327311		68.00
69.00	06900	ELECTROCARDIOLOGY	0.095108		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.063103		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162342		70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.798890		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.470306		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402098		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.163603		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1.217386		76.01
76.02	03952	CARDIAC REHAB	0.572849		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.519567		76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.884638		90.00
90.01	09001	VACCINE CLINIC	0.464973		90.01
91.00	09100	EMERGENCY	0.180349		91.00
91.01	09101	URGENT CARE CENTERS	0.328620		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	24.275932		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.609072		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
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: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,358,938		60,358,938	577,736	60,936,674	30.00
31.00	03100	INTENSIVE CARE UNIT	6,833,057		6,833,057	37,424	6,870,481	31.00
32.00	03200	CORONARY CARE UNIT	7,912,720		7,912,720	2,475	7,915,195	32.00
43.00	04300	NURSERY	9,054,107		9,054,107	0	9,054,107	43.00
44.00	04400	SKILLED NURSING FACILITY	5,442,138		5,442,138	0	5,442,138	44.00
46.00	04600	OTHER LONG TERM CARE	3,669,817		3,669,817	0	3,669,817	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,142,812		39,142,812	13,154	39,155,966	50.00
50.01	03650	VASCULAR ACCESS CENTER	954,834		954,834	274,696	1,229,530	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	1,030,970		1,030,970	0	1,030,970	50.02
50.03	05002	PAIN MGMT CENTER	0		0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	3,594,980		3,594,980	0	3,594,980	50.04
51.00	05100	RECOVERY ROOM	2,433,302		2,433,302	0	2,433,302	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,821,706		2,821,706	0	2,821,706	52.00
53.00	05300	ANESTHESIOLOGY	841,334		841,334	0	841,334	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,857,134		13,857,134	0	13,857,134	54.00
54.01	05401	TDOC RADIOLOGY	1,103,629		1,103,629	0	1,103,629	54.01
54.02	05402	CDI RADIOLOGY	13,636,322		13,636,322	0	13,636,322	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	3,278,371		3,278,371	0	3,278,371	57.00
57.01	05701	TDOC CT SCAN	377,930		377,930	0	377,930	57.01
58.00	05800	MRI	1,093,700		1,093,700	0	1,093,700	58.00
58.01	05801	TDOC - MRI	491,831		491,831	0	491,831	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,613,118		3,613,118	2,983	3,616,101	59.00
60.00	06000	LABORATORY	23,401,977		23,401,977	12,124	23,414,101	60.00
64.00	06400	INTRAVENOUS THERAPY	43,483,440		43,483,440	43,326	43,526,766	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	298,401		298,401	0	298,401	64.01
65.00	06500	RESPIRATORY THERAPY	3,817,229	0	3,817,229	0	3,817,229	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	211	0	211	0	211	65.01
66.00	06600	PHYSICAL THERAPY	9,204,596	0	9,204,596	0	9,204,596	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	1,814,311	0	1,814,311	0	1,814,311	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,008,137	0	1,008,137	0	1,008,137	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,291,797	0	1,291,797	0	1,291,797	67.00
68.00	06800	SPEECH PATHOLOGY	312,031	0	312,031	0	312,031	68.00
69.00	06900	ELECTROCARDIOLOGY	3,501,188		3,501,188	0	3,501,188	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	1,914,496		1,914,496	0	1,914,496	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	627,423		627,423	0	627,423	70.00
70.01	07001	SLEEP MEDICINE CLINIC	3,502,714		3,502,714	1,050	3,503,764	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,034,484		24,034,484	0	24,034,484	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,977,122		38,977,122	0	38,977,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,977,056		23,977,056	0	23,977,056	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0		0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	927,618		927,618	0	927,618	76.01
76.02	03952	CARDIAC REHAB	4,249,848		4,249,848	0	4,249,848	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	1,484,738		1,484,738	0	1,484,738	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,976		4,976	0	4,976	90.00
90.01	09001	VACCINE CLINIC	2,437,961		2,437,961	0	2,437,961	90.01
91.00	09100	EMERGENCY	9,326,320		9,326,320	334,955	9,661,275	91.00
91.01	09101	URGENT CARE CENTERS	10,018,011		10,018,011	0	10,018,011	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	216,250		216,250	0	216,250	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,964,454		4,964,454	0	4,964,454	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,989,852		6,989,852		6,989,852	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,371,909		3,371,909		3,371,909	116.00
200.00		Subtotal(see instructions)	406,701,300	0	406,701,300	1,299,923	408,001,223	200.00
201.00		Less Observation Beds	4,964,454		4,964,454		4,964,454	201.00
202.00		Total (see instructions)	401,736,846	0	401,736,846	1,299,923	403,036,769	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	123,766,330		123,766,330		30.00
31.00	03100	INTENSIVE CARE UNIT	17,915,157		17,915,157		31.00
32.00	03200	CORONARY CARE UNIT	18,728,572		18,728,572		32.00
43.00	04300	NURSERY	7,793,839		7,793,839		43.00
44.00	04400	SKILLED NURSING FACILITY	5,715,410		5,715,410		44.00
46.00	04600	OTHER LONG TERM CARE	2,976,244		2,976,244		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,169,374	64,409,808	97,579,182	0.401139	0.000000
50.01	03650	VASCULAR ACCESS CENTER	6,411	8,626,625	8,633,036	0.110602	0.000000
50.02	05001	PAIN MGMT - BRAIN & SPINE	3,844	4,486,657	4,490,501	0.229589	0.000000
50.03	05002	PAIN MGMT CENTER	0	0	0	0.000000	0.000000
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	3,182,385	11,633,277	14,815,662	0.242647	0.000000
51.00	05100	RECOVERY ROOM	2,776,687	6,806,916	9,583,603	0.253903	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,045,634	1,209,980	6,255,614	0.451068	0.000000
53.00	05300	ANESTHESIOLOGY	6,640,525	12,632,375	19,272,900	0.043654	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,590,162	66,497,400	81,087,562	0.170891	0.000000
54.01	05401	TDOC RADIOLOGY	59,805	12,998,045	13,057,850	0.084518	0.000000
54.02	05402	CDI RADIOLOGY	0	78,136,844	78,136,844	0.174518	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	23,101,348	53,770,132	76,871,480	0.042647	0.000000
57.01	05701	TDOC CT SCAN	49,975	11,176,547	11,226,522	0.033664	0.000000
58.00	05800	MRI	4,151,038	10,209,184	14,360,222	0.076162	0.000000
58.01	05801	TDOC - MRI	30,559	11,398,959	11,429,518	0.043032	0.000000
59.00	05900	CARDIAC CATHETERIZATION	18,688,383	40,623,072	59,311,455	0.060918	0.000000
60.00	06000	LABORATORY	75,038,577	107,229,333	182,267,910	0.128393	0.000000
64.00	06400	INTRAVENOUS THERAPY	3,465,134	192,814,298	196,279,432	0.221538	0.000000
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	738,660	738,660	0.403976	0.000000
65.00	06500	RESPIRATORY THERAPY	13,818,159	1,128,685	14,946,844	0.255387	0.000000
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0.000000	0.000000
66.00	06600	PHYSICAL THERAPY	5,111,290	15,895,914	21,007,204	0.438164	0.000000
66.01	06601	PHYSICAL THERAPY - SURREY	5,202,057	143,254	5,345,311	0.339421	0.000000
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	1,991,217	1,991,217	0.506292	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,328,864	842,837	4,171,701	0.309657	0.000000
68.00	06800	SPEECH PATHOLOGY	819,167	134,150	953,317	0.327311	0.000000
69.00	06900	ELECTROCARDIOLOGY	17,946,495	18,866,150	36,812,645	0.095108	0.000000
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	30,339,186	30,339,186	0.063103	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	523,866	3,340,949	3,864,815	0.162342	0.000000
70.01	07001	SLEEP MEDICINE CLINIC	9,212	4,376,578	4,385,790	0.798651	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,441,426	23,662,449	51,103,875	0.470306	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,767,948	54,166,491	96,934,439	0.402098	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	106,494,284	40,061,693	146,555,977	0.163603	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0.000000	0.000000
76.01	03951	NUTRITION/DIABETES EDUCATION	0	761,975	761,975	1.217386	0.000000
76.02	03952	CARDIAC REHAB	1,811,085	5,607,712	7,418,797	0.572849	0.000000
76.03	03950	HYPERBARIC OXYGEN THERAPY	6,509	2,851,134	2,857,643	0.519567	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,725	1,725	2.884638	0.000000
90.01	09001	VACCINE CLINIC	0	5,243,233	5,243,233	0.464973	0.000000
91.00	09100	EMERGENCY	20,638,962	32,930,871	53,569,833	0.174096	0.000000
91.01	09101	URGENT CARE CENTERS	10,611	30,474,472	30,485,083	0.328620	0.000000
91.02	04950	ADULT DOWN SYNDROME CENTER	0	8,908	8,908	24.275932	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,145,500	6,005,347	8,150,847	0.609072	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	6,730,976	6,730,976		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,007,248	4,007,248		116.00
200.00		Subtotal (see instructions)	614,970,828	984,971,266	1,599,942,094		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	614,970,828	984,971,266	1,599,942,094		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet C Part I Date/Time Prepared: 1/28/2022 1:34 pm
				Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03650	VASCULAR ACCESS CENTER	0.000000			50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000			50.02
50.03	05002	PAIN MGMT CENTER	0.000000			50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0.000000			50.04
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	TDOC RADIOLOGY	0.000000			54.01
54.02	05402	CDI RADIOLOGY	0.000000			54.02
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
57.01	05701	TDOC CT SCAN	0.000000			57.01
58.00	05800	MRI	0.000000			58.00
58.01	05801	TDOC - MRI	0.000000			58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000			64.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000			66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000			66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.000000			70.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000			76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.000000			76.01
76.02	03952	CARDIAC REHAB	0.000000			76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000			76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	VACCINE CLINIC	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	URGENT CARE CENTERS	0.000000			91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
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: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
1/28/2022 1:34 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	6,385,675	0	6,385,675	57,310	111.42	30.00	
31.00	INTENSIVE CARE UNIT	480,702		480,702	3,678	130.70	31.00	
32.00	CORONARY CARE UNIT	648,505		648,505	3,570	181.65	32.00	
43.00	NURSERY	1,075,069		1,075,069	3,752	286.53	43.00	
44.00	SKILLED NURSING FACILITY	290,823		290,823	14,036	20.72	44.00	
200.00	Total (lines 30 through 199)	8,880,774		8,880,774	82,346		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	21,373	2,381,380					30.00
31.00	INTENSIVE CARE UNIT	2,758	360,471					31.00
32.00	CORONARY CARE UNIT	930	168,935					32.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	6,867	142,284					44.00
200.00	Total (lines 30 through 199)	31,928	3,053,070					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part II
Date/Time Prepared:
1/28/2022 1:34 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,050,806	97,579,182	0.031265	12,786,770	399,778	50.00
50.01	03650	VASCULAR ACCESS CENTER	338,388	8,633,036	0.039197	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	173,596	4,490,501	0.038658	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0.000000	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	476,077	14,815,662	0.032133	1,560,641	50,148	50.04
51.00	05100	RECOVERY ROOM	228,180	9,583,603	0.023809	1,160,094	27,621	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	578,256	6,255,614	0.092438	0	0	52.00
53.00	05300	ANESTHESIOLOGY	25,370	19,272,900	0.001316	2,577,879	3,392	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,037,556	81,087,562	0.025128	6,462,133	162,380	54.00
54.01	05401	TDOC RADIOLOGY	124,997	13,057,850	0.009573	0	0	54.01
54.02	05402	CDI RADIOLOGY	2,449,707	78,136,844	0.031351	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	201,550	76,871,480	0.002622	10,073,187	26,412	57.00
57.01	05701	TDOC CT SCAN	59,906	11,226,522	0.005336	0	0	57.01
58.00	05800	MRI	188,268	14,360,222	0.013110	1,562,392	20,483	58.00
58.01	05801	TDOC - MRI	100,576	11,429,518	0.008800	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	462,507	59,311,455	0.007798	7,908,079	61,667	59.00
60.00	06000	LABORATORY	1,143,843	182,267,910	0.006276	30,685,069	192,579	60.00
64.00	06400	INTRAVENOUS THERAPY	539,834	196,279,432	0.002750	3,412,800	9,385	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	51,096	738,660	0.069174	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	121,424	14,946,844	0.008124	6,397,735	51,975	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	3	0	0.000000	0	0	65.01
66.00	06600	PHYSICAL THERAPY	1,276,968	21,007,204	0.060787	1,554,681	94,504	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	40,114	5,345,311	0.007505	1,803,642	13,536	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	159,933	1,991,217	0.080319	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	18,134	4,171,701	0.004347	956,585	4,158	67.00
68.00	06800	SPEECH PATHOLOGY	7,090	953,317	0.007437	298,156	2,217	68.00
69.00	06900	ELECTROCARDIOLOGY	265,173	36,812,645	0.007203	8,018,484	57,757	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	213,267	30,339,186	0.007029	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	85,344	3,864,815	0.022082	273,267	6,034	70.00
70.01	07001	SLEEP MEDICINE CLINIC	736,027	4,385,790	0.167821	2,862	480	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	652,354	51,103,875	0.012765	10,813,806	138,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	355,351	96,934,439	0.003666	19,294,730	70,734	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	490,893	146,555,977	0.003350	40,560,881	135,879	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0.000000	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	52,691	761,975	0.069151	0	0	76.01
76.02	03952	CARDIAC REHAB	491,937	7,418,797	0.066310	935,433	62,029	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	300,698	2,857,643	0.105226	6,509	685	76.03
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	142	1,725	0.082319	0	0	90.00
90.01	09001	VACCINE CLINIC	31,622	5,243,233	0.006031	0	0	90.01
91.00	09100	EMERGENCY	559,680	53,569,833	0.010448	9,298,775	97,154	91.00
91.01	09101	URGENT CARE CENTERS	1,415,599	30,485,083	0.046436	10,536	489	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	56,686	8,908	6.363493	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	520,235	8,150,847	0.063826	1,473,484	94,047	92.00
200.00		Total (lines 50 through 199)	20,081,878	1,412,308,318		179,888,610	1,783,561	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0179		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 1/28/2022 1:34 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	113,269	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	7,914	0	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	0	7,682	0	32.00			
43.00	04300	NURSERY	0	0	0	8,073	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	0	30,202	0	44.00			
200.00		Total (lines 30 through 199)	0	0	0	167,140	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	113,269	57,310	1.98	21,373	30.00			
31.00	03100	INTENSIVE CARE UNIT		7,914	3,678	2.15	2,758	31.00			
32.00	03200	CORONARY CARE UNIT		7,682	3,570	2.15	930	32.00			
43.00	04300	NURSERY		8,073	3,752	2.15	0	43.00			
44.00	04400	SKILLED NURSING FACILITY		30,202	14,036	2.15	6,867	44.00			
200.00		Total (lines 30 through 199)		167,140	82,346		31,928	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	42,319							30.00	
31.00	03100	INTENSIVE CARE UNIT	5,930							31.00	
32.00	03200	CORONARY CARE UNIT	2,000							32.00	
43.00	04300	NURSERY	0							43.00	
44.00	04400	SKILLED NURSING FACILITY	14,764							44.00	
200.00		Total (lines 30 through 199)	65,013							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
1/28/2022 1:34 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	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	54.02
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
57.01	05701	TDOC CT SCAN	0	0	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	70.01
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	671,150	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	VACCINE CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	9,229	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	680,379	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0179		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 1/28/2022 1:34 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	97,579,182	0.000000	50.00		
50.01	03650	VASCULAR ACCESS CENTER		0	0	0	8,633,036	0.000000	50.01		
50.02	05001	PAIN MGMT - BRAIN & SPINE		0	0	0	4,490,501	0.000000	50.02		
50.03	05002	PAIN MGMT CENTER		0	0	0	0	0.000000	50.03		
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS		0	0	0	14,815,662	0.000000	50.04		
51.00	05100	RECOVERY ROOM		0	0	0	9,583,603	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	6,255,614	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY		0	0	0	19,272,900	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	81,087,562	0.000000	54.00		
54.01	05401	TDOC RADIOLOGY		0	0	0	13,057,850	0.000000	54.01		
54.02	05402	CDI RADIOLOGY		0	0	0	78,136,844	0.000000	54.02		
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00		
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00		
57.00	05700	CT SCAN		0	0	0	76,871,480	0.000000	57.00		
57.01	05701	TDOC CT SCAN		0	0	0	11,226,522	0.000000	57.01		
58.00	05800	MRI		0	0	0	14,360,222	0.000000	58.00		
58.01	05801	TDOC - MRI		0	0	0	11,429,518	0.000000	58.01		
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59,311,455	0.000000	59.00		
60.00	06000	LABORATORY		0	0	0	182,267,910	0.000000	60.00		
64.00	06400	INTRAVENOUS THERAPY		0	0	0	196,279,432	0.000000	64.00		
64.01	06401	BRAIN & SPINE INFUSION CENTER		0	0	0	738,660	0.000000	64.01		
65.00	06500	RESPIRATORY THERAPY		0	0	0	14,946,844	0.000000	65.00		
65.01	06501	RESPIRATORY THERAPY - SURREY		0	0	0	0	0.000000	65.01		
66.00	06600	PHYSICAL THERAPY		0	0	0	21,007,204	0.000000	66.00		
66.01	06601	PHYSICAL THERAPY - SURREY		0	0	0	5,345,311	0.000000	66.01		
66.02	06602	THERAPY SVCS - BRAIN & SPINE		0	0	0	1,991,217	0.000000	66.02		
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,171,701	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY		0	0	0	953,317	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY		0	0	0	36,812,645	0.000000	69.00		
69.01	06901	TDOC - ELECTROCARDIOLOGY		0	0	0	30,339,186	0.000000	69.01		
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	3,864,815	0.000000	70.00		
70.01	07001	SLEEP MEDICINE CLINIC		0	0	0	4,385,790	0.000000	70.01		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	51,103,875	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	96,934,439	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS		0	671,150	671,150	146,555,977	0.004579	73.00		
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00		
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00		
76.00	03020	NUTRITION/DIABETES EDUCATION		0	0	0	0	0.000000	76.00		
76.01	03951	NUTRITION/DIABETES EDUCATION		0	0	0	761,975	0.000000	76.01		
76.02	03952	CARDIAC REHAB		0	0	0	7,418,797	0.000000	76.02		
76.03	03950	HYPERBARIC OXYGEN THERAPY		0	0	0	2,857,643	0.000000	76.03		
OUTPATIENT SERVICE COST CENTERS											
90.00	09000	CLINIC		0	0	0	1,725	0.000000	90.00		
90.01	09001	VACCINE CLINIC		0	0	0	5,243,233	0.000000	90.01		
91.00	09100	EMERGENCY		0	0	0	53,569,833	0.000000	91.00		
91.01	09101	URGENT CARE CENTERS		0	0	0	30,485,083	0.000000	91.01		
91.02	04950	ADULT DOWN SYNDROME CENTER		0	0	0	8,908	0.000000	91.02		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	9,229	9,229	8,150,847	0.001132	92.00		
200.00	Total (lines 50 through 199)			0	680,379	680,379	1,412,308,318		200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part IV
Date/Time Prepared:
1/28/2022 1:34 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	12,786,770	0	19,795,771	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.000000	0	0	4,147,226	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.000000	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0.000000	1,560,641	0	3,802,263	0	50.04
51.00	05100	RECOVERY ROOM	0.000000	1,160,094	0	1,756,043	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,577,879	0	3,561,007	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,462,133	0	14,995,507	0	54.00
54.01	05401	TDOC RADIOLOGY	0.000000	0	0	4,033,376	0	54.01
54.02	05402	CDI RADIOLOGY	0.000000	0	0	12,390,526	0	54.02
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	10,073,187	0	17,471,511	0	57.00
57.01	05701	TDOC CT SCAN	0.000000	0	0	4,320,825	0	57.01
58.00	05800	MRI	0.000000	1,562,392	0	2,606,824	0	58.00
58.01	05801	TDOC - MRI	0.000000	0	0	3,170,185	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,908,079	0	15,540,292	0	59.00
60.00	06000	LABORATORY	0.000000	30,685,069	0	13,389,058	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	3,412,800	0	91,908,775	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.000000	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.000000	6,397,735	0	359,953	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	1,554,681	0	415,237	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.000000	1,803,642	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.000000	0	0	51,208	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	956,585	0	57,540	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	298,156	0	6,925	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,018,484	0	6,032,100	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.000000	0	0	11,687,195	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	273,267	0	866,253	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.000000	2,862	0	1,130,599	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	10,813,806	0	6,556,102	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	19,294,730	0	19,945,180	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004579	40,560,881	185,728	15,455,150	70,769	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0.000000	0	0	106,754	0	76.01
76.02	03952	CARDIAC REHAB	0.000000	935,433	0	2,379,549	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.000000	6,509	0	596,310	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	VACCINE CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	9,298,775	0	8,225,689	0	91.00
91.01	09101	URGENT CARE CENTERS	0.000000	10,536	0	2,391,789	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.001132	1,473,484	1,668	1,852,788	2,097	92.00
200.00		Total (lines 50 through 199)		179,888,610	187,396	291,005,510	72,866	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST					Provider CCN: 26-0179		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 1/28/2022 1:34 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	0.401139	19,795,771	0	0	7,940,856	50.00		
50.01	03650	VASCULAR ACCESS CENTER	0.110602	4,147,226	0	0	458,691	50.01		
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.229589	0	0	0	0	50.02		
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	50.03		
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0.242647	3,802,263	0	0	922,608	50.04		
51.00	05100	RECOVERY ROOM	0.253903	1,756,043	0	0	445,865	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451068	0	0	0	0	52.00		
53.00	05300	ANESTHESIOLOGY	0.043654	3,561,007	0	0	155,452	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170891	14,995,507	0	0	2,562,597	54.00		
54.01	05401	TDOC RADIOLOGY	0.084518	4,033,376	0	0	340,893	54.01		
54.02	05402	CDI RADIOLOGY	0.174518	12,390,526	0	0	2,162,370	54.02		
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	0.042647	17,471,511	0	0	745,108	57.00		
57.01	05701	TDOC CT SCAN	0.033664	4,320,825	0	0	145,456	57.01		
58.00	05800	MRI	0.076162	2,606,824	0	0	198,541	58.00		
58.01	05801	TDOC - MRI	0.043032	3,170,185	0	0	136,419	58.01		
59.00	05900	CARDIAC CATHETERIZATION	0.060918	15,540,292	15,446	0	946,684	59.00		
60.00	06000	LABORATORY	0.128393	13,389,058	0	0	1,719,061	60.00		
64.00	06400	INTRAVENOUS THERAPY	0.221538	91,908,775	0	116,357	20,361,286	64.00		
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.403976	0	0	0	0	64.01		
65.00	06500	RESPIRATORY THERAPY	0.255387	359,953	0	0	91,927	65.00		
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000	0	0	0	0	65.01		
66.00	06600	PHYSICAL THERAPY	0.438164	415,237	0	0	181,942	66.00		
66.01	06601	PHYSICAL THERAPY - SURREY	0.339421	0	0	0	0	66.01		
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.506292	51,208	0	0	25,926	66.02		
67.00	06700	OCCUPATIONAL THERAPY	0.309657	57,540	0	0	17,818	67.00		
68.00	06800	SPEECH PATHOLOGY	0.327311	6,925	0	0	2,267	68.00		
69.00	06900	ELECTROCARDIOLOGY	0.095108	6,032,100	0	0	573,701	69.00		
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.063103	11,687,195	0	0	737,497	69.01		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162342	866,253	0	0	140,629	70.00		
70.01	07001	SLEEP MEDICINE CLINIC	0.798651	1,130,599	0	0	902,954	70.01		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.470306	6,556,102	0	0	3,083,374	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402098	19,945,180	0	0	8,019,917	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.163603	15,455,150	0	17,891	2,528,509	73.00		
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00		
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00		
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	76.00		
76.01	03951	NUTRITION/DIABETES EDUCATION	1.217386	106,754	0	0	129,961	76.01		
76.02	03952	CARDIAC REHAB	0.572849	2,379,549	0	0	1,363,122	76.02		
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.519567	596,310	0	0	309,823	76.03		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	2.884638	0	0	0	0	90.00		
90.01	09001	VACCINE CLINIC	0.464973	0	0	0	0	90.01		
91.00	09100	EMERGENCY	0.174096	8,225,689	0	0	1,432,060	91.00		
91.01	09101	URGENT CARE CENTERS	0.328620	2,391,789	0	0	785,990	91.01		
91.02	04950	ADULT DOWN SYNDROME CENTER	24.275932	0	0	0	0	91.02		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.609072	1,852,788	0	0	1,128,481	92.00		
200.00		Subtotal (see instructions)		291,005,510	15,446	134,248	60,697,785	200.00		
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00		
202.00		Net Charges (line 200 - line 201)		291,005,510	15,446	134,248	60,697,785	202.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0179		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part V Date/Time Prepared: 1/28/2022 1:34 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0					50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0					50.02
50.03	05002	PAIN MGMT CENTER	0	0					50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	0					50.04
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	05401	TDOC RADIOLOGY	0	0					54.01
54.02	05402	CDI RADIOLOGY	0	0					54.02
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
57.01	05701	TDOC CT SCAN	0	0					57.01
58.00	05800	MRI	0	0					58.00
58.01	05801	TDOC - MRI	0	0					58.01
59.00	05900	CARDIAC CATHETERIZATION	941	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	25,777					64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0					64.01
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0					65.01
66.00	06600	PHYSICAL THERAPY	0	0					66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0					66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0					66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0					69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0					70.01
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	2,927					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0					76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0					76.01
76.02	03952	CARDIAC REHAB	0	0					76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0					76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
90.01	09001	VACCINE CLINIC	0	0					90.01
91.00	09100	EMERGENCY	0	0					91.00
91.01	09101	URGENT CARE CENTERS	0	0					91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0					91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	941	28,704					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	941	28,704					202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 1/28/2022 1:34 pm	
				Title XVIII		Skilled Nursing Facility		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	50.00
50.01	03650	VASCULAR ACCESS CENTER	0	0	0	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0	0	0	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0	0	0	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0	0	0	0	0	0	57.01
58.00	05800	MRI	0	0	0	0	0	0	58.00
58.01	05801	TDOC - MRI	0	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	671,150	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0	0	0	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	VACCINE CLINIC	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0	0	0	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	0	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	671,150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179 Component CCN: 26-5414		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 1/28/2022 1:34 pm	
				Title XVIII		Skilled Nursing Facility		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	97,579,182	0.000000	50.00
50.01	03650	VASCULAR ACCESS CENTER		0	0	0	8,633,036	0.000000	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE		0	0	0	4,490,501	0.000000	50.02
50.03	05002	PAIN MGMT CENTER		0	0	0	0	0.000000	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS		0	0	0	14,815,662	0.000000	50.04
51.00	05100	RECOVERY ROOM		0	0	0	9,583,603	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	6,255,614	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	19,272,900	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	81,087,562	0.000000	54.00
54.01	05401	TDOC RADIOLOGY		0	0	0	13,057,850	0.000000	54.01
54.02	05402	CDI RADIOLOGY		0	0	0	78,136,844	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	76,871,480	0.000000	57.00
57.01	05701	TDOC CT SCAN		0	0	0	11,226,522	0.000000	57.01
58.00	05800	MRI		0	0	0	14,360,222	0.000000	58.00
58.01	05801	TDOC - MRI		0	0	0	11,429,518	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59,311,455	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	182,267,910	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	196,279,432	0.000000	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER		0	0	0	738,660	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	14,946,844	0.000000	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY		0	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	21,007,204	0.000000	66.00
66.01	06601	PHYSICAL THERAPY - SURREY		0	0	0	5,345,311	0.000000	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE		0	0	0	1,991,217	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	4,171,701	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	953,317	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	36,812,645	0.000000	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY		0	0	0	30,339,186	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	3,864,815	0.000000	70.00
70.01	07001	SLEEP MEDICINE CLINIC		0	0	0	4,385,790	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	51,103,875	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	96,934,439	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	671,150	671,150	146,555,977	0.004579	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION		0	0	0	0	0.000000	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION		0	0	0	761,975	0.000000	76.01
76.02	03952	CARDIAC REHAB		0	0	0	7,418,797	0.000000	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY		0	0	0	2,857,643	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	1,725	0.000000	90.00
90.01	09001	VACCINE CLINIC		0	0	0	5,243,233	0.000000	90.01
91.00	09100	EMERGENCY		0	0	0	53,569,833	0.000000	91.00
91.01	09101	URGENT CARE CENTERS		0	0	0	30,485,083	0.000000	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER		0	0	0	8,908	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	8,150,847	0.000000	92.00
200.00		Total (lines 50 through 199)		0	671,150	671,150	1,412,308,318		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part IV Date/Time Prepared: 1/28/2022 1:34 pm
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	6,495	0	0	0 50.00
50.01	03650 VASCULAR ACCESS CENTER	0.000000	0	0	0	0 50.01
50.02	05001 PAIN MGMT - BRAIN & SPINE	0.000000	0	0	0	0 50.02
50.03	05002 PAIN MGMT CENTER	0.000000	0	0	0	0 50.03
50.04	03340 WOMENS DIAGNOSTIC SVCS/GI SVCS	0.000000	0	0	0	0 50.04
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	29,685	0	0	0 54.00
54.01	05401 TDOC RADIOLOGY	0.000000	0	0	0	0 54.01
54.02	05402 CDI RADIOLOGY	0.000000	0	0	0	0 54.02
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	0	0	0	0 57.00
57.01	05701 TDOC CT SCAN	0.000000	0	0	0	0 57.01
58.00	05800 MRI	0.000000	0	0	0	0 58.00
58.01	05801 TDOC - MRI	0.000000	0	0	0	0 58.01
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000 LABORATORY	0.000000	380,234	0	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	5,168	0	0	0 64.00
64.01	06401 BRAIN & SPINE INFUSION CENTER	0.000000	0	0	0	0 64.01
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0 65.00
65.01	06501 RESPIRATORY THERAPY - SURREY	0.000000	0	0	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.000000	950,577	0	0	0 66.00
66.01	06601 PHYSICAL THERAPY - SURREY	0.000000	1,187,848	0	0	0 66.01
66.02	06602 THERAPY SVCS - BRAIN & SPINE	0.000000	0	0	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	729,627	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	113,422	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,989	0	0	0 69.00
69.01	06901 TDOC - ELECTROCARDIOLOGY	0.000000	0	0	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
70.01	07001 SLEEP MEDICINE CLINIC	0.000000	0	0	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	156,598	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004579	1,224,722	5,608	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00	03020 NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0 76.00
76.01	03951 NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0 76.01
76.02	03952 CARDIAC REHAB	0.000000	0	0	0	0 76.02
76.03	03950 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 VACCINE CLINIC	0.000000	0	0	0	0 90.01
91.00	09100 EMERGENCY	0.000000	0	0	0	0 91.00
91.01	09101 URGENT CARE CENTERS	0.000000	0	0	0	0 91.01
91.02	04950 ADULT DOWN SYNDROME CENTER	0.000000	0	0	0	0 91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0 92.00
200.00	Total (lines 50 through 199)		4,787,365	5,608	0	0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
1/28/2022 1:34 pm

			Title XIX		Hospital		1/20/2022 1:34 pm Cost		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.401139	0	206,980	0	0	0	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.110602	0	237,186	0	0	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.229589	0	0	0	0	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0	0	0	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0.242647	0	18,549	0	0	0	50.04
51.00	05100	RECOVERY ROOM	0.253903	0	25,324	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451068	0	10,791	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043654	0	44,845	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170891	0	238,561	0	0	0	54.00
54.01	05401	TDOC RADIOLOGY	0.084518	0	9,745	0	0	0	54.01
54.02	05402	CDI RADIOLOGY	0.174518	0	379,669	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.042647	0	377,668	0	0	0	57.00
57.01	05701	TDOC CT SCAN	0.033664	0	64,233	0	0	0	57.01
58.00	05800	MRI	0.076162	0	41,754	0	0	0	58.00
58.01	05801	TDOC - MRI	0.043032	0	25,055	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.060918	0	163,545	0	0	0	59.00
60.00	06000	LABORATORY	0.128393	0	535,981	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.221538	0	1,684,047	0	0	0	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.403976	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.255387	0	5,583	0	0	0	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.438164	0	9,004	0	0	0	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.339421	0	0	0	0	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.506292	0	2,116	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.309657	0	1,262	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.327311	0	418	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095108	0	66,349	0	0	0	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.063103	0	51,300	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162342	0	11,112	0	0	0	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.798651	0	40,946	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.470306	0	95,931	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402098	0	256,856	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.163603	0	100,187	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0	0	0	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1.217386	0	725	0	0	0	76.01
76.02	03952	CARDIAC REHAB	0.572849	0	4,138	0	0	0	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.519567	0	9,866	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2.884638	0	0	0	0	0	90.00
90.01	09001	VACCINE CLINIC	0.464973	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.174096	0	307,905	0	0	0	91.00
91.01	09101	URGENT CARE CENTERS	0.328620	0	259,873	0	0	0	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	24.275932	0	1,464	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.609072	0	16,549	0	0	0	92.00
200.00		Subtotal (see instructions)		0	5,305,517	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	5,305,517	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
1/28/2022 1:34 pm

			Title XIX		Hospital	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	83,028	0		50.00
50.01	03650	VASCULAR ACCESS CENTER	26,233	0		50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0	0		50.02
50.03	05002	PAIN MGMT CENTER	0	0		50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	4,501	0		50.04
51.00	05100	RECOVERY ROOM	6,430	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,867	0		52.00
53.00	05300	ANESTHESIOLOGY	1,958	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,768	0		54.00
54.01	05401	TDOC RADIOLOGY	824	0		54.01
54.02	05402	CDI RADIOLOGY	66,259	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	16,106	0		57.00
57.01	05701	TDOC CT SCAN	2,162	0		57.01
58.00	05800	MRI	3,180	0		58.00
58.01	05801	TDOC - MRI	1,078	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	9,963	0		59.00
60.00	06000	LABORATORY	68,816	0		60.00
64.00	06400	INTRAVENOUS THERAPY	373,080	0		64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0	0		64.01
65.00	06500	RESPIRATORY THERAPY	1,426	0		65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0	0		65.01
66.00	06600	PHYSICAL THERAPY	3,945	0		66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0	0		66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	1,071	0		66.02
67.00	06700	OCCUPATIONAL THERAPY	391	0		67.00
68.00	06800	SPEECH PATHOLOGY	137	0		68.00
69.00	06900	ELECTROCARDIOLOGY	6,310	0		69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	3,237	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,804	0		70.00
70.01	07001	SLEEP MEDICINE CLINIC	32,702	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,117	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,281	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,391	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0	0		76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	883	0		76.01
76.02	03952	CARDIAC REHAB	2,370	0		76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	5,126	0		76.03
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	VACCINE CLINIC	0	0		90.01
91.00	09100	EMERGENCY	53,605	0		91.00
91.01	09101	URGENT CARE CENTERS	85,399	0		91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	35,540	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	10,080	0		92.00
200.00		Subtotal (see instructions)	1,118,068	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	1,118,068	0		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
1/28/2022 1:34 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)	57,310	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	57,310	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)	52,641	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)	21,373	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)	60,936,674	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)	60,936,674	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)	60,936,674	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)	1,063.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	22,725,483	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)	22,725,483	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
1/28/2022 1:34 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)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,870,481	3,678	1,867.99	2,758	5,151,916	43.00
44.00	CORONARY CARE UNIT	7,915,195	3,570	2,217.14	930	2,061,940	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)					39,478,050	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					69,417,389	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)					2,961,035	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,970,957	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,931,992	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					64,485,397	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)					4,669	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,063.28	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,964,454	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0179		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 1/28/2022 1:34 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	6,385,675	60,936,674	0.104792	4,964,454	520,235		90.00		
91.00	Nursing Program cost	0	60,936,674	0.000000	4,964,454	0		91.00		
92.00	Allied health cost	113,269	60,936,674	0.001859	4,964,454	9,229		92.00		
93.00	All other Medical Education	0	60,936,674	0.000000	4,964,454	0		93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 1/28/2022 1:34 pm
		Title XVIII	Skilled Nursing Facility	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)		14,036	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,036	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)		14,036	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)		6,867	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)		5,442,138	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)		5,442,138	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)		5,442,138	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 1/28/2022 1:34 pm
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						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						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					5,442,138	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					387.73	71.00
72.00 Program routine service cost (line 9 x line 71)					2,662,542	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					2,662,542	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					2,662,542	83.00
84.00 Program inpatient ancillary services (see instructions)					1,414,719	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					4,077,261	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: 26-0179 Component CCN: 26-5414		Period: From 07/01/2020 To 06/30/2021		Worksheet D-1 Date/Time Prepared: 1/28/2022 1:34 pm	
				Title XVIII		Skilled Nursing Facility		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)	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost			0	0	0.000000	0	0	90.00
91.00	Nursing Program cost			0	0	0.000000	0	0	91.00
92.00	Allied health cost			0	0	0.000000	0	0	92.00
93.00	All other Medical Education			0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 1/28/2022 1:34 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		47,751,470	30.00
31.00	03100	INTENSIVE CARE UNIT		7,235,985	31.00
32.00	03200	CORONARY CARE UNIT		5,571,662	32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.401274	12,786,770	5,130,998 50.00
50.01	03650	VASCULAR ACCESS CENTER	0.142422	0	0 50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.229589	0	0 50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	0 50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0.242647	1,560,641	378,685 50.04
51.00	05100	RECOVERY ROOM	0.253903	1,160,094	294,551 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451068	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.043654	2,577,879	112,535 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170891	6,462,133	1,104,320 54.00
54.01	05401	TDOC RADIOLOGY	0.084518	0	0 54.01
54.02	05402	CDI RADIOLOGY	0.174518	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.042647	10,073,187	429,591 57.00
57.01	05701	TDOC CT SCAN	0.033664	0	0 57.01
58.00	05800	MRI	0.076162	1,562,392	118,995 58.00
58.01	05801	TDOC - MRI	0.043032	0	0 58.01
59.00	05900	CARDIAC CATHETERIZATION	0.060968	7,908,079	482,140 59.00
60.00	06000	LABORATORY	0.128460	30,685,069	3,941,804 60.00
64.00	06400	INTRAVENOUS THERAPY	0.221759	3,412,800	756,819 64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.403976	0	0 64.01
65.00	06500	RESPIRATORY THERAPY	0.255387	6,397,735	1,633,898 65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.438164	1,554,681	681,205 66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.339421	1,803,642	612,194 66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.506292	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.309657	956,585	296,213 67.00
68.00	06800	SPEECH PATHOLOGY	0.327311	298,156	97,590 68.00
69.00	06900	ELECTROCARDIOLOGY	0.095108	8,018,484	762,622 69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.063103	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162342	273,267	44,363 70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.798890	2,862	2,286 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.470306	10,813,806	5,085,798 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402098	19,294,730	7,758,372 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.163603	40,560,881	6,635,882 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	0 76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1.217386	0	0 76.01
76.02	03952	CARDIAC REHAB	0.572849	935,433	535,862 76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.519567	6,509	3,382 76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.884638	0	0 90.00
90.01	09001	VACCINE CLINIC	0.464973	0	0 90.01
91.00	09100	EMERGENCY	0.180349	9,298,775	1,677,025 91.00
91.01	09101	URGENT CARE CENTERS	0.328620	10,536	3,462 91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	24.275932	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.609072	1,473,484	897,458 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		179,888,610	39,478,050 200.00
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)		179,888,610	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3	
		Component CCN: 26-5414		Date/Time Prepared: 1/28/2022 1:34 pm	
		Title XVIII	Skilled Nursing Facility	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
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.401274	6,495	2,606	50.00
50.01	03650 VASCULAR ACCESS CENTER	0.142422	0	0	50.01
50.02	05001 PAIN MGMT - BRAIN & SPINE	0.229589	0	0	50.02
50.03	05002 PAIN MGMT CENTER	0.000000	0	0	50.03
50.04	03340 WOMENS DIAGNOSTIC SVCS/GI SVCS	0.242647	0	0	50.04
51.00	05100 RECOVERY ROOM	0.253903	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.451068	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.043654	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.170891	29,685	5,073	54.00
54.01	05401 TDOC RADIOLOGY	0.084518	0	0	54.01
54.02	05402 CDI RADIOLOGY	0.174518	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.042647	0	0	57.00
57.01	05701 TDOC CT SCAN	0.033664	0	0	57.01
58.00	05800 MRI	0.076162	0	0	58.00
58.01	05801 TDOC - MRI	0.043032	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.060968	0	0	59.00
60.00	06000 LABORATORY	0.128460	380,234	48,845	60.00
64.00	06400 INTRAVENOUS THERAPY	0.221759	5,168	1,146	64.00
64.01	06401 BRAIN & SPINE INFUSION CENTER	0.403976	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	0.255387	0	0	65.00
65.01	06501 RESPIRATORY THERAPY - SURREY	0.000000	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.438164	950,577	416,509	66.00
66.01	06601 PHYSICAL THERAPY - SURREY	0.339421	1,187,848	403,181	66.01
66.02	06602 THERAPY SVCS - BRAIN & SPINE	0.506292	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.309657	729,627	225,934	67.00
68.00	06800 SPEECH PATHOLOGY	0.327311	113,422	37,124	68.00
69.00	06900 ELECTROCARDIOLOGY	0.095108	2,989	284	69.00
69.01	06901 TDOC - ELECTROCARDIOLOGY	0.063103	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162342	0	0	70.00
70.01	07001 SLEEP MEDICINE CLINIC	0.798890	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.470306	156,598	73,649	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.402098	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.163603	1,224,722	200,368	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 NUTRITION/DIABETES EDUCATION	0.000000	0	0	76.00
76.01	03951 NUTRITION/DIABETES EDUCATION	1.217386	0	0	76.01
76.02	03952 CARDIAC REHAB	0.572849	0	0	76.02
76.03	03950 HYPERBARIC OXYGEN THERAPY	0.519567	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.884638	0	0	90.00
90.01	09001 VACCINE CLINIC	0.464973	0	0	90.01
91.00	09100 EMERGENCY	0.180349	0	0	91.00
91.01	09101 URGENT CARE CENTERS	0.328620	0	0	91.01
91.02	04950 ADULT DOWN SYNDROME CENTER	24.275932	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.609072	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,787,365	1,414,719	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)		4,787,365		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 1/28/2022 1:34 pm
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,100,458	30.00
31.00	03100	INTENSIVE CARE UNIT		644,493	31.00
32.00	03200	CORONARY CARE UNIT		380,510	32.00
43.00	04300	NURSERY		201,706	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.401139	292,137	50.00
50.01	03650	VASCULAR ACCESS CENTER	0.110602	0	50.01
50.02	05001	PAIN MGMT - BRAIN & SPINE	0.229589	0	50.02
50.03	05002	PAIN MGMT CENTER	0.000000	0	50.03
50.04	03340	WOMENS DIAGNOSTIC SVCS/GI SVCS	0.242647	14,555	50.04
51.00	05100	RECOVERY ROOM	0.253903	17,929	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.451068	16,706	52.00
53.00	05300	ANESTHESIOLOGY	0.043654	70,911	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170891	184,983	54.00
54.01	05401	TDOC RADIOLOGY	0.084518	0	54.01
54.02	05402	CDI RADIOLOGY	0.174518	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.042647	294,702	57.00
57.01	05701	TDOC CT SCAN	0.033664	0	57.01
58.00	05800	MRI	0.076162	75,859	58.00
58.01	05801	TDOC - MRI	0.043032	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.060918	117,329	59.00
60.00	06000	LABORATORY	0.128393	1,390,119	60.00
64.00	06400	INTRAVENOUS THERAPY	0.221538	35,781	64.00
64.01	06401	BRAIN & SPINE INFUSION CENTER	0.403976	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.255387	357,982	65.00
65.01	06501	RESPIRATORY THERAPY - SURREY	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0.438164	60,516	66.00
66.01	06601	PHYSICAL THERAPY - SURREY	0.339421	0	66.01
66.02	06602	THERAPY SVCS - BRAIN & SPINE	0.506292	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.309657	32,439	67.00
68.00	06800	SPEECH PATHOLOGY	0.327311	10,012	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095108	251,390	69.00
69.01	06901	TDOC - ELECTROCARDIOLOGY	0.063103	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162342	13,623	70.00
70.01	07001	SLEEP MEDICINE CLINIC	0.798651	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.470306	288,648	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.402098	221,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.163603	2,338,409	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	NUTRITION/DIABETES EDUCATION	0.000000	0	76.00
76.01	03951	NUTRITION/DIABETES EDUCATION	1.217386	0	76.01
76.02	03952	CARDIAC REHAB	0.572849	17,884	76.02
76.03	03950	HYPERBARIC OXYGEN THERAPY	0.519567	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.884638	0	90.00
90.01	09001	VACCINE CLINIC	0.464973	0	90.01
91.00	09100	EMERGENCY	0.174096	263,486	91.00
91.01	09101	URGENT CARE CENTERS	0.328620	75	91.01
91.02	04950	ADULT DOWN SYNDROME CENTER	24.275932	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.609072	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		6,367,445	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)		6,367,445	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 1/28/2022 1:34 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)		13,409,235	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		39,064,633	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)		439,136	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,631,904	2.04
3.00	Managed Care Simulated Payments		33,008,972	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		377.21	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)		40.04	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)		2.23	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).		2.00	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)		39.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		39.62	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)		39.62	12.00
13.00	Total allowable FTE count for the prior year.		39.68	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.		38.71	14.00
15.00	Sum of lines 12 through 14 divided by 3.		39.34	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		39.34	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.104292	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.105579	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.104292	21.00
22.00	IME payment adjustment (see instructions)		2,904,166	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,826,882	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.19	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,904,166	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,826,882	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.95	30.00
31.00	Percentage of Medicaid patient days (see instructions)		3.64	31.00
32.00	Sum of lines 30 and 31		4.59	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 1/28/2022 1:34 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	57,449,074			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			59,275,956	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			4,487,260	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).			1,825,001	52.00
53.00	Nursing and Allied Health Managed Care payment			80,521	53.00
54.00	Special add-on payments for new technologies			868,593	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			50,249	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			187,396	58.00
59.00	Total (sum of amounts on lines 49 through 58)			66,774,976	59.00
60.00	Primary payer payments			107,538	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			66,667,438	61.00
62.00	Deductibles billed to program beneficiaries			4,992,224	62.00
63.00	Coinsurance billed to program beneficiaries			194,023	63.00
64.00	Allowable bad debts (see instructions)			334,450	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			217,393	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			305,193	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			61,698,584	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)				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)			276,418	70.93
70.94	HRR adjustment amount (see instructions)			-212,988	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 1/28/2022 1:34 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		61,762,014	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		61,905,610	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)		-143,596	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		887,795	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/28/2022 1:34 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	13,409,235	0	13,409,235		13,409,235
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39,064,633	0		39,064,633	39,064,633
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	439,136	0	439,136		439,136
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,631,904	0		1,631,904	1,631,904
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	33,008,972	0	7,224,962	25,784,010	33,008,972
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.104292	0.104292	0.104292	0.104292	
6.00	IME payment adjustment (see instructions)	22.00	2,904,166	0	742,134	2,162,032	2,904,166
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,826,882	0	399,866	1,427,016	1,826,882
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,904,166	0	742,134	2,162,032	2,904,166
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,826,882	0	399,866	1,427,016	1,826,882
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0
11.01	Uncompensated care payments	36.00	0	0	0	0	0
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	57,449,074	0	14,590,505	42,858,569	57,449,074
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	59,275,956	0	14,990,371	44,285,585	59,275,956

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/28/2022 1:34 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
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,487,260	0	1,164,290	3,322,970	4,487,260
17.00	Special add-on payments for new technologies	54.00	868,593	0	0	868,593	868,593
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	16,154,661	48,477,148	64,631,809
		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	4,020,847	0	1,050,901	2,969,946	4,020,847
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	150,374	0	30,789	119,585	150,374
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.00693	0.00693	0.00693	0.00693	
23.00	Indirect medical education adjustment (see instructions)	6.00	278,645	0	72,827	205,818	278,645
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0093	0.0093	0.0093	0.0093	
25.00	Disproportionate share adjustment (see instructions)	11.00	37,394	0	9,773	27,621	37,394
26.00	Total prospective capital payments (see instructions)	12.00	4,487,260	0	1,164,290	3,322,970	4,487,260
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/28/2022 1:34 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	13,409,235	13,409,235		13,409,235	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	39,064,633		39,064,633	39,064,633	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	439,136	439,136		439,136	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,631,904		1,631,904	1,631,904	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	33,008,972	7,224,962	25,784,011	33,008,973	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.104292	0.104292	0.104292		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,904,166	742,134	2,162,032	2,904,166	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,826,882	399,866	1,427,016	1,826,882	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,904,166	742,134	2,162,032	2,904,166	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,826,882	399,866	1,427,016	1,826,882	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	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	57,449,074	14,590,505	42,858,569	57,449,074	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	59,275,956	14,990,371	44,285,585	59,275,956	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,487,260	1,164,290	3,322,970	4,487,260	16.00
17.00	Special add-on payments for new technologies	54.00	868,593	0	868,593	868,593	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			16,154,661	48,477,148	64,631,809	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/28/2022 1:34 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	4,020,847	1,050,901	2,969,946	4,020,847	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	150,374	30,789	119,585	150,374	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	0.0693	0.0693	0.0693		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	278,645	72,827	205,818	278,645	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0093	0.0093	0.0093		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	37,394	9,773	27,621	37,394	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,487,260	1,164,290	3,322,970	4,487,260	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	276,418	114,382	162,036	276,418	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	-212,988	-1,341	-211,647	-212,988	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 1/28/2022 1:34 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,645	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		60,624,919	2.00
3.00	OPPS payments		62,858,675	3.00
4.00	Outlier payment (see instructions)		13,581	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		72,866	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		29,645	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		149,694	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)		149,694	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)		149,694	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		120,049	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)		29,645	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)		62,945,122	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		3,099	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		10,029,901	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)		52,941,767	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,458,438	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)		54,400,205	30.00
31.00	Primary payer payments		64,458	31.00
32.00	Subtotal (line 30 minus line 31)		54,335,747	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)		135,280	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		87,932	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		104,889	36.00
37.00	Subtotal (see instructions)		54,423,679	37.00
38.00	MSP-LCC reconciliation amount from PS&R		7,691	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		3,250	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		54,415,988	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		54,257,599	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		158,389	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
1/28/2022 1:34 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		59,426,471		52,794,235	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	06/30/2021	38,600		0	3.01
3.02		06/30/2021	2,440,539	06/30/2021	1,463,364	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)		2,479,139		1,463,364	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)		61,905,610		54,257,599	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		158,389	6.01
6.02	SETTLEMENT TO PROGRAM		143,596		0	6.02
7.00	Total Medicare program liability (see instructions)		61,762,014		54,415,988	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: 26-0179 Component CCN: 26-5414		Period: From 07/01/2020 To 06/30/2021		Worksheet E-1 Part I Date/Time Prepared: 1/28/2022 1:34 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,391,204			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	06/30/2021	38,600			0	3.01
3.02		06/30/2021	22,135			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)		60,735			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)		3,451,939			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0			0	6.01
6.02	SETTLEMENT TO PROGRAM		29,302			0	6.02
7.00	Total Medicare program liability (see instructions)		3,422,637			0	7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet E-1 Part II Date/Time Prepared: 1/28/2022 1:34 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8 through 12, and 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 from S-3, Pt. I col. 8, sum of lines 1, 8 through 12, and 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: 26-0179 Component CCN: 26-5414	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VI Date/Time Prepared: 1/28/2022 1:34 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,917,189	1.00
2.00	Routine service other pass through costs		14,764	2.00
3.00	Ancillary service other pass through costs		5,608	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,937,561	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		525,985	7.00
8.00	Allowable bad debts (see instructions)		17,017	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		16,887	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		11,061	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		3,422,637	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.98	Recovery of accelerated depreciation.		0	14.98
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		3,422,637	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		0	15.75
16.00	Interim payments		3,451,939	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		-29,302	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 1/28/2022 1:34 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		1,118,068	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	1,118,068	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	1,118,068	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	6,367,445	5,305,517	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)	6,367,445	5,305,517	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)	6,367,445	5,305,517	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	6,367,445	4,187,449	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	1,118,068	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	1,118,068	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	1,118,068	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	1,118,068	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	1,118,068	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	1,118,068	40.00
41.00	Interim payments	0	1,118,068	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179 Component CCN: 26-5414	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 1/28/2022 1:34 pm
		Title XIX	Skilled Nursing Facility	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	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	Coinsurance	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: 26-0179		Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 1/28/2022 1:34 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.				39.33	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				1.81	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))				2.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)				39.52	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				39.62	6.00
7.00	Enter the lesser of line 5 or line 6				39.52	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.	39.54	0.00	39.54		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.	39.44	0.00	39.44		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	39.44	0.00			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	39.51	0.00			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	38.51	0.00			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	39.15	0.00			14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00			15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00			16.01
17.00	Adjusted rolling average FTE count	39.15	0.00			17.00
18.00	Per resident amount	122,790.24	116,271.53			18.00
19.00	Approved amount for resident costs	4,807,238	0	4,807,238		19.00
				1.00		
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.10		21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00		22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			111,987.33		23.00
24.00	Multiply line 22 time line 23			0		24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,807,238		25.00
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total	
		1.00	2.00	2.01	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)	25,061	3,651	13,265	26.00	
27.00	Total Inpatient Days (see instructions)	60,450	60,450	60,450	27.00	
28.00	Ratio of inpatient days to total inpatient days	0.414574	0.060397	0.219438	28.00	
29.00	Program direct GME amount	1,992,956	290,343	1,054,891	3,338,190	29.00
29.01	Percent reduction for MA DGME		4.07	4.07	29.01	
30.00	Reduction for direct GME payments for Medicare Advantage		11,817	42,934	54,751	30.00
31.00	Net Program direct GME amount				3,283,439	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 1/28/2022 1:34 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)		0	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)		76,017,492	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		107,538	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		75,909,954	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		60,727,430	42.00
43.00	Primary payer payments (see instructions)		64,458	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		60,662,972	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		136,572,926	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.555820	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.444180	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,283,439	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,825,001	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,458,438	50.00

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

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet G

Date/Time Prepared:
1/28/2022 1:34 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	118,192,920	0	0	0	1.00
2.00	Temporary investments	1,206,307	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	167,514,224	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-85,357,086	0	0	0	6.00
7.00	Inventory	8,354,844	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	45,242,047	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)	255,153,256	0	0	0	11.00
FIXED ASSETS						
12.00	Land	17,267,852	0	0	0	12.00
13.00	Land improvements	13,515,911	0	0	0	13.00
14.00	Accumulated depreciation	-1,969,517	0	0	0	14.00
15.00	Buildings	374,541,959	0	0	0	15.00
16.00	Accumulated depreciation	-26,183,513	0	0	0	16.00
17.00	Leasehold improvements	12,576,513	0	0	0	17.00
18.00	Accumulated depreciation	-1,807,584	0	0	0	18.00
19.00	Fixed equipment	620,195	0	0	0	19.00
20.00	Accumulated depreciation	-555,547	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	286,067,953	0	0	0	23.00
24.00	Accumulated depreciation	-467,963,334	0	0	0	24.00
25.00	Minor equipment depreciable	402,590	0	0	0	25.00
26.00	Accumulated depreciation	-402,417	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)	206,111,061	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	450,772,407	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	450,772,407	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	912,036,724	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,214,370	0	0	0	37.00
38.00	Salaries, wages, and fees payable	44,838,620	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,109,509	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	70,764,822	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	135,927,321	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	127,063,927	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	36,643,079	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	163,707,006	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	299,634,327	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	612,402,397				52.00
53.00	Specific purpose fund		0			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)	612,402,397	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	912,036,724	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-1

Date/Time Prepared:
1/28/2022 1:34 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		507,962,529		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		104,439,868				2.00
3.00	Total (sum of line 1 and line 2)		612,402,397		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		612,402,397		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		612,402,397		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		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: 26-0179

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	131,560,169		131,560,169	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	5,715,410		5,715,410	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	2,976,244		2,976,244	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	140,251,823		140,251,823	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,915,157		17,915,157	11.00
12.00	CORONARY CARE UNIT	18,728,572		18,728,572	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)	36,643,729		36,643,729	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	176,895,552		176,895,552	17.00
18.00	Ancillary services	415,378,569	899,646,098	1,315,024,667	18.00
19.00	Outpatient services	22,794,998	74,664,631	97,459,629	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		6,730,976	6,730,976	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	0	4,007,248	4,007,248	26.00
27.00	PROFESSIONAL SERVICES	18,395,793	18,646,819	37,042,612	27.00
27.01	OTHER PATIENT RELATED SERVICE REV	2,287,421	184,832	2,472,253	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	635,752,333	1,003,880,604	1,639,632,937	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		478,011,518		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)		478,011,518		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0179

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-3

Date/Time Prepared:
1/28/2022 1:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,639,632,937	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,221,135,930	2.00
3.00	Net patient revenues (line 1 minus line 2)	418,497,007	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	478,011,518	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-59,514,511	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,072,757	6.00
7.00	Income from investments	92,039,420	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,401,951	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	8,666,195	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	573	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	12,041,638	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	1,576,495	24.00
24.01	GAIN ON SALE OF ASSETS	674,240	24.01
24.02	JOINT VENTURE INCOME	4,995,541	24.02
24.03	MEDICAL GROUP INCOME	184,359,639	24.03
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	307,828,449	25.00
26.00	Total (line 5 plus line 25)	248,313,938	26.00
27.00	SHARED EXPENSES	3,999,996	27.00
27.01	FRA EXPENSES	24,597,884	27.01
27.02	MEDICAL GROUP EXPENSES	115,276,190	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	143,874,070	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	104,439,868	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 26-0179

Period:

Worksheet H

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/28/2022 1:34 pm

					Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)
	1.00	2.00	3.00	4.00	5.00	6.00
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures			0		0	0
2.00 Capital Related - Movable Equipment			0		53,208	53,208
3.00 Plant Operation & Maintenance	0	0	0	0	0	0
4.00 Transportation	0	0	0	0	0	0
5.00 Administrative and General	919,174	219,823	46,527	162,350	157,717	1,505,591
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	1,501,334	359,050	75,995	0	0	1,936,379
7.00 Physical Therapy	1,094,011	261,636	55,377	0	0	1,411,024
8.00 Occupational Therapy	439,715	105,159	22,258	0	0	567,132
9.00 Speech Pathology	26,452	6,326	1,339	0	0	34,117
10.00 Medical Social Services	169,900	40,632	8,600	0	0	219,132
11.00 Home Health Aide	19,640	4,697	994	0	0	25,331
12.00 Supplies (see instructions)	0	0	0	0	119,614	119,614
13.00 Drugs	0	0	0	0	8,685	8,685
14.00 DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	0
16.00 Respiratory Therapy	0	0	0	0	0	0
17.00 Private Duty Nursing	0	0	0	0	0	0
18.00 Clinic	0	0	0	0	0	0
19.00 Health Promotion Activities	0	0	0	0	0	0
20.00 Day Care Program	0	0	0	0	0	0
21.00 Home Delivered Meals Program	0	0	0	0	0	0
22.00 Homemaker Service	0	0	0	0	0	0
23.00 All Others (specify)	0	0	0	0	0	0
23.50 Telemedicine	0	0	0	0	0	0
24.00 Total (sum of lines 1-23)	4,170,226	997,323	211,090	162,350	339,224	5,880,213
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00 Capital Related - Movable Equipment	0	53,208	-53,208	0		2.00
3.00 Plant Operation & Maintenance	0	0	0	0		3.00
4.00 Transportation	0	0	0	0		4.00
5.00 Administrative and General	-216,078	1,289,513	-2,307	1,287,206		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	-359,050	1,577,329	0	1,577,329		6.00
7.00 Physical Therapy	-261,636	1,149,388	0	1,149,388		7.00
8.00 Occupational Therapy	-105,159	461,973	0	461,973		8.00
9.00 Speech Pathology	-6,326	27,791	0	27,791		9.00
10.00 Medical Social Services	-40,632	178,500	0	178,500		10.00
11.00 Home Health Aide	-4,697	20,634	0	20,634		11.00
12.00 Supplies (see instructions)	0	119,614	0	119,614		12.00
13.00 Drugs	0	8,685	0	8,685		13.00
14.00 DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0		15.00
16.00 Respiratory Therapy	0	0	0	0		16.00
17.00 Private Duty Nursing	0	0	0	0		17.00
18.00 Clinic	0	0	0	0		18.00
19.00 Health Promotion Activities	0	0	0	0		19.00
20.00 Day Care Program	0	0	0	0		20.00
21.00 Home Delivered Meals Program	0	0	0	0		21.00
22.00 Homemaker Service	0	0	0	0		22.00
23.00 All Others (specify)	0	0	0	0		23.00
23.50 Telemedicine	0	0	0	0		23.50
24.00 Total (sum of lines 1-23)	-993,578	4,886,635	-55,515	4,831,120		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 26-0179

Period:

Worksheet H-1

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/28/2022 1:34 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,287,206	0	0	0	0	1,287,206	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,577,329	0	0	0	0	1,577,329	6.00
7.00	Physical Therapy	1,149,388	0	0	0	0	1,149,388	7.00
8.00	Occupational Therapy	461,973	0	0	0	0	461,973	8.00
9.00	Speech Pathology	27,791	0	0	0	0	27,791	9.00
10.00	Medical Social Services	178,500	0	0	0	0	178,500	10.00
11.00	Home Health Aide	20,634	0	0	0	0	20,634	11.00
12.00	Supplies (see instructions)	119,614	0	0	0	0	119,614	12.00
13.00	Drugs	8,685	0	0	0	0	8,685	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,831,120	0	0	0	0	4,831,120	24.00
		Administrativ e & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,287,206						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	572,910	2,150,239					6.00
7.00	Physical Therapy	417,476	1,566,864					7.00
8.00	Occupational Therapy	167,796	629,769					8.00
9.00	Speech Pathology	10,094	37,885					9.00
10.00	Medical Social Services	64,834	243,334					10.00
11.00	Home Health Aide	7,495	28,129					11.00
12.00	Supplies (see instructions)	43,446	163,060					12.00
13.00	Drugs	3,155	11,840					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		4,831,120					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet H-1

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/28/2022 1:34 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,287,206	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,577,329	6.00
7.00	Physical Therapy	0	0	0	0	1,149,388	7.00
8.00	Occupational Therapy	0	0	0	0	461,973	8.00
9.00	Speech Pathology	0	0	0	0	27,791	9.00
10.00	Medical Social Services	0	0	0	0	178,500	10.00
11.00	Home Health Aide	0	0	0	0	20,634	11.00
12.00	Supplies (see instructions)	0	0	0	0	119,614	12.00
13.00	Drugs	0	0	0	0	8,685	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,287,206	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	1,287,206	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.363216	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/28/2022 1:34 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP			
			1.00	2.00	2.01			
		0	1.00	2.00	2.01	4.00	5.01	
1.00	Administrative and General	0	12,178	17,226	0	229,889	5,540	1.00
2.00	Skilled Nursing Care	2,150,239	4,084	5,778	0	375,489	8,704	2.00
3.00	Physical Therapy	1,566,864	2,420	3,424	0	273,617	6,331	3.00
4.00	Occupational Therapy	629,769	968	1,370	0	109,974	2,374	4.00
5.00	Speech Pathology	37,885	61	86	0	6,616	0	5.00
6.00	Medical Social Services	243,334	514	728	0	42,493	1,583	6.00
7.00	Home Health Aide	28,129	91	128	0	4,912	396	7.00
8.00	Supplies (see instructions)	163,060	0	0	0	0	0	8.00
9.00	Drugs	11,840	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	4,831,120	20,316	28,740	0	1,042,990	24,928	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	OTHER ADMIN AND GENERAL	NONPATIENT TELEPHONES	ADMITTING	Subtotal	ADMIN & GENERAL - SURREY	
		5A.01	5.02	5.03	5.04	5A.04	5.05	
1.00	Administrative and General	264,833	0	0	0	264,833	321	1.00
2.00	Skilled Nursing Care	2,544,294	0	0	0	2,544,294	3,087	2.00
3.00	Physical Therapy	1,852,656	0	0	0	1,852,656	2,247	3.00
4.00	Occupational Therapy	744,455	0	0	0	744,455	903	4.00
5.00	Speech Pathology	44,648	0	0	0	44,648	54	5.00
6.00	Medical Social Services	288,652	0	0	0	288,652	350	6.00
7.00	Home Health Aide	33,656	0	0	0	33,656	41	7.00
8.00	Supplies (see instructions)	163,060	0	0	0	163,060	198	8.00
9.00	Drugs	11,840	0	0	0	11,840	14	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	5,948,094	0	0	0	5,948,094	7,215	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000				0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/28/2022 1:34 pmHome Health
Agency I

PPS

Cost Center Description		Subtotal	ADMIN & GENERAL - HOSPITAL	MAINTENANCE & REPAIRS	PURCHASING	MAINTENANCE & REPAIRS - SURREY	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	6.00	6.01	6.02	8.00	
1.00	Administrative and General	265,154	42,060	27,794	288	0	0	1.00
2.00	Skilled Nursing Care	2,547,381	404,079	9,322	0	0	0	2.00
3.00	Physical Therapy	1,854,903	294,234	5,524	0	0	0	3.00
4.00	Occupational Therapy	745,358	118,232	2,210	0	0	0	4.00
5.00	Speech Pathology	44,702	7,091	138	0	0	0	5.00
6.00	Medical Social Services	289,002	45,843	1,174	0	0	0	6.00
7.00	Home Health Aide	33,697	5,345	207	0	0	0	7.00
8.00	Supplies (see instructions)	163,258	25,897	0	3,308	0	0	8.00
9.00	Drugs	11,854	1,880	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	5,955,309	944,661	46,369	3,596	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000						21.00
Cost Center Description		LAUNDRY & LINEN SERVICE - SURREY	HOUSEKEEPING	HOUSEKEEPING - SURREY	DIETARY	DIETARY - SURREY	CAFETERIA	
		8.01	9.00	9.01	10.00	10.01	11.00	
1.00	Administrative and General	0	8,682	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	2,912	0	0	0	0	2.00
3.00	Physical Therapy	0	1,726	0	0	0	0	3.00
4.00	Occupational Therapy	0	690	0	0	0	0	4.00
5.00	Speech Pathology	0	43	0	0	0	0	5.00
6.00	Medical Social Services	0	367	0	0	0	0	6.00
7.00	Home Health Aide	0	65	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	14,485	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

1/28/2022 1:34 pm

Cost Center Description		CAFETERIA - SURREY	NURSING ADMINISTRATIO N	NURSING ADMINISTRATIO N - SURREY	CENTRAL SERVICES & SUPPLY	Home Health Agency I	MEDICAL RECORDS & LIBRARY - SURREY	PPS
		11.01	13.00	13.01	14.00	16.00	16.01	
1.00	Administrative and General	0	0	0	5,943	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	19,489	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	25,432	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		SOCIAL SERVICE	SOCIAL SERVICE - SURREY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS	SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	PARAMED ED PROGRAM
		17.00	17.01	19.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/28/2022 1:34 pmHome Health
Agency I

PPS

Cost Center Description		CLINICAL PASTORAL EDUCATION	PHARMACY EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		23.01	23.02	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	349,921	0	349,921		1.00
2.00	Skilled Nursing Care	0	0	2,963,694	0	2,963,694	156,187	2.00
3.00	Physical Therapy	0	0	2,156,387	0	2,156,387	113,639	3.00
4.00	Occupational Therapy	0	0	866,490	0	866,490	45,663	4.00
5.00	Speech Pathology	0	0	51,974	0	51,974	2,739	5.00
6.00	Medical Social Services	0	0	336,386	0	336,386	17,727	6.00
7.00	Home Health Aide	0	0	39,314	0	39,314	2,072	7.00
8.00	Supplies (see instructions)	0	0	211,952	0	211,952	11,170	8.00
9.00	Drugs	0	0	13,734	0	13,734	724	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	6,989,852	0	6,989,852	349,921	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.052699	21.00
Cost Center Description		Total HHA Costs						
		28.00						
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	3,119,881						2.00
3.00	Physical Therapy	2,270,026						3.00
4.00	Occupational Therapy	912,153						4.00
5.00	Speech Pathology	54,713						5.00
6.00	Medical Social Services	354,113						6.00
7.00	Home Health Aide	41,386						7.00
8.00	Supplies (see instructions)	223,122						8.00
9.00	Drugs	14,458						9.00
10.00	DME	0						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00	Respiratory Therapy	0						12.00
13.00	Private Duty Nursing	0						13.00
14.00	Clinic	0						14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
19.00	All Others (specify)	0						19.00
19.50	Telemedicine	0						19.50
20.00	Total (sum of lines 1-19) (2)	6,989,852						20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/28/2022 1:34 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	2.01	4.00	5.01	5A.02	
1.00	Administrative and General	805	805	0	919,174	14	-264,833	1.00
2.00	Skilled Nursing Care	270	270	0	1,501,334	22	-2,544,294	2.00
3.00	Physical Therapy	160	160	0	1,094,011	16	-1,852,656	3.00
4.00	Occupational Therapy	64	64	0	439,715	6	-744,455	4.00
5.00	Speech Pathology	4	4	0	26,452	0	-44,648	5.00
6.00	Medical Social Services	34	34	0	169,900	4	-288,652	6.00
7.00	Home Health Aide	6	6	0	19,640	1	-33,656	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	-163,060	8.00
9.00	Drugs	0	0	0	0	0	-11,840	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,343	1,343	0	4,170,226	63		20.00
21.00	Total cost to be allocated	20,316	28,740	0	1,042,990	24,928		21.00
22.00	Unit cost multiplier	15.127327	21.399851	0.000000	0.250104	395.682540		22.00
Cost Center Description		OTHER ADMIN AND GENERAL (ACCUM. COST)	NONPATIENT TELEPHONES (# OF PHONES)	ADMITTING (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL - SURREY (ACCUM. COST)	Reconciliation	
		5.02	5.03	5.04	5A.05	5.05	5A.06	
1.00	Administrative and General	0	0	0	0	264,833	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,544,294	0	2.00
3.00	Physical Therapy	0	0	0	0	1,852,656	0	3.00
4.00	Occupational Therapy	0	0	0	0	744,455	0	4.00
5.00	Speech Pathology	0	0	0	0	44,648	0	5.00
6.00	Medical Social Services	0	0	0	0	288,652	0	6.00
7.00	Home Health Aide	0	0	0	0	33,656	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	163,060	0	8.00
9.00	Drugs	0	0	0	0	11,840	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0		5,948,094		20.00
21.00	Total cost to be allocated	0	0	0		7,215		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000		0.001213		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Description		ADMIN & GENERAL - HOSPITAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	PURCHASING (PURCHASES)	MAINTENANCE & REPAIRS - SURREY (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	LAUNDRY & LINEN SERVICE - SURREY (TOTAL DAYS)	
		5.06	6.00	6.01	6.02	8.00	8.01	
1.00	Administrative and General	265,154	805	10,418	0	0	0	1.00
2.00	Skilled Nursing Care	2,547,381	270	0	0	0	0	2.00
3.00	Physical Therapy	1,854,903	160	0	0	0	0	3.00
4.00	Occupational Therapy	745,358	64	0	0	0	0	4.00
5.00	Speech Pathology	44,702	4	0	0	0	0	5.00
6.00	Medical Social Services	289,002	34	0	0	0	0	6.00
7.00	Home Health Aide	33,697	6	0	0	0	0	7.00
8.00	Supplies (see instructions)	163,258	0	119,614	0	0	0	8.00
9.00	Drugs	11,854	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	5,955,309	1,343	130,032	0	0	0	20.00
21.00	Total cost to be allocated	944,661	46,369	3,596	0	0	0	21.00
22.00	Unit cost multiplier	0.158625	34.526433	0.027655	0.000000	0.000000	0.000000	22.00
Cost Center Description		HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING - SURREY (SQUARE FEET)	DIETARY (MEALS SERVED)	DIETARY - SURREY (MEALS SERVED)	CAFETERIA (FTES)	CAFETERIA - SURREY (FTES)	
		9.00	9.01	10.00	10.01	11.00	11.01	
1.00	Administrative and General	805	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	270	0	0	0	0	0	2.00
3.00	Physical Therapy	160	0	0	0	0	0	3.00
4.00	Occupational Therapy	64	0	0	0	0	0	4.00
5.00	Speech Pathology	4	0	0	0	0	0	5.00
6.00	Medical Social Services	34	0	0	0	0	0	6.00
7.00	Home Health Aide	6	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	1,343	0	0	0	0	0	20.00
21.00	Total cost to be allocated	14,485	0	0	0	0	0	21.00
22.00	Unit cost multiplier	10.785555	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2020

Part II

To 06/30/2021

Date/Time Prepared:
1/28/2022 1:34 pm

						Home Health Agency I	1/28/2022 1:34 pm PPS	
Cost Center Description		NURSING ADMINISTRATIO N (NURSING FT ES)	NURSING ADMINISTRATIO N - SURREY (TOTAL DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	MEDICAL RECORDS & LIBRARY - SURREY (GROSS CHAR GES)	SOCIAL SERVICE (TOTAL DAYS)	
		13.00	13.01	14.00	16.00	16.01	17.00	
1.00	Administrative and General	0	0	27,950	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	91,664	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	119,614	0	0	0	20.00
21.00	Total cost to be allocated	0	0	25,432	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.212617	0.000000	0.000000	0.000000	22.00
Cost Center Description		SOCIAL SERVICE - SURREY (TOTAL DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PROGRAM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (TOTAL DAYS)	
				SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)			
		17.01	19.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet H-2

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
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Cost Center Description		PHARMACY EDUCATION (ASSIGNED TIME)		
		23.02		
1.00	Administrative and General	0		1.00
2.00	Skilled Nursing Care	0		2.00
3.00	Physical Therapy	0		3.00
4.00	Occupational Therapy	0		4.00
5.00	Speech Pathology	0		5.00
6.00	Medical Social Services	0		6.00
7.00	Home Health Aide	0		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19)	0		20.00
21.00	Total cost to be allocated	0		21.00
22.00	Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet H-3

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/28/2022 1:34 pm

				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
	Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,119,881		3,119,881	17,817	175.11	1.00	
2.00	Physical Therapy	3.00	2,270,026	0	2,270,026	12,865	176.45	2.00	
3.00	Occupational Therapy	4.00	912,153	0	912,153	4,906	185.93	3.00	
4.00	Speech Pathology	5.00	54,713	0	54,713	349	156.77	4.00	
5.00	Medical Social Services	6.00	354,113		354,113	271	1,306.69	5.00	
6.00	Home Health Aide	7.00	41,386		41,386	596	69.44	6.00	
7.00	Total (sum of lines 1-6)		6,752,272	0	6,752,272	36,804		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
					Part B				
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care		41180	0	7,851			8.00	
9.00	Physical Therapy		41180	0	5,664			9.00	
10.00	Occupational Therapy		41180	0	2,232			10.00	
11.00	Speech Pathology		41180	0	136			11.00	
12.00	Medical Social Services		41180	0	102			12.00	
13.00	Home Health Aide		41180	0	244			13.00	
14.00	Total (sum of lines 8-13)			0	16,229			14.00	
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	223,122	0	223,122	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	14,458	0	14,458	0	0.000000	16.00	
Cost Center Description		Program Visits			Cost of Services				
		Part A	Part B		Part A	Part B	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance					
									Not Subject to Deductibles & Coinsurance
6.00	7.00	8.00	9.00	10.00	11.00				
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
	Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	7,851		0	1,374,789		1.00	
2.00	Physical Therapy	0	5,664		0	999,413		2.00	
3.00	Occupational Therapy	0	2,232		0	414,996		3.00	
4.00	Speech Pathology	0	136		0	21,321		4.00	
5.00	Medical Social Services	0	102		0	133,282		5.00	
6.00	Home Health Aide	0	244		0	16,943		6.00	
7.00	Total (sum of lines 1-6)	0	16,229		0	2,960,744		7.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet H-3

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/28/2022 1:34 pm

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Cost Center Description						Agency 1			
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B			Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		
			6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00	
16.00	Cost of Drugs		100	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	1,374,789						1.00	
2.00	Physical Therapy	999,413						2.00	
3.00	Occupational Therapy	414,996						3.00	
4.00	Speech Pathology	21,321						4.00	
5.00	Medical Social Services	133,282						5.00	
6.00	Home Health Aide	16,943						6.00	
7.00	Total (sum of lines 1-6)	2,960,744						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet H-3

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/28/2022 1:34 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.438164	0	0	col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.339421	0	0	col. 2, line 2.01		1.01
1.02 Physical Therapy 2	66.02	0.506292	0	0	col. 2, line 2.02		1.02
2.00 Occupational Therapy	67.00	0.309657	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.327311	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.470306	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.163603	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0179 HHA CCN: 26-7561	Period: From 07/01/2020 To 06/30/2021	Worksheet H-4 Part I-II Date/Time Prepared: 1/28/2022 1:34 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	100	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	100	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	100	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,103,658
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	312,403
13.00	Total PPS Reimbursement - LUPA Episodes		0	107,375
14.00	Total PPS Reimbursement - PEP Episodes		0	17,063
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	63,338
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	674
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,604,511
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,604,511
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,604,511
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,604,511
30.00	OTHER ADJUSTMENTS		0	-1,357
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	3,603,154
31.01	Sequestration adjustment (see instructions)		0	0
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	3,603,154
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIES

Provider CCN: 26-0179

Period:

Worksheet H-5

HHA CCN: 26-7561

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/28/2022 1:34 pmHome Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3,603,154	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			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			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,603,154	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,603,154	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0179

Period:

Worksheet 0

Hospice CCN: 26-1627

From 07/01/2020

To 06/30/2021

Date/Time Prepared:
1/28/2022 1:34 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		50,376	50,376	0	50,376
2.00	CAP REL COSTS-MVBLE EQUIP*		141,633	141,633	-141,633	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	445,013	454,455	899,468	-8,544	890,924
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	0	0	0	0
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	267,267	267,267	0	267,267
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	800,721	60,459	861,180	0	861,180
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	148,657	11,224	159,881	0	159,881
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	51	4	55	0	55
33.00	MEDICAL SOCIAL SERVICES**	107,931	8,150	116,081	0	116,081
34.00	SPIRITUAL COUNSELING**	56,775	4,287	61,062	0	61,062
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	76,570	5,782	82,352	0	82,352
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	1,635,718	1,003,637	2,639,355	-150,177	2,489,178

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 26-0179

Period:

Worksheet 0

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/28/2022 1:34 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	-50,376	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL*	-7,866	883,058		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	267,267		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	861,180		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	159,881		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	55		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	116,081		33.00
34.00	SPIRITUAL COUNSELING**	0	61,062		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	82,352		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	0		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-58,242	2,430,936		100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE			Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet 0-2
			Hospice CCN: 26-1627		Date/Time Prepared: 1/28/2022 1:34 pm

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	799,008	60,329	859,337	0	859,337	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	148,339	11,200	159,539	0	159,539	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	51	4	55	0	55	32.00
33.00	MEDICAL SOCIAL SERVICES	107,701	8,132	115,833	0	115,833	33.00
34.00	SPIRITUAL COUNSELING	56,654	4,278	60,932	0	60,932	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	76,406	5,769	82,175	0	82,175	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,188,159	89,712	1,277,871	0	1,277,871	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	859,337	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	159,539	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	55	32.00
33.00	MEDICAL SOCIAL SERVICES	0	115,833	33.00
34.00	SPIRITUAL COUNSELING	0	60,932	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	82,175	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,277,871	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT
RESPIRE CARE

Provider CCN: 26-0179

Period:

Worksheet 0-3

Hospice CCN: 26-1627

From 07/01/2020

To 06/30/2021

Date/Time Prepared:
1/28/2022 1:34 pm

		Hospice I			
	SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
	1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	27.00
28.00	REGISTERED NURSE	1,346	102	1,448	28.00
29.00	LPN/LVN	0	0	0	29.00
30.00	PHYSICAL THERAPY	250	19	269	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	181	14	195	33.00
34.00	SPIRITUAL COUNSELING	95	7	102	34.00
35.00	DIETARY COUNSELING	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	129	10	139	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	46.00
100.00	TOTAL *	2,001	152	2,153	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,448	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	269	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	195	33.00
34.00	SPIRITUAL COUNSELING	0	102	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	139	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	2,153	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE

Provider CCN: 26-0179

Period:

Worksheet 0-4

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/28/2022 1:34 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	367	28	395	0	395	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	68	5	73	0	73	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	49	4	53	0	53	33.00
34.00	SPIRITUAL COUNSELING	26	2	28	0	28	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	35	3	38	0	38	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	545	42	587	0	587	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	395	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	73	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	53	33.00
34.00	SPIRITUAL COUNSELING	0	28	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	38	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	587	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 26-0179

Period:

Worksheet 0-5

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/28/2022 1:34 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	7,155	7,155	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,122	10,122	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	406,598	406,598	3.00
4.00	ADMINISTRATIVE & GENERAL	883,058	472,003	1,355,061	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	19,123	19,123	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	5,101	5,101	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	267,267	20,871	288,138	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,277,871	0	1,277,871	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,153	0	2,153	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	587	0	587	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,430,936	940,973	3,371,909	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

From 07/01/2020

Part I

To 06/30/2021

Date/Time Prepared:

1/28/2022 1:34 pm

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	7,155	7,155				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,122		10,122			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	406,598	0	0	406,598		3.00
4.00	ADMINISTRATIVE & GENERAL	1,355,061	7,155	10,122	110,619	1,482,957	4.00
5.00	PLANT OPERATION & MAINTENANCE	19,123	0	0	0	19,123	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	5,101	0	0	0	5,101	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	288,138	0	0	0	288,138	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,277,871			295,347	1,573,218	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,153	0	0	497	2,650	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	587	0	0	135	722	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	3,371,909	7,155	10,122	406,598	3,371,909	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/28/2022 1:34 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,482,957						4.00
5.00	PLANT OPERATION & MAINTENANCE	15,013	34,136					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	4,005	0			9,106		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	226,208	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	0	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,235,084						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,080	21,070		0	5,620	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	567	13,066		0	3,486	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	1,482,957	34,136		0	9,106	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/28/2022 1:34 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATIO N	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATIO N	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	514,346				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	513,222	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	885	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	239	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	514,346	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021Part I
Date/Time Prepared:
1/28/2022 1:34 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0		3,321,524	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	32,305	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	18,080	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	0	0	3,371,909	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	473					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		473				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,635,718			3.00
4.00	ADMINISTRATIVE & GENERAL	473	473	445,013	-1,482,957	1,888,952	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	19,123	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	5,101	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	288,138	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,188,159	0	1,573,218	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	2,001	0	2,650	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	545	0	722	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	7,155	10,122	406,598		1,482,957	100.00
101.00	UNIT COST MULTIPLIER	15.126850	21.399577	0.248575		0.785069	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	209					5.00
6.00	LAUNDRY & LINEN SERVICE	0	46				6.00
7.00	HOUSEKEEPING	0		209			7.00
8.00	DIETARY	0		0	46		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	129	36	129	36	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	80	10	80	10	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	34,136	0	9,106	0	0	100.00
101.00	UNIT COST MULTIPLIER	163.330144	0.000000	43.569378	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	21,513					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	21,466	0	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	37	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	10	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	514,346	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	23.908613	0.000000	0.000000	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 26-0179

Period:

Worksheet 0-6

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021Part II
Date/Time Prepared:
1/28/2022 1:34 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY
LEVEL OF CARE

Provider CCN: 26-0179

Period:

Worksheet 0-7

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021

Date/Time Prepared:
1/28/2022 1:34 pm

				Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
			0	1.00	2.00	3.00	4.00
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.438164	0	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	66.01	0.339421	0	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	66.02	0.506292	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.309657	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.327311	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.163603	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.128393	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.470306	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	0	9.00
10.00	NUTRITION/DIABETES EDUCATION	76.00	0.000000	0	0	0	10.00
10.01	NUTRITION/DIABETES EDUCATION	76.01	1.217386	0	0	0	10.01
10.02	CARDIAC REHAB	76.02	0.572849	0	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	76.03	0.519567	0	0	0	10.03
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
1.01	PHYSICAL THERAPY - SURREY	0	0	0	0	0	1.01
1.02	THERAPY SVCS - BRAIN & SPINE	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	10.00
10.01	NUTRITION/DIABETES EDUCATION	0	0	0	0	0	10.01
10.02	CARDIAC REHAB	0	0	0	0	0	10.02
10.03	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.03
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 26-0179

Period:

Worksheet 0-8

Hospice CCN: 26-1627

From 07/01/2020
To 06/30/2021Date/Time Prepared:
1/28/2022 1:34 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			3,321,524	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			21,466	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			154.73	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	19,596	322		9.00
10.00	Program cost (line 8 times line 9)	3,032,089	49,823		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			32,305	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			37	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			873.11	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	33	1		14.00
15.00	Program cost (line 13 times line 14)	28,813	873		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			18,080	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			10	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,808.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	9	0		19.00
20.00	Program cost (line 18 times line 19)	16,272	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,371,909	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			21,513	22.00
23.00	Average cost per diem (line 21 divided by line 22)			156.74	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0179	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 1/28/2022 1:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,020,847	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		150,374	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)		165.62	3.00
4.00	Number of interns & residents (see instructions)		39.34	4.00
5.00	Indirect medical education percentage (see instructions)		6.93	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)		278,645	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.95	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		3.64	8.00
9.00	Sum of lines 7 and 8		4.59	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.93	10.00
11.00	Disproportionate share adjustment (see instructions)		37,394	11.00
12.00	Total prospective capital payments (see instructions)		4,487,260	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