

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: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 7/26/2022 2:46 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/26/2022	Time: 2:46 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION 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 CHRISTIAN HOSPITAL NORTHEAST (26-0180) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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	2,333,591	-184,747	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	50,557	5		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	2,384,148	-184,742	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: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/26/2022 2:46 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11133 DUNN ROAD			PO Box:				1.00			
2.00	City: ST. LOUIS			State: MO		Zip Code: 63136-		County: ST. LOUIS 2.00			
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
									V	XVIII	
									XIX		
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	
				8.00							
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			CHRISTIAN HOSPITAL NORTHEAST	260180	41180	1	09/27/1975	N	P	O
4.00	Subprovider - IPF										3.00
5.00	Subprovider - IRF										4.00
6.00	Subprovider - (Other)			REHAB	26T180	41180	5	12/08/1983	N	P	O
7.00	Swing Beds - SNF										5.00
8.00	Swing Beds - NF										6.00
9.00	Hospital-Based SNF										7.00
10.00	Hospital-Based NF										8.00
11.00	Hospital-Based OLTC										9.00
12.00	Hospital-Based HHA										10.00
13.00	Separately Certified ASC										11.00
14.00	Hospital-Based Hospice										12.00
15.00	Hospital-Based Health Clinic - RHC										13.00
16.00	Hospital-Based Health Clinic - FQHC										14.00
17.00	Hospital-Based (CMHC) I										15.00
18.00	Renal Dialysis										16.00
19.00	Other										17.00
								From:	To:		
								1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)							01/01/2021	12/31/2021		
21.00	Type of Control (see instructions)							2			
								1.00	2.00		
								3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y			
22.02	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			
22.03	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		
22.04	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		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
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.	7,638	2,335	297	166	2,468	0	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.	274	120	24	42	102		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)					Y	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	
		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
62.01	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
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N					63.00

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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	0.99	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	3.55	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	0.00	0.00	0.000000	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)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			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)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/26/2022 2:46 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N
				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			
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			
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
				1.00			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			362,678	565,000		0118.01
				1.00			
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: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 7/26/2022 2:46 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		HB1804		140.00	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BJC HEALTH CARE	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 4901 FOREST PARK BLVD	PO Box:				142.00	
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 7/26/2022 2:46 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 7/26/2022 2:46 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	Y			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
				Date	
				4.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/22/2022	Y	03/22/2022
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 7/26/2022 2:46 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N	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.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	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.		N	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		Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	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.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y	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.		Y	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		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.	PATTY	RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544	PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 7/26/2022 2:46 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGING 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: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	241	87,965	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)		241	87,965	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		267	97,455	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		285				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: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,309	7,049	60,276		1.00
2.00	HMO and other (see instructions)	23,846	5,266			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	1,451	288			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)	16,309	7,049	60,276		7.00
8.00	INTENSIVE CARE UNIT	1,978	589	6,431		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)	18,287	7,638	66,707	3.55	1,377.40
15.00	CAH visits	0	0	0		14.00
16.00	SUBPROVIDER - IPF					15.00
17.00	SUBPROVIDER - IRF	1,634	274	4,040	0.00	16.00
18.00	SUBPROVIDER					17.00
19.00	SKILLED NURSING FACILITY					18.00
20.00	NURSING FACILITY					19.00
21.00	OTHER LONG TERM CARE			0	0.00	20.00
22.00	HOME HEALTH AGENCY					21.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					22.00
24.00	HOSPICE					23.00
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	26.00
27.00	Total (sum of lines 14-26)				3.55	0.00
28.00	Observation Bed Days		0	2,290		26.25
29.00	Ambulance Trips	5,382				27.00
30.00	Employee discount days (see instruction)			515		28.00
31.00	Employee discount days - IRF			0		29.00
32.00	Labor & delivery days (see instructions)	0	0	0		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: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,982	1,316	11,911	1.00
2.00 HMO and other (see instructions)			3,799	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	2,982	1,316	11,911	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	141	23	342	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/26/2022 2:46 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	97,912,288	122,500	98,034,788	2,905,384.64	33.74 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		820,415	0	820,415	1,185.83	691.85 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		369,856	0	369,856	3,441.54	107.47 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	0	144,220	144,220	6,616.00	21.80 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	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		9,456,383	186,341	9,642,724	377,705.18	25.53 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		36,976,739	0	36,976,739	342,350.76	108.01 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		1,064,968	0	1,064,968	7,279.03	146.31 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		22,118,781	0	22,118,781	541,264.00	40.87 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)		27,464,300	0	27,464,300		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,043,683	0	3,043,683		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		259,826	0	259,826		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		117,541	0	117,541		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		33,003	0	33,003		
25.50	Home office wage-related (core)		3,826,295	0	3,826,295		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
7/26/2022 2:46 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	1,321,101	23,069	1,344,170	29,311.99	45.86	26.00
27.00	Administrative & General	5.00	7,439,884	-220,838	7,219,046	188,304.58	38.34	27.00
28.00	Administrative & General under contract (see inst.)		2,439,554	0	2,439,554	31,994.84	76.25	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,802,131	13,412	2,815,543	106,922.41	26.33	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,968,229	14,172	2,982,401	178,698.42	16.69	32.00
33.00	Housekeeping under contract (see instructions)		661,905	0	661,905	12,020.65	55.06	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,228,731	0	1,228,731	46,764.29	26.27	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,551,884	18,351	3,570,235	84,655.42	42.17	38.00
39.00	Central Services and Supply	14.00	486,894	1,944	488,838	21,333.40	22.91	39.00
40.00	Pharmacy	15.00	3,465,422	-3,465,422	0	67,469.02	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	2,841,335	10,032	2,851,367	73,474.15	38.81	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
7/26/2022 2:46 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)	101,872,622	-21,720	101,850,902	2,986,106.88	34.11	1.00
2.00	Excluded area salaries (see instructions)	9,456,383	186,341	9,642,724	377,705.18	25.53	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,416,239	-208,061	92,208,178	2,608,401.70	35.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	60,160,488	0	60,160,488	890,893.79	67.53	4.00
5.00	Subtotal wage-related costs (see inst.)	31,550,421	0	31,550,421	0.00	34.22	5.00
6.00	Total (sum of lines 3 thru 5)	184,127,148	-208,061	183,919,087	3,499,295.49	52.56	6.00
7.00	Total overhead cost (see instructions)	29,207,070	-3,605,280	25,601,790	840,949.17	30.44	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 7/26/2022 2:46 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,510,071	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		8,916,182	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)		9,023,340	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		390,317	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		67,951	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)		1,538,141	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,656,337	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		7,033,750	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		-43,945	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		452,299	22.00
23.00	Tuition Reimbursement		373,911	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		30,918,354	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: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
7/26/2022 2:46 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	36,976,739	30,918,354	1.00
2.00	Hospital	36,976,739	30,918,354	2.00
3.00	SUBPROVIDER - IPF			3.00
4.00	SUBPROVIDER - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	SKILLED NURSING FACILITY			8.00
9.00	NURSING FACILITY			9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA			11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 7/26/2022 2:46 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)			0.245176	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			37,137,871	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			49,082,423	5.00
6.00	Medicaid charges			241,711,022	6.00
7.00	Medicaid cost (line 1 times line 6)			59,261,742	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			18,494	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			12,724,342	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	88,311,045	6,980,724	95,291,769	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	21,651,749	6,980,724	28,632,473	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)	21,651,749	6,980,724	28,632,473	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)			38,680,913	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,086,448	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,671,460	27.01
28.00	Non-Medicare bad debt expense (see instructions)			37,009,453	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			9,658,842	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			38,291,315	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			38,291,315	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet A Date/Time Prepared: 7/26/2022 2:46 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification 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	NEW CAP REL COSTS-BLDG & FIXT		0	0	7,022,628	7,022,628	1.00		
1.01	00101	NEW CAP REL COSTS-WHSE		0	0	5,482	5,482	1.01		
1.02	00102	NEW CAP REL COSTS-B BLDG		0	0	16,292	16,292	1.02		
1.03	00103	NEW CAP REL COSTS-PFD		0	0	41,097	41,097	1.03		
1.04	00104	CAP REL COSTS-SITEMAN MOB		0	0	1,572,137	1,572,137	1.04		
1.05	00105	NEW CAP REL COSTS-POB I		0	0	174,512	174,512	1.05		
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB		0	0	221,481	221,481	1.06		
1.07	00107	NEW CAP REL COSTS-NW BUILDING		0	0	232,849	232,849	1.07		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	11,969,690	11,969,690	2.00		
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,321,101	2,035,778	3,356,879	-61,989	3,294,890	4.00		
5.01	00570	ADMITTING	0	83,694	83,694	0	83,694	5.01		
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	8,358	8,358	-55	8,303	5.02		
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03		
5.04	00591	ADMINISTRATIVE AND GENERAL	7,439,884	72,549,287	79,989,171	-13,712,031	66,277,140	5.04		
7.00	00700	OPERATION OF PLANT	2,467,368	4,517,666	6,985,034	-47,382	6,937,652	7.00		
7.01	00701	OPERATION OF PLANT- POB I	0	7,401	7,401	248,921	256,322	7.01		
7.02	00702	OPERATION OF PLANT NW	334,763	571,189	905,952	-15,784	890,168	7.02		
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	208,164	208,164	7.03		
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,191,105	1,191,105	0	1,191,105	8.00		
9.00	00900	HOUSEKEEPING	2,552,902	2,281,289	4,834,191	5,549	4,839,740	9.00		
9.01	00901	HOUSEKEEPING-POB I	113,601	93,686	207,287	488	207,775	9.01		
9.02	00902	HOUSEKEEPING NW	301,726	267,674	569,400	172	569,572	9.02		
10.00	01000	DIETARY	0	6,255,150	6,255,150	-67,147	6,188,003	10.00		
11.00	01100	CAFETERIA	0	87,569	87,569	-579	86,990	11.00		
13.00	01300	NURSING ADMINISTRATION	3,551,884	3,839,213	7,391,097	-303,760	7,087,337	13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	486,894	612,717	1,099,611	-243,324	856,287	14.00		
15.00	01500	PHARMACY	3,465,422	12,338,350	15,803,772	-13,566,799	2,236,973	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	2,841,335	1,631,838	4,473,173	-566,435	3,906,738	16.00		
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00		
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01		
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	197,581	197,581	21.00		
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00		
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	208,001	208,001	23.01		
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	18,684,548	38,331,802	57,016,350	162,639	57,178,989	30.00		
31.00	03100	INTENSIVE CARE UNIT	4,695,889	6,907,292	11,603,181	-75,046	11,528,135	31.00		
41.00	04100	SUBPROVIDER - IRF	1,027,175	963,459	1,990,634	10,600	2,001,234	41.00		
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00		
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	6,620,203	22,133,530	28,753,733	-14,167,086	14,586,647	50.00		
51.00	05100	RECOVERY ROOM	817,581	492,872	1,310,453	-3,730	1,306,723	51.00		
53.00	05300	ANESTHESIOLOGY	0	3,855,715	3,855,715	-54,688	3,801,027	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,319,446	7,166,906	11,486,352	-1,557,762	9,928,590	54.00		
57.00	05700	CT SCAN	1,166,719	1,333,898	2,500,617	-233,238	2,267,379	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	319,877	177,218	497,095	-14,828	482,267	58.00		
59.00	05900	CARDIAC CATHETERIZATION	1,139,663	10,959,995	12,099,658	-9,867,390	2,232,268	59.00		
60.00	06000	LABORATORY	4,438,007	10,476,746	14,914,753	-1,160,743	13,754,010	60.00		
60.01	06001	G.I. LAB	848,863	1,741,876	2,590,739	-937,855	1,652,884	60.01		
60.02	06002	VASCULAR LAB	294,028	200,072	494,100	-27,366	466,734	60.02		
60.03	06003	LABORATORY-PATHOLOGY	570,175	864,391	1,434,566	192,862	1,627,428	60.03		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	495,960	1,736,116	2,232,076	384,137	2,616,213	63.00		
65.00	06500	RESPIRATORY THERAPY	2,777,049	3,597,668	6,374,717	-111,876	6,262,841	65.00		
66.00	06600	PHYSICAL THERAPY	3,177,906	1,496,131	4,674,037	-295,315	4,378,722	66.00		
67.00	06700	OCCUPATIONAL THERAPY	1,162,418	398,509	1,560,927	237,183	1,798,110	67.00		
68.00	06800	SPEECH PATHOLOGY	311,616	96,570	408,186	63,071	471,257	68.00		
69.00	06900	ELECTROCARDIOLOGY	712,392	329,374	1,041,766	-37,115	1,004,651	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	303,443	306,095	609,538	-20,713	588,825	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,165,563	9,165,563	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,780,198	14,780,198	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,273,777	13,273,777	73.00		
74.00	07400	RENAL DIALYSIS	0	2,336,217	2,336,217	-15,433	2,320,784	74.00		
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00		
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	799,713	1,391,030	2,190,743	-361,677	1,829,066	76.01		
76.03	03550	OP PSYCH	233,824	158,860	392,684	949	393,633	76.03		
76.04	03020	CARDIAC REHAB	158,387	47,556	205,943	676	206,619	76.04		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	302,608	302,608	76.98		
OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	9,531,318	10,260,360	19,791,678	-235,151	19,556,527	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

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

Worksheet A

Date/Time Prepared:
7/26/2022 2:46 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	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	6,861,791	4,920,559	11,782,350	-518,865	11,263,485	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	96,344,871	241,052,781	337,397,652	2,418,145	339,815,797	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	59,609	596,029	655,638	1,242	656,880	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	22,050	22,050	-157	21,893	190.09
190.10	19010 RETAIL PHARMACY	294,659	1,183,557	1,478,216	0	1,478,216	190.10
190.11	19011 PUBLIC RELATIONS	0	6,885	6,885	0	6,885	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	254,374	180,218	434,592	20	434,612	190.12
190.13	19013 PHYSICIAN PRACTICE	247,820	2,391,855	2,639,675	0	2,639,675	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	37,275	467,585	504,860	-423,433	81,427	192.00
192.01	19201 GRAHAM POB	217,320	457,269	674,589	-216,758	457,831	192.01
192.02	19202 SITEMAN MOB	114,412	1,846,945	1,961,357	-1,779,934	181,423	192.02
192.03	19203 OTHER POB'S	341,948	1,620,614	1,962,562	875	1,963,437	192.03
200.00	TOTAL (SUM OF LINES 118 through 199)	97,912,288	249,825,788	347,738,076	0	347,738,076	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

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

Worksheet A

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,526,479	9,549,107	1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	5,482	1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	16,292	1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	41,097	1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB	0	1,572,137	1.04
1.05	00105	NEW CAP REL COSTS-POB I	42,037	216,549	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	2,400	223,881	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	310,977	543,826	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	702,674	12,672,364	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-80,707	3,214,183	4.00
5.01	00570	ADMITTING	0	83,694	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	8,303	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	4,089,773	70,366,913	5.04
7.00	00700	OPERATION OF PLANT	-127,933	6,809,719	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	256,322	7.01
7.02	00702	OPERATION OF PLANT NW	-17,246	872,922	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	208,164	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,191,105	8.00
9.00	00900	HOUSEKEEPING	-180,633	4,659,107	9.00
9.01	00901	HOUSEKEEPING-POB I	-5,865	201,910	9.01
9.02	00902	HOUSEKEEPING NW	-15,633	553,939	9.02
10.00	01000	DIETARY	-8,150	6,179,853	10.00
11.00	01100	CAFETERIA	-1,280,871	-1,193,881	11.00
13.00	01300	NURSING ADMINISTRATION	-217,117	6,870,220	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-25,130	831,157	14.00
15.00	01500	PHARMACY	-42,095	2,194,878	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-155,307	3,751,431	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-7,414	190,167	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	-8,048	199,953	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,315,483	50,863,506	30.00
31.00	03100	INTENSIVE CARE UNIT	-242,314	11,285,821	31.00
41.00	04100	SUBPROVIDER - IRF	-52,942	1,948,292	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-701,987	13,884,660	50.00
51.00	05100	RECOVERY ROOM	-42,227	1,264,496	51.00
53.00	05300	ANESTHESIOLOGY	-3,131,040	669,987	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,321,147	6,607,443	54.00
57.00	05700	CT SCAN	-60,164	2,207,215	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-16,489	465,778	58.00
59.00	05900	CARDIAC CATHETERIZATION	-58,885	2,173,383	59.00
60.00	06000	LABORATORY	-8,762	13,745,248	60.00
60.01	06001	G.I. LAB	-43,779	1,609,105	60.01
60.02	06002	VASCULAR LAB	-15,162	451,572	60.02
60.03	06003	LABORATORY-PATHOLOGY	-41,037	1,586,391	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-54,793	2,561,420	63.00
65.00	06500	RESPIRATORY THERAPY	-143,323	6,119,518	65.00
66.00	06600	PHYSICAL THERAPY	-160,037	4,218,685	66.00
67.00	06700	OCCUPATIONAL THERAPY	-69,602	1,728,508	67.00
68.00	06800	SPEECH PATHOLOGY	-18,733	452,524	68.00
69.00	06900	ELECTROCARDIOLOGY	-44,916	959,735	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-15,655	573,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,165,563	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,780,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-170,098	13,103,679	73.00
74.00	07400	RENAL DIALYSIS	0	2,320,784	74.00
76.00	03320	SHOCK THERAPY	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	-537,292	1,291,774	76.01
76.03	03550	OP PSYCH	-12,478	381,155	76.03
76.04	03020	CARDIAC REHAB	-8,184	198,435	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	-10,365	292,243	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-496,512	19,060,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-595,775	10,667,710	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 26-0180

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

Worksheet A

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-10,886,990	328,928,807	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-3,128	653,752	190.00
190.01	19001 VISITOR MEALS	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	190.08
190.09	19009 CATERING	0	21,893	190.09
190.10	19010 RETAIL PHARMACY	-26,204	1,452,012	190.10
190.11	19011 PUBLIC RELATIONS	0	6,885	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	-13,106	421,506	190.12
190.13	19013 PHYSICIAN PRACTICE	-12,740	2,626,935	190.13
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-7,619	73,808	192.00
192.01	19201 GRAHAM POB	-19,430	438,401	192.01
192.02	19202 SITEMAN MOB	-5,900	175,523	192.02
192.03	19203 OTHER POB'S	-131,187	1,832,250	192.03
200.00	TOTAL (SUM OF LINES 118 through 199)	-11,106,304	336,631,772	200.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
7/26/2022 2:46 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RECLASS PHARMACY RESIDENT PROGRAM				
1.00	PARAMED ED PRGM PHARMACY	23.01	156,549	51,452	1.00
	0		156,549	51,452	
	B - TO RECLASS PROPERTY INSURANCE				
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	396,524	1.00
	0		0	396,524	
	C - TO RECLASS PHARMACEUTICALS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,308,873	9,955,884	1.00
	0		3,308,873	9,955,884	
	D - TO RECLASS MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,819,614	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	0		0	9,819,614	
	E - TO RECLASS PROF FEES FOR REHAB DIR				
1.00	SUBPROVIDER - IRF	41.00	0	15,975	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	158,881	2.00
	0		0	174,856	
	F - TO RECLASS HYPERBARIC OXYGEN				
1.00	HYPERBARIC OXYGEN THERAPY	76.98	97,705	204,903	1.00
	0		97,705	204,903	
	I - TO RECLASS POB 1 EXPENSES				
1.00	NEW CAP REL COSTS-POB I	1.05	0	174,512	1.00
2.00	OPERATION OF PLANT- POB I	7.01	0	248,921	2.00
	0		0	423,433	
	J - TO RECLASS PURCHASING VARIANCE				
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	66,809	1.00
	0		0	66,809	
	K - TO RECLASS DEPRECIATION EXPENSE				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,794,768	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292	3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	33,318	4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	3,776	5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	220,167	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	11,821,487	7.00
	0		0	18,895,290	
	M - TO RECLASS CHIEF OF SURGERY				
1.00	OPERATING ROOM	50.00	0	106,375	1.00
	0		0	106,375	
	O - TO RECLASS LAB ADMIN COSTS				
1.00	LABORATORY-PATHOLOGY	60.03	80,024	160,027	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	69,657	321,411	2.00
	0		149,681	481,438	
	P - TO RECLASS REHAB ADMIN FEES				
1.00	OCCUPATIONAL THERAPY	67.00	181,641	54,788	1.00
2.00	SPEECH PATHOLOGY	68.00	48,694	13,277	2.00
	0		230,335	68,065	
	Q - TO RECLASS ADMISSION KITS				
1.00	ADULTS & PEDIATRICS	30.00	0	22,124	1.00
2.00	SUBPROVIDER - IRF	41.00	0	478	2.00
	0		0	22,602	
	R - TO RECLASS DEPARTMENTAL DEPRECIATION				
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	5,541,308	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
7/26/2022 2:46 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
			0	5,541,308		
T - RECLASS GRAHAM MOB						
1.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	217,705		1.00
			0	217,705		
U - TO RECLASS INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	144,220	53,361		1.00
			144,220	53,361		
V - TO RECLASS IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	15,795,955		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
			0	15,795,955		
W - TO RECLASS SITEMAN MOB						
1.00	CAP REL COSTS-SITEMAN MOB	1.04	0	1,572,137		1.00
2.00	OPERATION OF PLANT SITEMAN POB	7.03	0	208,164		2.00
			0	1,780,301		
X - TO RECALSS REFERRAL BONUS TO SALARY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	13,750	0		1.00
2.00	OPERATION OF PLANT	7.00	5,000	0		2.00
3.00	HOUSEKEEPING	9.00	5,000	0		3.00
4.00	NURSING ADMINISTRATION	13.00	4,000	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	500	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	500	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	11,750	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	2,500	0		8.00
9.00	OPERATING ROOM	50.00	500	0		9.00
10.00	ANESTHESIOLOGY	53.00	500	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	500	0		11.00
12.00	CT SCAN	57.00	1,250	0		12.00
13.00	LABORATORY	60.00	1,000	0		13.00
14.00	RESPIRATORY THERAPY	65.00	3,750	0		14.00
15.00	OCCUPATIONAL THERAPY	67.00	1,250	0		15.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
16.00	PAIN MANAGEMENT & OP	76.01	1,000	0	16.00
	CHEMOTHERAPY				
17.00	OP PSYCH	76.03	500	0	17.00
18.00	EMERGENCY	91.00	15,750	0	18.00
19.00	AMBULANCE SERVICES	95.00	7,000	0	19.00
	0		76,000	0	
Y - TO RECLASS RELOCATION TO SALARY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,000	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	30,000	0	2.00
3.00	NURSING ADMINISTRATION	13.00	3,000	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	3,500	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	3,000	0	5.00
6.00	LABORATORY	60.00	2,000	0	6.00
	TOTALS		46,500	0	
Z - TO RECLASS COVID PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,319	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	20,964	0	2.00
3.00	OPERATION OF PLANT	7.00	7,686	0	3.00
4.00	OPERATION OF PLANT NW	7.02	726	0	4.00
5.00	HOUSEKEEPING	9.00	7,577	0	5.00
6.00	HOUSEKEEPING-POB I	9.01	488	0	6.00
7.00	HOUSEKEEPING NW	9.02	1,107	0	7.00
8.00	NURSING ADMINISTRATION	13.00	11,351	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	1,444	0	9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	9,020	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	9,532	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	42,371	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	11,105	0	13.00
14.00	SUBPROVIDER - IRF	41.00	2,697	0	14.00
15.00	OPERATING ROOM	50.00	22,726	0	15.00
16.00	RECOVERY ROOM	51.00	3,849	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	14,202	0	17.00
18.00	CT SCAN	57.00	2,378	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	880	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	2,801	0	20.00
21.00	LABORATORY	60.00	14,244	0	21.00
22.00	G.I. LAB	60.01	2,751	0	22.00
23.00	VASCULAR LAB	60.02	922	0	23.00
24.00	LABORATORY-PATHOLOGY	60.03	2,404	0	24.00
25.00	BLOOD STORING, PROCESSING & TRANS.	63.00	1,470	0	25.00
26.00	RESPIRATORY THERAPY	65.00	7,216	0	26.00
27.00	PHYSICAL THERAPY	66.00	10,822	0	27.00
28.00	OCCUPATIONAL THERAPY	67.00	2,692	0	28.00
29.00	SPEECH PATHOLOGY	68.00	1,122	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	2,492	0	30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	1,080	0	31.00
32.00	PAIN MANAGEMENT & OP	76.01	1,103	0	32.00
	CHEMOTHERAPY				
33.00	OP PSYCH	76.03	1,061	0	33.00
34.00	CARDIAC REHAB	76.04	811	0	34.00
35.00	EMERGENCY	91.00	24,294	0	35.00
36.00	AMBULANCE SERVICES	95.00	16,086	0	36.00
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,242	0	37.00
38.00	PHYSICIAN PRACTICE DEVELOPMENT	190.12	578	0	38.00
39.00	GRAHAM POB	192.01	947	0	39.00
40.00	SITEMAN MOB	192.02	367	0	40.00
41.00	OTHER POB'S	192.03	875	0	41.00
	TOTALS		271,802	0	
AA - TO RECLASS A&G CONTRACTED SERVICES					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	808,198	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	808,198	
AB - TO RECLASS NURSING CONTRACTED COSTS					
1.00	ADULTS & PEDIATRICS	30.00	0	28,225	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	28,225	

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
7/26/2022 2:46 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	AC - TO RECLASS IT CONTRACTED COSTS					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	61,867		1.00
	TOTALS		0	61,867		
	AD - TO RECLASS TEMP NURSES COSTS					
1.00	ADULTS & PEDIATRICS	30.00	0	301,281		1.00
	TOTALS		0	301,281		
	AE - TO RECLASS SUPPLIES REBATES					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	68,569		1.00
2.00	OPERATING ROOM	50.00	0	1,123,104		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	417,535		3.00
4.00	G.I. LAB	60.01	0	52,652		4.00
	TOTALS		0	1,661,860		
500.00	Grand Total: Increases		4,481,665	66,917,306		500.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
7/26/2022 2:46 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS PHARMACY RESIDENT PROGRAM						
1.00	PHARMACY	15.00	156,549	51,452	0		1.00
			156,549	51,452			
	B - TO RECLASS PROPERTY INSURANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	396,524	12		1.00
			0	396,524			
	C - TO RECLASS PHARMACEUTICALS						
1.00	PHARMACY	15.00	3,308,873	9,955,884	0		1.00
			3,308,873	9,955,884			
	D - TO RECLASS MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	252,722	0		1.00
2.00	OPERATING ROOM	50.00	0	4,879,092	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	205,354	0		3.00
4.00	CT SCAN	57.00	0	80,997	0		4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	37	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	3,535,179	0		6.00
7.00	G.I. LAB	60.01	0	541,484	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	15,792	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	2,463	0		9.00
10.00	OCCUPATIONAL THERAPY	67.00	0	2,056	0		10.00
11.00	RENAL DIALYSIS	74.00	0	5	0		11.00
12.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	296,576	0		12.00
13.00	EMERGENCY	91.00	0	7,857	0		13.00
			0	9,819,614			
	E - TO RECLASS PROF FEES FOR REHAB DIR						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	174,856	0		1.00
2.00		0.00	0	0	0		2.00
			0	174,856			
	F - TO RECLASS HYPERBARIC OXYGEN						
1.00	OPERATING ROOM	50.00	97,705	204,903	0		1.00
			97,705	204,903			
	I - TO RECLASS POB 1 EXPENSES						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	423,433	9		1.00
2.00		0.00	0	0	0		2.00
			0	423,433			
	J - TO RECLASS PURCHASING VARIANCE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	66,809	0		1.00
			0	66,809			
	K - TO RECLASS DEPRECIATION EXPENSE						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	18,895,290	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
			0	18,895,290			
	M - TO RECLASS CHIEF OF SURGERY						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	106,375	0		1.00
			0	106,375			
	O - TO RECLASS LAB ADMIN COSTS						
1.00	LABORATORY	60.00	149,681	481,438	0		1.00
2.00		0.00	0	0	0		2.00
			149,681	481,438			
	P - TO RECLASS REHAB ADMIN FEES						
1.00	PHYSICAL THERAPY	66.00	230,335	68,065	0		1.00
2.00		0.00	0	0	0		2.00
			230,335	68,065			
	Q - TO RECLASS ADMISSION KITS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,602	0		1.00
2.00		0.00	0	0	0		2.00
			0	22,602			
	R - TO RECLASS DEPARTMENTAL DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,058	0		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.02	0	55	0		2.00
3.00	OPERATION OF PLANT	7.00	0	60,068	0		3.00
4.00	OPERATION OF PLANT NW	7.02	0	16,510	0		4.00
5.00	HOUSEKEEPING	9.00	0	7,028	0		5.00
6.00	HOUSEKEEPING NW	9.02	0	935	0		6.00
7.00	DIETARY	10.00	0	67,147	0		7.00

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
7/26/2022 2:46 pm

Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
8.00	CAFETERIA	11.00	0	579	0	8.00
9.00	NURSING ADMINISTRATION	13.00	0	293,292	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	59,355	0	10.00
11.00	PHARMACY	15.00	0	46,451	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,232	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	204,412	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	88,651	0	14.00
15.00	SUBPROVIDER - IRF	41.00	0	8,550	0	15.00
16.00	OPERATING ROOM	50.00	0	786,689	0	16.00
17.00	RECOVERY ROOM	51.00	0	7,579	0	17.00
18.00	ANESTHESIOLOGY	53.00	0	55,188	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,295,352	0	19.00
20.00	CT SCAN	57.00	0	144,704	0	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15,671	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	448,700	0	22.00
23.00	LABORATORY	60.00	0	483,001	0	23.00
24.00	G.I. LAB	60.01	0	349,922	0	24.00
25.00	VASCULAR LAB	60.02	0	28,288	0	25.00
26.00	LABORATORY-PATHOLOGY	60.03	0	49,593	0	26.00
27.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	8,401	0	27.00
28.00	RESPIRATORY THERAPY	65.00	0	107,050	0	28.00
29.00	PHYSICAL THERAPY	66.00	0	5,274	0	29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	1,132	0	30.00
31.00	SPEECH PATHOLOGY	68.00	0	22	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	39,607	0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	21,793	0	33.00
34.00	RENAL DIALYSIS	74.00	0	15,428	0	34.00
35.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	9,044	0	35.00
36.00	OP PSYCH	76.03	0	612	0	36.00
37.00	CARDIAC REHAB	76.04	0	135	0	37.00
38.00	EMERGENCY	91.00	0	267,134	0	38.00
39.00	AMBULANCE SERVICES	95.00	0	541,951	0	39.00
40.00	CATERING	190.09	0	157	0	40.00
41.00	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	558	0	41.00
			0	5,541,308		
T - RECLASS GRAHAM MOB						
1.00	GRAHAM POB	192.01	0	217,705	9	1.00
			0	217,705		
U - TO RECLASS INTERNS AND RESIDENTS						
1.00	ADULTS & PEDIATRICS	30.00	144,220	53,361	0	1.00
			144,220	53,361		
V - TO RECLASS IMPLANTS						
1.00	OPERATING ROOM	50.00	0	9,263,827	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	68,218	0	2.00
3.00	CT SCAN	57.00	0	51	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	6,303,847	0	4.00
5.00	G.I. LAB	60.01	0	101,852	0	5.00
6.00	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	58,160	0	6.00
			0	15,795,955		
W - TO RECLASS SITEMAN MOB						
1.00	SITEMAN MOB	192.02	0	1,780,301	9	1.00
2.00		0.00	0	0	0	2.00
			0	1,780,301		
X - TO RECALSS REFERRAL BONUS TO SALARY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	76,000	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

RECLASSIFICATIONS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet A-6
Date/Time Prepared:
7/26/2022 2:46 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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
	0		0	76,000			
Y - TO RECLASS RELOCATION TO SALARY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,000	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	30,000	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	3,000	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	3,500	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	3,000	0		5.00
6.00	LABORATORY	60.00	0	2,000	0		6.00
	TOTALS		0	46,500			
Z - TO RECLASS COVID PTO							
1.00	ADMINISTRATIVE AND GENERAL	5.04	271,802	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
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
	TOTALS		271,802	0			
AA - TO RECLASS A&G CONTRACTED SERVICES							
1.00	NURSING ADMINISTRATION	13.00	0	2,004	0		1.00
2.00	PHARMACY	15.00	0	47,590	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	570,825	0		3.00
4.00	OPERATING ROOM	50.00	0	187,575	0		4.00
5.00	EMERGENCY	91.00	0	204	0		5.00
	TOTALS		0	808,198			
AB - TO RECLASS NURSING CONTRACTED COSTS							
1.00	NURSING ADMINISTRATION	13.00	0	23,815	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,410	0		2.00
	TOTALS		0	28,225			
AC - TO RECLASS IT CONTRACTED COSTS							
1.00	LABORATORY	60.00	0	61,867	0		1.00
	TOTALS		0	61,867			
AD - TO RECLASS TEMP NURSES COSTS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	301,281	0		1.00
	TOTALS		0	301,281			

RECLASSIFICATIONS

Provider CCN: 26-0180

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

Worksheet A-6

Date/Time Prepared:
7/26/2022 2:46 pm

	Decreases						7/26/2022 2:10 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	AE - TO RECLASS SUPPLIES REBATES						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,540	0		1.00
2.00	CT SCAN	57.00	0	11,114	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	631,449	0		3.00
4.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,015,757	0		4.00
	TOTALS		0	1,661,860			
500.00	Grand Total: Decreases		4,359,165	67,039,806			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,001,800	0	0	0	0	1.00
2.00	Land Improvements	8,142,255	1,186,139	0	1,186,139	365,792	2.00
3.00	Buildings and Fixtures	36,646,618	3,741,890	0	3,741,890	1,412,574	3.00
4.00	Building Improvements	153,093,109	15,772,824	0	15,772,824	2,643,305	4.00
5.00	Fixed Equipment	3,170,718	126,025	0	126,025	4,449	5.00
6.00	Movable Equipment	114,307,654	13,902,485	0	13,902,485	17,273,818	6.00
7.00	HIT designated Assets	6,578,562	7,039,241	0	7,039,241	0	7.00
8.00	Subtotal (sum of lines 1-7)	323,940,716	41,768,604	0	41,768,604	21,699,938	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	323,940,716	41,768,604	0	41,768,604	21,699,938	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,001,800	0				1.00
2.00	Land Improvements	8,962,602	0				2.00
3.00	Buildings and Fixtures	38,975,934	0				3.00
4.00	Building Improvements	166,222,628	0				4.00
5.00	Fixed Equipment	3,292,294	0				5.00
6.00	Movable Equipment	110,936,321	0				6.00
7.00	HIT designated Assets	13,617,803	0				7.00
8.00	Subtotal (sum of lines 1-7)	344,009,382	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	344,009,382	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0	1.03
1.04	CAP REL COSTS-SITEMAN MOB	0	0	0	0	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed 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	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-WHSE	0	0				1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0				1.02
1.03	NEW CAP REL COSTS-PFD	0	0				1.03
1.04	CAP REL COSTS-SITEMAN MOB	0	0				1.04
1.05	NEW CAP REL COSTS-POB I	0	0				1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0				1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0				1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	201,371,966	0	201,371,966	0.574641	227,860	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-PFD	6,875,229	0	6,875,229	0.019619	7,779	1.03
1.04	CAP REL COSTS-SITEMAN MOB	0	0	0	0.000000	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	0.000000	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0.000000	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	11,208,064	0	11,208,064	0.031984	12,682	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	130,975,484	0	130,975,484	0.373756	148,203	2.00
3.00	Total (sum of lines 1-2)	350,430,743	0	350,430,743	1.000000	396,524	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	227,860	9,321,247	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	5,482	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	16,292	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	7,779	33,318	0	1.03
1.04	CAP REL COSTS-SITEMAN MOB	0	0	0	1,572,137	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	216,549	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	223,881	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	12,682	531,144	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	148,203	12,524,161	0	2.00
3.00	Total (sum of lines 1-2)	0	0	396,524	24,444,211	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	227,860	0	0	9,549,107	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	16,292	1.02
1.03	NEW CAP REL COSTS-PFD	0	7,779	0	0	41,097	1.03
1.04	CAP REL COSTS-SITEMAN MOB	0	0	0	0	1,572,137	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	216,549	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	223,881	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	12,682	0	0	543,826	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	148,203	0	0	12,672,364	2.00
3.00	Total (sum of lines 1-2)	0	396,524	0	0	24,840,735	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP REL COSTS-WHSE (chapter 2)			0 NEW CAP REL COSTS-WHSE	1.01	0	1.01
1.02	Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)			0 NEW CAP REL COSTS-B BLDG	1.02	0	1.02
1.03	Investment income - NEW CAP REL COSTS-PFD (chapter 2)			0 NEW CAP REL COSTS-PFD	1.03	0	1.03
1.04	Investment income - CAP REL COSTS-SITEMAN MOB (chapter 2)			0 CAP REL COSTS-SITEMAN MOB	1.04	0	1.04
1.05	Investment income - NEW CAP REL COSTS-POB I (chapter 2)			0 NEW CAP REL COSTS-POB I	1.05	0	1.05
1.06	Investment income - NEW CAP REL COSTS-GRAHAM MOB (chapter 2)			0 NEW CAP REL COSTS-GRAHAM MOB	1.06	0	1.06
1.07	Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)			0 NEW CAP REL COSTS-NW BUILDING	1.07	0	1.07
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-21,304	ADMINISTRATIVE AND GENERAL	5.04	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	-15,909,822			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	-690,148			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	0	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
1.00	2.00	3.00	4.00	5.00				
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-WHSE			0	NEW CAP REL COSTS-WHSE	1.01	0	26.01
26.02	Depreciation - NEW CAP REL COSTS-B BLDG			0	NEW CAP REL COSTS-B BLDG	1.02	0	26.02
26.03	Depreciation - NEW CAP REL COSTS-PFD			0	NEW CAP REL COSTS-PFD	1.03	0	26.03
26.04	Depreciation - CAP REL COSTS-SITEMAN MOB			0	CAP REL COSTS-SITEMAN MOB	1.04	0	26.04
26.05	Depreciation - NEW CAP REL COSTS-POB I			0	NEW CAP REL COSTS-POB I	1.05	0	26.05
26.06	Depreciation - NEW CAP REL COSTS-GRAHAM MOB			0	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	26.06
26.07	Depreciation - NEW CAP REL COSTS-NW BUILDING			0	NEW CAP REL COSTS-NW BUILDING	1.07	0	26.07
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	PENSION FUNDING	A	20,111		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	NON ALLOWABLE ASSOC DUES	A	-31,702		ADMINISTRATIVE AND GENERAL	5.04	0	33.01
33.02	INT ON UNNECESSARY BORROWING	A	-745,586		ADMINISTRATIVE AND GENERAL	5.04	0	33.02
33.03	FIN COST ON UNNECESSARY BORROWING	A	2,665		ADMINISTRATIVE AND GENERAL	5.04	0	33.03
33.04	LOSS ON UNNECESSARY BORROWING	A	-331,276		ADMINISTRATIVE AND GENERAL	5.04	0	33.04
33.05	ASSET IMPAIRMENT DEPRECIATION	A	2,526,479		NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.05
33.06	ASSET IMPAIRMENT DEPRECIATION	A	42,037		NEW CAP REL COSTS-POB I	1.05	9	33.06
33.08	ASSET IMPAIRMENT DEPRECIATION	A	2,400		NEW CAP REL COSTS-GRAHAM MOB	1.06	9	33.08
33.09	ASSET IMPAIRMENT DEPRECIATION	A	310,977		NEW CAP REL COSTS-NW BUILDING	1.07	9	33.09
33.10	ASSET IMPAIRMENT DEPRECIATION	A	702,674		NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.10
33.11	ACCELERATED DEPRECIATION	A	-34,019		ADMINISTRATIVE AND GENERAL	5.04	0	33.11
33.12	MEDICAID TAX ASSESSMENT	A	14,039,998		ADMINISTRATIVE AND GENERAL	5.04	0	33.12
33.14	MALPRACTICE ADJUSTMENT	A	-1,644,000		ADMINISTRATIVE AND GENERAL	5.04	0	33.14
33.17	OTHER REVENUE EMPLOYEE MEAL SALES	B	-1,232,863		CAFETERIA	11.00	0	33.17
33.18	OTHER REVENUE	B	-31,284		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.18
33.19	OTHER REVENUE	B	-2,037,725		ADMINISTRATIVE AND GENERAL	5.04	0	33.19
33.20	OTHER REVENUE	B	-48,008		CAFETERIA	11.00	0	33.20
33.21	OTHER REVENUE	B	-32,146		NURSING ADMINISTRATION	13.00	0	33.21
33.22	OTHER REVENUE	B	-33,749		PHARMACY	15.00	0	33.22
33.23	OTHER REVENUE	B	-22,658		OPERATING ROOM	50.00	0	33.23
33.24	OTHER REVENUE	B	-50		RADIOLOGY-DIAGNOSTIC	54.00	0	33.24
33.25	OTHER REVENUE	B	-1,370		PHYSICAL THERAPY	66.00	0	33.25
33.26	OTHER REVENUE	B	-30,393		PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	33.26
33.27	OTHER REVENUE	B	-5,342		HYPERBARIC OXYGEN THERAPY	76.98	0	33.27
33.28	OTHER REVENUE	B	-222,083		AMBULANCE SERVICES	95.00	0	33.28
33.29	SALE OF MEDICAL RECORDS	B	-8,294		MEDICAL RECORDS & LIBRARY	16.00	0	33.29

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
33.30	ADVERTISING EXPENSE	A	-123	ADMINISTRATIVE AND GENERAL	5.04	0	33.30
33.32	ADVERTISING EXPENSE	A	-1,063	NURSING ADMINISTRATION	13.00	0	33.32
33.33	ADVERTISING EXPENSE	A	-1,030	RADIOLOGY-DIAGNOSTIC	54.00	0	33.33
33.34	ADVERTISING EXPENSE	A	-5,908	PHYSICAL THERAPY	66.00	0	33.34
33.38	CHARITABLE CONTRIBUTIONS	A	-1,184	ADMINISTRATIVE AND GENERAL	5.04	0	33.38
33.39	CONTRIBUTIONS	A	-2,500	ADMINISTRATIVE AND GENERAL	5.04	0	33.39
33.40	ALCOHOLIC BEVERAGES	A	-700	ADMINISTRATIVE AND GENERAL	5.04	0	33.40
33.41	ALCOHOLIC BEVERAGES	A	-117	NURSING ADMINISTRATION	13.00	0	33.41
33.42	ENTERTAINMENT EXPENSE	A	-7,230	ADMINISTRATIVE AND GENERAL	5.04	0	33.42
33.43	ENTERTAINMENT EXPENSE	A	-179	NURSING ADMINISTRATION	13.00	0	33.43
33.44	ENTERTAINMENT EXPENSE	A	-7	LABORATORY	60.00	0	33.44
34.00	ENTERTAINMENT EXPENSE	A	-529	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
35.00	ENTERTAINMENT EXPENSE	A	-223	AMBULANCE SERVICES	95.00	0	35.00
36.00	NON ALLOWABLE ACTIVITIES	A	-5,886	ADMINISTRATIVE AND GENERAL	5.04	0	36.00
37.00	LOSS ON REFINANCING	A	-28,824	ADMINISTRATIVE AND GENERAL	5.04	0	37.00
38.00	GAIN/LOSS ON ASSETS	A	-612	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
38.01	GAIN/LOSS ON ASSETS	A	2,239	ADMINISTRATIVE AND GENERAL	5.04	0	38.01
38.02	GAIN/LOSS ON ASSETS	A	-441	OPERATION OF PLANT	7.00	0	38.02
38.04	GAIN/LOSS ON ASSETS	A	-48,750	HOUSEKEEPING	9.00	0	38.04
38.05	GAIN/LOSS ON ASSETS	A	-65	HOUSEKEEPING NW	9.02	0	38.05
38.06	GAIN/LOSS ON ASSETS	A	-8,150	DIETARY	10.00	0	38.06
38.07	GAIN/LOSS ON ASSETS	A	-78	NURSING ADMINISTRATION	13.00	0	38.07
38.08	GAIN/LOSS ON ASSETS	A	-7,882	PHARMACY	15.00	0	38.08
38.09	GAIN/LOSS ON ASSETS	A	-433	MEDICAL RECORDS & LIBRARY	16.00	0	38.09
38.10	GAIN/LOSS ON ASSETS	A	-9,790	ADULTS & PEDIATRICS	30.00	0	38.10
38.11	GAIN/LOSS ON ASSETS	A	-214	INTENSIVE CARE UNIT	31.00	0	38.11
38.12	GAIN/LOSS ON ASSETS	A	-373	OPERATING ROOM	50.00	0	38.12
38.13	GAIN/LOSS ON ASSETS	A	-6,079	RADIOLOGY-DIAGNOSTIC	54.00	0	38.13
38.14	GAIN/LOSS ON ASSETS	A	-14,033	LABORATORY	60.00	0	38.14
38.15	GAIN/LOSS ON ASSETS	A	-3,681	LABORATORY-PATHOLOGY	60.03	0	38.15
38.16	GAIN/LOSS ON ASSETS	A	-678	PHYSICAL THERAPY	66.00	0	38.16
38.18	GAIN/LOSS ON ASSETS	A	-306	OCCUPATIONAL THERAPY	67.00	0	38.18
38.19	GAIN/LOSS ON ASSETS	A	-153	SPEECH PATHOLOGY	68.00	0	38.19
39.00	GAIN/LOSS ON ASSETS	A	-1,544	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	39.00
40.00	GAIN/LOSS ON ASSETS	A	-378	OP PSYCH	76.03	0	40.00
41.00	GAIN/LOSS ON ASSETS	A	-4,479	EMERGENCY	91.00	0	41.00
42.00	GAIN/LOSS ON ASSETS	A	-6,724	AMBULANCE SERVICES	95.00	0	42.00
43.00	GAIN/LOSS ON ASSETS	A	-5,703	PHYSICIANS' PRIVATE OFFICES	192.00	0	43.00
44.00	GAIN/LOSS ON ASSETS	A	-8,210	GRAHAM POB	192.01	0	44.00
45.00	GAIN/LOSS ON ASSETS	A	-113,564	OTHER POB'S	192.03	0	45.00
46.00	INTERCO RENT EXPENSE	A	-103,143	ADMINISTRATIVE AND GENERAL	5.04	0	46.00
46.01	INTERCO RENT EXPENSE	A	-99,000	RADIOLOGY-DIAGNOSTIC	54.00	0	46.01
46.02	INTERCO RENT EXPENSE	A	-50,964	LABORATORY	60.00	0	46.02
46.03	INTERCO RENT EXPENSE	A	-28,316	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	46.03
46.04	INTERCO RENT EXPENSE	A	-12,816	AMBULANCE SERVICES	95.00	0	46.04
46.05	INTERCO RENT EXPENSE	A	-11,057	RETAIL PHARMACY	190.10	0	46.05
46.06	SELF FUNDED INS PAYMENTS	B	-68,393	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.06
46.07	SELF FUNDED INS PAYMENTS	B	-371,108	ADMINISTRATIVE AND GENERAL	5.04	0	46.07
46.08	SELF FUNDED INS PAYMENTS	B	-127,492	OPERATION OF PLANT	7.00	0	46.08
46.09	SELF FUNDED INS PAYMENTS	B	-17,246	OPERATION OF PLANT NW	7.02	0	46.09
46.10	SELF FUNDED INS PAYMENTS	B	-131,883	HOUSEKEEPING	9.00	0	46.10
46.11	SELF FUNDED INS PAYMENTS	B	-5,865	HOUSEKEEPING-POB I	9.01	0	46.11
46.12	SELF FUNDED INS PAYMENTS	B	-15,568	HOUSEKEEPING NW	9.02	0	46.12
46.13	SELF FUNDED INS PAYMENTS	B	-183,534	NURSING ADMINISTRATION	13.00	0	46.13
46.14	SELF FUNDED INS PAYMENTS	B	-25,130	CENTRAL SERVICES & SUPPLY	14.00	0	46.14
46.15	SELF FUNDED INS PAYMENTS	B	-464	PHARMACY	15.00	0	46.15
46.16	SELF FUNDED INS PAYMENTS	B	-146,580	MEDICAL RECORDS & LIBRARY	16.00	0	46.16
46.17	SELF FUNDED INS PAYMENTS	B	-7,414	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	46.17
46.18	SELF FUNDED INS PAYMENTS	B	-8,048	PARAMED ED PRGM PHARMACY	23.01	0	46.18
46.19	SELF FUNDED INS PAYMENTS	B	-956,059	ADULTS & PEDIATRICS	30.00	0	46.19
46.20	SELF FUNDED INS PAYMENTS	B	-242,100	INTENSIVE CARE UNIT	31.00	0	46.20
46.21	SELF FUNDED INS PAYMENTS	B	-52,942	SUBPROVIDER - IRF	41.00	0	46.21
46.22	SELF FUNDED INS PAYMENTS	B	-336,494	OPERATING ROOM	50.00	0	46.22

ADJUSTMENTS TO EXPENSES

Provider CCN: 26-0180

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

Worksheet A-8

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
46.23	SELF FUNDED INS PAYMENTS	B	-42,227	RECOVERY ROOM	51.00	0	46.23
46.24	SELF FUNDED INS PAYMENTS	B	-26	ANESTHESIOLOGY	53.00	0	46.24
46.25	SELF FUNDED INS PAYMENTS	B	-222,805	RADIOLOGY-DIAGNOSTIC	54.00	0	46.25
46.26	SELF FUNDED INS PAYMENTS	B	-60,164	CT SCAN	57.00	0	46.26
46.27	SELF FUNDED INS PAYMENTS	B	-16,489	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	46.27
46.28	SELF FUNDED INS PAYMENTS	B	-58,885	CARDIAC CATHETERIZATION	59.00	0	46.28
46.29	SELF FUNDED INS PAYMENTS	B	-221,335	LABORATORY	60.00	0	46.29
46.30	SELF FUNDED INS PAYMENTS	B	-43,779	G.I. LAB	60.01	0	46.30
46.31	SELF FUNDED INS PAYMENTS	B	-15,162	VASCULAR LAB	60.02	0	46.31
46.32	SELF FUNDED INS PAYMENTS	B	-33,548	LABORATORY-PATHOLOGY	60.03	0	46.32
46.33	SELF FUNDED INS PAYMENTS	B	-29,152	BLOOD STORING, PROCESSING & TRANS.	63.00	0	46.33
46.34	SELF FUNDED INS PAYMENTS	B	-143,323	RESPIRATORY THERAPY	65.00	0	46.34
46.35	SELF FUNDED INS PAYMENTS	B	-152,081	PHYSICAL THERAPY	66.00	0	46.35
46.36	SELF FUNDED INS PAYMENTS	B	-69,296	OCCUPATIONAL THERAPY	67.00	0	46.36
46.37	SELF FUNDED INS PAYMENTS	B	-18,580	SPEECH PATHOLOGY	68.00	0	46.37
46.38	SELF FUNDED INS PAYMENTS	B	-36,750	ELECTROCARDIOLOGY	69.00	0	46.38
46.39	SELF FUNDED INS PAYMENTS	B	-15,655	ELECTROENCEPHALOGRAPHY	70.00	0	46.39
46.40	SELF FUNDED INS PAYMENTS	B	-170,098	DRUGS CHARGED TO PATIENTS	73.00	0	46.40
46.41	SELF FUNDED INS PAYMENTS	B	-41,219	PAIN MANAGEMENT & OP CHEMOTHERAPY	76.01	0	46.41
46.42	SELF FUNDED INS PAYMENTS	B	-12,100	OP PSYCH	76.03	0	46.42
46.43	SELF FUNDED INS PAYMENTS	B	-8,184	CARDIAC REHAB	76.04	0	46.43
46.44	SELF FUNDED INS PAYMENTS	B	-5,023	HYPERBARIC OXYGEN THERAPY	76.98	0	46.44
46.45	SELF FUNDED INS PAYMENTS	B	-492,033	EMERGENCY	91.00	0	46.45
46.46	SELF FUNDED INS PAYMENTS	B	-353,929	AMBULANCE SERVICES	95.00	0	46.46
46.47	SELF FUNDED INS PAYMENTS	B	-3,128	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	46.47
46.48	SELF FUNDED INS PAYMENTS	B	-15,147	RETAIL PHARMACY	190.10	0	46.48
46.49	SELF FUNDED INS PAYMENTS	B	-13,106	PHYSICIAN PRACTICE DEVELOPMENT	190.12	0	46.49
46.50	SELF FUNDED INS PAYMENTS	B	-12,740	PHYSICIAN PRACTICE	190.13	0	46.50
46.51	SELF FUNDED INS PAYMENTS	B	-1,916	PHYSICIANS' PRIVATE OFFICES	192.00	0	46.51
46.52	SELF FUNDED INS PAYMENTS	B	-11,220	GRAHAM POB	192.01	0	46.52
46.53	SELF FUNDED INS PAYMENTS	B	-5,900	SITEMAN MOB	192.02	0	46.53
46.54	SELF FUNDED INS PAYMENTS	B	-17,623	OTHER POB'S	192.03	0	46.54
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,106,304				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: 26-0180

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

Worksheet A-8-1

Date/Time Prepared:
7/26/2022 2:46 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.04	ADMINISTRATIVE AND GENERAL	BJC HEALTH SYSTEM	43,733,521	44,530,310	1.00
2.00	5.04	ADMINISTRATIVE AND GENERAL	CHRISTIAN HEALTH SERVICES	-8,897	0	2.00
3.00	5.04	ADMINISTRATIVE AND GENERAL	TELEPHONE FACILITIES CORP	108,834	128,225	3.00
4.00	50.00	OPERATING ROOM	MIDWEST SURGICAL TECHNOLOGIE	18,553	118,895	4.00
4.01	60.00	LABORATORY	CHIDRENS HOSPITAL LAB	22,910	41,594	4.01
4.02	60.00	LABORATORY	BARNES JEWIXH HOSPITAL LAB	1,766,122	1,458,417	4.02
4.03	60.03	LABORATORY-PATHOLOGY	BARNES JEWISH PATHOLOGY LAB	4,296	8,104	4.03
4.04	63.00	BLOOD STORING, PROCESSING &	BARNES JEWISH BLOOD BANK	29,486	55,127	4.04
4.05	60.00	LABORATORY	MISSOURI BAPTIST LAB	20,622	32,066	4.05
4.06	50.00	OPERATING ROOM	MIDWEST LITHOTRIPSY	6,696	19,553	4.06
5.00	0		0	45,702,143	46,392,291	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	G	BJC HEALTH CARE	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	HOME OFFICE		0.00	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.

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

Provider CCN: 26-0180

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

Worksheet A-8-1

Date/Time Prepared:
7/26/2022 2:46 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-796,789	0		1.00
2.00	-8,897	0		2.00
3.00	-19,391	0		3.00
4.00	-100,342	0		4.00
4.01	-18,684	0		4.01
4.02	307,705	0		4.02
4.03	-3,808	0		4.03
4.04	-25,641	0		4.04
4.05	-11,444	0		4.05
4.06	-12,857	0		4.06
5.00	-690,148			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 26-0180

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

Worksheet A-8-2

Date/Time Prepared:
7/26/2022 2:46 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	ADMINISTRATIVE AND GENERAL	3,763,742	3,763,742	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,349,634	5,349,634	0	0	0	2.00
3.00	50.00	OPERATING ROOM	229,263	229,263	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	3,131,014	3,131,014	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	2,992,183	2,992,183	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	8,166	8,166	0	0	0	6.00
7.00	76.01	PAIN MANAGEMENT & OP CHEMOTHERAPY	435,820	435,820	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			15,909,822	15,909,822	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	76.01	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	3,763,742		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,349,634		2.00
3.00	50.00	OPERATING ROOM	0	0	0	229,263		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	3,131,014		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,992,183		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	8,166		6.00
7.00	76.01	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	435,820		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	15,909,822		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	9,549,107	9,549,107				1.00
1.01	00101	NEW CAP REL COSTS-WHSE	5,482	0	5,482			1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	16,292	0	0	16,292		1.02
1.03	00103	NEW CAP REL COSTS-PFD	41,097	0	0	0	41,097	1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB	1,572,137	0	0	0	0	1.04
1.05	00105	NEW CAP REL COSTS-POB I	216,549	0	0	0	0	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	223,881	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	543,826	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	12,672,364					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,214,183	17,176	0	964	3,804	4.00
5.01	00570	ADMITTING	83,694	82,945	0	0	3,749	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,303	0	0	46	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	70,366,913	796,859	3,093	1,735	23,846	5.04
7.00	00700	OPERATION OF PLANT	6,809,719	1,322,742	334	1,064	5,060	7.00
7.01	00701	OPERATION OF PLANT- POB I	256,322	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	872,922	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	208,164	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	1,191,105	101,972	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,659,107	111,067	0	102	191	9.00
9.01	00901	HOUSEKEEPING-POB I	201,910	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	553,939	0	0	0	0	9.02
10.00	01000	DIETARY	6,179,853	62,700	2,055	0	178	10.00
11.00	01100	CAFETERIA	-1,193,881	73,150	0	1,297	489	11.00
13.00	01300	NURSING ADMINISTRATION	6,870,220	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	831,157	112,173	0	0	0	14.00
15.00	01500	PHARMACY	2,194,878	62,632	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,751,431	98,451	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	190,167	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	199,953	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,863,506	2,790,653	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,285,821	177,785	0	159	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,948,292	146,051	0	0	0	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,884,660	1,128,504	0	58	0	50.00
51.00	05100	RECOVERY ROOM	1,264,496	55,590	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	669,987	8,938	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,607,443	850,102	0	145	0	54.00
57.00	05700	CT SCAN	2,207,215	37,511	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	465,778	23,247	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,173,383	150,610	0	0	0	59.00
60.00	06000	LABORATORY	13,745,248	104,996	0	3,760	0	60.00
60.01	06001	G.I. LAB	1,609,105	34,600	0	946	0	60.01
60.02	06002	VASCULAR LAB	451,572	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,586,391	0	0	351	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,561,420	0	0	377	0	63.00
65.00	06500	RESPIRATORY THERAPY	6,119,518	48,684	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	4,218,685	73,849	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,728,508	40,694	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	452,524	27,739	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	959,735	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	573,170	0	0	439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,165,563	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,780,198	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,103,679	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,320,784	30,560	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	1,291,774	6,839	0	0	0	76.01
76.03	03550	OP PSYCH	381,155	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	198,435	50,715	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	292,243	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	19,060,015	373,309	0	1,595	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
			0	1.00	1.01	1.02	1.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	10,667,710	0	0	218	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	328,928,807	9,002,843	5,482	15,059	37,317	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	653,752	28,438	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	237,686	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	1,687	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	272,082	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	21,893	0	0	0	76	190.09
190.10	19010	RETAIL PHARMACY	1,452,012	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	6,885	8,058	0	0	941	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	421,506	0	0	0	1,076	190.12
190.13	19013	PHYSICIAN PRACTICE	2,626,935	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	73,808	0	0	0	0	192.00
192.01	19201	GRAHAM POB	438,401	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	175,523	0	0	0	0	192.02
192.03	19203	OTHER POB'S	1,832,250	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	336,631,772	9,549,107	5,482	16,292	41,097	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description		CAPITAL RELATED COSTS						
		SITEMAN MOB	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP		
		1.04	1.05	1.06	1.07	2.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-WHSE					1.01	
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02	
1.03	00103	NEW CAP REL COSTS-PFD					1.03	
1.04	00104	CAP REL COSTS-SITEMAN MOB	1,572,137				1.04	
1.05	00105	NEW CAP REL COSTS-POB I	0	216,549			1.05	
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	223,881		1.06	
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	543,826	1.07	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				12,672,364	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,847	0	6,702	4.00	
5.01	00570	ADMITTING	0	0	0	14,801	5.01	
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	91	5.02	
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	5.03	
5.04	00591	ADMINISTRATIVE AND GENERAL	142,546	32,568	10,400	108,403	2,368,500	5.04
7.00	00700	OPERATION OF PLANT	0	17,019	1,031	0	90,797	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	12,550	27,267	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	5,674	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	2,456	9.00
9.01	00901	HOUSEKEEPING-POB I	0	241	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	7,760	499	9.02
10.00	01000	DIETARY	0	0	0	0	110,896	10.00
11.00	01100	CAFETERIA	0	0	0	13,999	956	11.00
13.00	01300	NURSING ADMINISTRATION	0	883	0	0	484,383	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	75,239	14.00
15.00	01500	PHARMACY	0	0	0	0	72,329	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,292	0	7,349	2,035	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	336,843	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	142,733	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	14,121	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	1,285,924	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	12,517	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	91,145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	392,335	0	0	41,945	3,540,518	54.00
57.00	05700	CT SCAN	0	0	0	29,406	5,514	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,855	25,881	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	748,058	59.00
60.00	06000	LABORATORY	40,684	730	0	12,498	783,203	60.00
60.01	06001	G.I. LAB	0	0	0	0	577,910	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	46,719	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	82,207	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	13,875	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,931	176,797	65.00
66.00	06600	PHYSICAL THERAPY	0	0	49,938	0	2,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,093	0	1,870	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,479	0	36	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	65,413	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	34,247	24,707	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	20,517	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	2,277	0	0	14,937	76.01
76.03	03550	OP PSYCH	0	0	0	0	1,011	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	223	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	184,234	437,161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	880,395	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAPITAL RELATED COSTS					
			SITEMAN MOB	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		575,565	62,857	73,941	519,652	12,575,064	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	24,174	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	24,246	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	259	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	922	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	36,018	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	129,446	0	0	0	192.00
192.01	19201	GRAHAM POB	0	0	149,940	0	0	192.01
192.02	19202	SITEMAN MOB	996,572	0	0	0	47,052	192.02
192.03	19203	OTHER POB'S	0	0	0	0	13,049	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,572,137	216,549	223,881	543,826	12,672,364	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATIO N	Subtotal	
			4.00	5.01	5.02	5.03	5A.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,248,676					4.00
5.01	00570	ADMITTING	0	185,189				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	8,440			5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0		5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	242,914	0	0	0	74,097,777	5.04
7.00	00700	OPERATION OF PLANT	83,451	0	0	0	8,331,217	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	256,322	7.01
7.02	00702	OPERATION OF PLANT NW	11,289	0	0	0	924,028	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	208,164	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,298,751	8.00
9.00	00900	HOUSEKEEPING	86,326	0	0	0	4,859,249	9.00
9.01	00901	HOUSEKEEPING-POB I	3,839	0	0	0	205,990	9.01
9.02	00902	HOUSEKEEPING NW	10,190	0	0	0	572,388	9.02
10.00	01000	DIETARY	0	0	0	0	6,355,682	10.00
11.00	01100	CAFETERIA	0	0	0	0	-1,103,990	11.00
13.00	01300	NURSING ADMINISTRATION	120,135	0	0	0	7,475,918	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,449	0	0	0	1,035,018	14.00
15.00	01500	PHARMACY	304	0	0	0	2,330,143	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	95,946	0	0	0	3,958,504	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	190,167	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	5,268	0	0	0	205,221	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	625,787	24,807	1,048	0	54,642,918	30.00
31.00	03100	INTENSIVE CARE UNIT	158,470	5,177	219	0	11,770,364	31.00
41.00	04100	SUBPROVIDER - IRF	34,654	1,024	43	0	2,144,185	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	220,257	13,673	578	0	16,533,654	50.00
51.00	05100	RECOVERY ROOM	27,640	1,618	68	0	1,361,929	51.00
53.00	05300	ANESTHESIOLOGY	17	2,971	126	0	773,184	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	145,840	10,701	452	0	11,589,481	54.00
57.00	05700	CT SCAN	39,381	10,587	447	0	2,330,061	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,793	1,576	67	0	541,197	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,544	6,433	272	0	3,117,300	59.00
60.00	06000	LABORATORY	144,878	19,651	830	0	14,856,478	60.00
60.01	06001	G.I. LAB	28,656	2,073	88	0	2,253,378	60.01
60.02	06002	VASCULAR LAB	9,925	1,684	71	0	510,354	60.02
60.03	06003	LABORATORY-PATHOLOGY	21,959	1,826	77	0	1,692,811	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,082	1,724	73	0	2,596,551	63.00
65.00	06500	RESPIRATORY THERAPY	93,814	5,273	223	0	6,477,293	65.00
66.00	06600	PHYSICAL THERAPY	99,547	2,948	125	0	4,447,771	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,359	1,024	43	0	1,823,591	67.00
68.00	06800	SPEECH PATHOLOGY	12,162	299	13	0	499,252	68.00
69.00	06900	ELECTROCARDIOLOGY	24,055	6,351	268	0	1,056,618	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,247	921	39	0	643,770	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,371	185	0	9,170,119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,731	327	0	14,788,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,340	5,397	228	0	13,220,644	73.00
74.00	07400	RENAL DIALYSIS	0	1,040	44	0	2,372,945	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	26,980	1,709	72	0	1,344,588	76.01
76.03	03550	OP PSYCH	7,920	170	7	0	390,263	76.03
76.04	03020	CARDIAC REHAB	5,357	133	6	0	254,869	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,288	186	8	0	295,725	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	322,067	34,173	2,058	0	20,414,612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	231,669	7,938	335	0	11,788,265	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATIO N	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,195,799	185,189	8,440	0	326,902,975	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,048	0	0	0	684,238	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	24,174	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	237,686	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	1,687	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	272,082	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	24,246	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	22,228	190.09
190.10	19010 RETAIL PHARMACY	9,915	0	0	0	1,461,927	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	15,884	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	8,579	0	0	0	432,083	190.12
190.13	19013 PHYSICIAN PRACTICE	8,339	0	0	0	2,671,292	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,254	0	0	0	204,508	192.00
192.01	19201 GRAHAM POB	7,344	0	0	0	595,685	192.01
192.02	19202 SITEMAN MOB	3,862	0	0	0	1,223,009	192.02
192.03	19203 OTHER POB'S	11,536	0	0	0	1,856,835	192.03
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,248,676	185,189	8,440	0	336,631,772	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 01/01/2021
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Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	OPERATION OF PLANT SITEMAN POB	
			5.04	7.00	7.01	7.02	7.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	74,097,777					5.04
7.00	00700	OPERATION OF PLANT	2,341,564	10,672,781				7.00
7.01	00701	OPERATION OF PLANT- POB I	72,042	0	328,364			7.01
7.02	00702	OPERATION OF PLANT NW	259,706	0	0	1,183,734		7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	58,506	0	0	0	266,670	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	365,026	123,649	0	16,458	0	8.00
9.00	00900	HOUSEKEEPING	1,365,736	156,190	0	0	0	9.00
9.01	00901	HOUSEKEEPING-POB I	57,895	0	492	0	0	9.01
9.02	00902	HOUSEKEEPING NW	160,875	0	0	22,510	0	9.02
10.00	01000	DIETARY	1,786,322	287,667	0	0	0	10.00
11.00	01100	CAFETERIA	0	253,703	0	40,608	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,101,174	31,446	1,801	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	290,901	136,020	0	0	0	14.00
15.00	01500	PHARMACY	654,908	75,947	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,112,573	119,380	6,710	21,318	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	53,448	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	57,679	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,357,833	3,412,997	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,308,167	232,410	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	602,642	177,099	0	0	0	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,646,932	1,374,592	0	0	0	50.00
51.00	05100	RECOVERY ROOM	382,782	67,408	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	217,310	10,838	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,257,328	1,046,202	0	121,674	73,184	54.00
57.00	05700	CT SCAN	654,885	45,486	0	85,300	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	152,108	28,189	0	40,190	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	876,145	182,628	0	0	0	59.00
60.00	06000	LABORATORY	4,175,547	525,824	1,487	36,255	7,589	60.00
60.01	06001	G.I. LAB	633,332	142,177	0	0	0	60.01
60.02	06002	VASCULAR LAB	143,440	40,614	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	475,780	37,221	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	729,784	39,957	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,820,501	64,671	0	95,526	0	65.00
66.00	06600	PHYSICAL THERAPY	1,250,086	89,549	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	512,537	49,345	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	140,319	33,635	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	296,972	84,349	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	180,937	46,526	0	99,343	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,577,344	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,156,372	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,715,781	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	666,938	37,056	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	377,909	8,293	4,641	0	0	76.01
76.03	03550	OP PSYCH	109,687	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	71,633	61,496	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	83,116	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,737,710	621,749	0	534,428	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,313,198	23,071	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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7/26/2022 2:46 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	OPERATION OF PLANT SITEMAN POB	
			5.04	7.00	7.01	7.02	7.03	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		71,363,410	9,667,384	15,131	1,113,610	80,773	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	192,311	34,484	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	347	130,683	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	6,794	0	0	70,124	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	66,804	288,214	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	474	94,776	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	76,471	329,923	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	6,815	0	49,415	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	6,247	4,242	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	410,888	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	4,464	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	121,441	60,429	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	750,791	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,479	62,646	263,818	0	0	192.00
192.01	19201	GRAHAM POB	167,423	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	343,738	0	0	0	185,897	192.02
192.03	19203	OTHER POB'S	521,880	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	74,097,777	10,672,781	328,364	1,183,734	266,670	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	
			8.00	9.00	9.01	9.02	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE	1,803,884					8.00
9.00	00900	HOUSEKEEPING	0	6,381,175				9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	264,377			9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	755,773		9.02
10.00	01000	DIETARY	0	180,702	0	0	8,610,373	10.00
11.00	01100	CAFETERIA	0	159,367	0	26,809	6,807,541	11.00
13.00	01300	NURSING ADMINISTRATION	0	19,753	1,452	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,888	85,443	0	0	0	14.00
15.00	01500	PHARMACY	0	47,707	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	74,990	5,411	14,074	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	948,855	2,143,919	0	0	1,410,336	30.00
31.00	03100	INTENSIVE CARE UNIT	86,217	145,992	0	0	150,475	31.00
41.00	04100	SUBPROVIDER - IRF	90,138	111,247	0	0	94,531	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,625	863,470	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	42,343	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	6,808	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	76,197	657,187	0	80,329	0	54.00
57.00	05700	CT SCAN	40,738	28,573	0	56,315	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,707	0	26,534	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,137	114,720	0	0	0	59.00
60.00	06000	LABORATORY	0	330,304	1,199	23,935	0	60.00
60.01	06001	G.I. LAB	38,492	89,311	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	25,512	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	23,381	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	25,100	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	40,624	0	63,066	0	65.00
66.00	06600	PHYSICAL THERAPY	0	56,251	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	30,997	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	21,129	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	52,985	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	311	29,226	0	65,586	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	23,278	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	5,209	3,742	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	38,630	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	423,646	390,561	0	352,829	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	21,640	14,493	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,803,884	5,896,919	11,804	709,477	8,462,883	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	
		8.00	9.00	9.01	9.02	10.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,662	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	82,090	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	46,296	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	181,046	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	59,535	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	59,947	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	39,845	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	147,490	190.08
190.09	19009	CATERING	0	2,665	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	37,959	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	39,352	212,728	0	192.00
192.01	19201	GRAHAM POB	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	0	0	0	0	192.02
192.03	19203	OTHER POB'S	0	0	0	0	192.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,803,884	6,381,175	264,377	755,773	8,610,373 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	6,184,038					11.00
13.00	01300	NURSING ADMINISTRATION	210,544	9,842,088				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,477	0	1,614,747			14.00
15.00	01500	PHARMACY	158,144	0	0	3,266,849		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	171,732	0	0	15,748	5,500,440	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	15,521	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	11,645	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,279,735	4,771,747	0	2,458	736,524	30.00
31.00	03100	INTENSIVE CARE UNIT	243,039	898,876	0	528	153,692	31.00
41.00	04100	SUBPROVIDER - IRF	72,278	261,552	0	106	30,405	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	390,518	1,436,104	0	11,767	405,940	50.00
51.00	05100	RECOVERY ROOM	53,362	189,251	0	15	48,038	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	14,618	88,207	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	280,880	0	0	948	317,724	54.00
57.00	05700	CT SCAN	66,950	0	0	4	314,320	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,954	0	0	0	46,788	58.00
59.00	05900	CARDIAC CATHETERIZATION	64,518	0	0	137	191,006	59.00
60.00	06000	LABORATORY	373,536	0	0	0	583,433	60.00
60.01	06001	G.I. LAB	64,518	0	0	20	61,544	60.01
60.02	06002	VASCULAR LAB	15,040	0	0	0	50,012	60.02
60.03	06003	LABORATORY-PATHOLOGY	50,449	0	0	0	54,211	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,717	0	0	0	51,193	63.00
65.00	06500	RESPIRATORY THERAPY	162,029	0	0	50	156,549	65.00
66.00	06600	PHYSICAL THERAPY	185,801	0	0	64	87,540	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,837	0	0	0	30,393	67.00
68.00	06800	SPEECH PATHOLOGY	16,492	0	0	0	8,882	68.00
69.00	06900	ELECTROCARDIOLOGY	48,996	0	0	0	188,573	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,801	0	0	0	27,355	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	619,009	0	129,772	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	995,738	0	229,545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,188,468	160,245	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4	30,882	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	62,584	234,615	0	5,045	50,734	76.01
76.03	03550	OP PSYCH	17,954	0	0	0	5,049	76.03
76.04	03020	CARDIAC REHAB	10,674	0	0	0	3,946	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,789	0	0	0	5,514	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	551,576	2,049,943	0	3,471	1,016,747	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	644,722	0	0	23,398	235,677	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,448,812	9,842,088	1,614,747	3,266,849	5,500,440	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,251	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	594,055	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	16,983	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	14,550	0	0	0	0	190.12
190.13	19013 PHYSICIAN PRACTICE	21,830	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,423	0	0	0	0	192.00
192.01	19201 GRAHAM POB	21,830	0	0	0	0	192.01
192.02	19202 SITEMAN MOB	15,521	0	0	0	0	192.02
192.03	19203 OTHER POB'S	39,783	0	0	0	0	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	6,184,038	9,842,088	1,614,747	3,266,849	5,500,440	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			SOCIAL SERVICE	RESEARCH ADMIN	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	
			17.00	17.01	21.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
17.01	01850	RESEARCH ADMIN	0	0				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	259,136			21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0		0		23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0			274,545	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	259,136	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	274,545	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
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Cost Center Description		SOCIAL SERVICE	RESEARCH ADMIN	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	
		17.00	17.01	21.00	23.00	23.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	259,136	0	274,545
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	GRAHAM POB	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	0	0	0	0	192.02
192.03	19203	OTHER POB'S	0	0	0	0	192.03
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	259,136	0	274,545

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-WHSE				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02
1.03	00103	NEW CAP REL COSTS-PFD				1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB				1.04
1.05	00105	NEW CAP REL COSTS-POB I				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMITTING				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT- POB I				7.01
7.02	00702	OPERATION OF PLANT NW				7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB				7.03
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-POB I				9.01
9.02	00902	HOUSEKEEPING NW				9.02
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01850	RESEARCH ADMIN				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE				23.00
23.01	02301	PARAMED ED PRGM PHARMACY				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	84,707,322	0	84,707,322	30.00
31.00	03100	INTENSIVE CARE UNIT	16,989,760	0	16,989,760	31.00
41.00	04100	SUBPROVIDER - IRF	3,584,183	0	3,584,183	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,963,738	-259,136	25,704,602	50.00
51.00	05100	RECOVERY ROOM	2,145,128	0	2,145,128	51.00
53.00	05300	ANESTHESIOLOGY	1,110,965	0	1,110,965	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,501,134	0	17,501,134	54.00
57.00	05700	CT SCAN	3,622,632	0	3,622,632	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	870,667	0	870,667	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,564,591	0	4,564,591	59.00
60.00	06000	LABORATORY	20,915,587	0	20,915,587	60.00
60.01	06001	G.I. LAB	3,282,772	0	3,282,772	60.01
60.02	06002	VASCULAR LAB	784,972	0	784,972	60.02
60.03	06003	LABORATORY-PATHOLOGY	2,333,853	0	2,333,853	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,484,302	0	3,484,302	63.00
65.00	06500	RESPIRATORY THERAPY	8,880,309	0	8,880,309	65.00
66.00	06600	PHYSICAL THERAPY	6,117,062	0	6,117,062	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,533,700	0	2,533,700	67.00
68.00	06800	SPEECH PATHOLOGY	719,709	0	719,709	68.00
69.00	06900	ELECTROCARDIOLOGY	1,728,493	0	1,728,493	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,115,855	0	1,115,855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,496,244	0	12,496,244	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,169,911	0	20,169,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,559,683	0	20,559,683	73.00
74.00	07400	RENAL DIALYSIS	3,131,103	0	3,131,103	74.00
76.00	03320	SHOCK THERAPY	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,097,360	0	2,097,360	76.01
76.03	03550	OP PSYCH	522,953	0	522,953	76.03
76.04	03020	CARDIAC REHAB	441,248	0	441,248	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	391,144	0	391,144	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	32,097,272	0	32,097,272	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	16,064,464	0	16,064,464	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	320,928,116	-259,136	320,668,980	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	940,946	0	940,946	190.00
190.01	19001	VISITOR MEALS	594,055	0	594,055	190.01
190.02	19002	NON REIMBURSABLE B BLDG	214,353	0	214,353	190.02
190.03	19003	NON REIMB NW BUILDING	147,388	0	147,388	190.03
190.04	19004	NON REIMBURSABLE CHIP	773,750	0	773,750	190.04
190.05	19005	NON REIMBURSABLE PFD	156,472	0	156,472	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	738,423	0	738,423	190.06
190.07	19007	NON REIMBURSABLE POB I	120,321	0	120,321	190.07
190.08	19008	MEALS ON WHEELS	147,490	0	147,490	190.08
190.09	19009	CATERING	35,382	0	35,382	190.09
190.10	19010	RETAIL PHARMACY	1,889,798	0	1,889,798	190.10
190.11	19011	PUBLIC RELATIONS	20,348	0	20,348	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	666,462	0	666,462	190.12
190.13	19013	PHYSICIAN PRACTICE	3,443,913	0	3,443,913	190.13
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	842,954	0	842,954	192.00
192.01	19201	GRAHAM POB	784,938	0	784,938	192.01
192.02	19202	SITEMAN MOB	1,768,165	0	1,768,165	192.02
192.03	19203	OTHER POB'S	2,418,498	0	2,418,498	192.03
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	336,631,772	-259,136	336,372,636	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW WHSE	NEW B BLDG		NEW PFD
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,522	17,176	0	964	3,804	4.00
5.01	00570	ADMITTING	10,709	82,945	0	0	3,749	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	46	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	1,611,171	796,859	3,093	1,735	23,846	5.04
7.00	00700	OPERATION OF PLANT	9,091	1,322,742	334	1,064	5,060	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	3,497	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	101,972	0	0	0	8.00
9.00	00900	HOUSEKEEPING	607	111,067	0	102	191	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	8,159	62,700	2,055	0	178	10.00
11.00	01100	CAFETERIA	0	73,150	0	1,297	489	11.00
13.00	01300	NURSING ADMINISTRATION	1,378,486	0	0	297	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,499	112,173	0	0	0	14.00
15.00	01500	PHARMACY	313,049	62,632	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,817	98,451	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,139	2,790,653	0	274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,992	177,785	0	159	0	31.00
41.00	04100	SUBPROVIDER - IRF	494	146,051	0	0	0	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	434,115	1,128,504	0	58	0	50.00
51.00	05100	RECOVERY ROOM	0	55,590	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	8,938	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,255	850,102	0	145	0	54.00
57.00	05700	CT SCAN	116,550	37,511	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	23,247	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,644	150,610	0	0	0	59.00
60.00	06000	LABORATORY	9,034	104,996	0	3,760	0	60.00
60.01	06001	G.I. LAB	1,325	34,600	0	946	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	52,482	0	0	351	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	377	0	63.00
65.00	06500	RESPIRATORY THERAPY	45,628	48,684	0	53	0	65.00
66.00	06600	PHYSICAL THERAPY	15,610	73,849	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	40,694	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	27,739	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,004	0	0	796	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,995	0	0	439	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,261	30,560	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	8,300	6,839	0	0	0	76.01
76.03	03550	OP PSYCH	4,161	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	455	50,715	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	28,458	373,309	0	1,595	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW WHSE	NEW B BLDG	NEW PFD	
0			1.00	1.01	1.02	1.03		
95.00	OTHER REIMBURSABLE COST CENTERS							
	09500	AMBULANCE SERVICES	3,311	0	0	218	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,167,820	9,002,843	5,482	15,059	37,317	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,438	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	1,233	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	237,686	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	1,687	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	272,082	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	76	190.09
190.10	19010	RETAIL PHARMACY	484	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	2,292	8,058	0	0	941	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	2,182	0	0	0	1,076	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	GRAHAM POB	0	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	0	0	0	0	0	192.02
192.03	19203	OTHER POB'S	0	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,172,778	9,549,107	5,482	16,292	41,097	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
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Cost Center Description			CAPITAL RELATED COSTS					
			SITEMAN MOB	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,847	0	0	6,702	4.00
5.01	00570	ADMITTING	0	0	0	14,801	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	91	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	142,546	32,568	10,400	108,403	2,368,500	5.04
7.00	00700	OPERATION OF PLANT	0	17,019	1,031	0	90,797	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	12,550	27,267	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	5,674	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	2,456	9.00
9.01	00901	HOUSEKEEPING-POB I	0	241	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	7,760	499	9.02
10.00	01000	DIETARY	0	0	0	0	110,896	10.00
11.00	01100	CAFETERIA	0	0	0	13,999	956	11.00
13.00	01300	NURSING ADMINISTRATION	0	883	0	0	484,383	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	75,239	14.00
15.00	01500	PHARMACY	0	0	0	0	72,329	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,292	0	7,349	2,035	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	336,843	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	142,733	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	14,121	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	1,285,924	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	12,517	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	91,145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	392,335	0	0	41,945	3,540,518	54.00
57.00	05700	CT SCAN	0	0	0	29,406	5,514	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	13,855	25,881	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	748,058	59.00
60.00	06000	LABORATORY	40,684	730	0	12,498	783,203	60.00
60.01	06001	G.I. LAB	0	0	0	0	577,910	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	46,719	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	82,207	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	13,875	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	32,931	176,797	65.00
66.00	06600	PHYSICAL THERAPY	0	0	49,938	0	2,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	6,093	0	1,870	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,479	0	36	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	65,413	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	34,247	24,707	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	20,517	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	2,277	0	0	14,937	76.01
76.03	03550	OP PSYCH	0	0	0	0	1,011	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	223	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	184,234	437,161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	880,395	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
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Cost Center Description			CAPITAL RELATED COSTS					
			SITEMAN MOB	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
			1.04	1.05	1.06	1.07	2.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		575,565	62,857	73,941	519,652	12,575,064	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	24,174	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	24,246	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	259	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	922	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	36,018	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	129,446	0	0	0	192.00
192.01	19201	GRAHAM POB	0	0	149,940	0	0	192.01
192.02	19202	SITEMAN MOB	996,572	0	0	0	47,052	192.02
192.03	19203	OTHER POB'S	0	0	0	0	13,049	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,572,137	216,549	223,881	543,826	12,672,364	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
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Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATIO N	
			2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	52,015	52,015				4.00
5.01	00570	ADMITTING	112,204	0	112,204			5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	137	0	0	137		5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	5,099,121	3,891	0	0	0	5.04
7.00	00700	OPERATION OF PLANT	1,447,138	1,337	0	0	0	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	43,314	181	0	0	0	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	107,646	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	114,423	1,383	0	0	0	9.00
9.01	00901	HOUSEKEEPING-POB I	241	61	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	8,259	163	0	0	0	9.02
10.00	01000	DIETARY	183,988	0	0	0	0	10.00
11.00	01100	CAFETERIA	89,891	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,864,049	1,924	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	200,911	263	0	0	0	14.00
15.00	01500	PHARMACY	448,010	5	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	114,944	1,537	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	84	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,172,909	10,000	15,024	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	324,669	2,538	3,135	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	160,666	555	620	0	0	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,848,601	3,528	8,281	0	0	50.00
51.00	05100	RECOVERY ROOM	68,107	443	980	0	0	51.00
53.00	05300	ANESTHESIOLOGY	100,083	0	1,799	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,842,300	2,336	6,481	0	0	54.00
57.00	05700	CT SCAN	188,981	631	6,412	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	62,983	173	954	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	904,312	617	3,896	0	0	59.00
60.00	06000	LABORATORY	954,905	2,321	11,901	0	0	60.00
60.01	06001	G.I. LAB	614,781	459	1,255	0	0	60.01
60.02	06002	VASCULAR LAB	47,102	159	1,020	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	135,040	352	1,106	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,252	306	1,044	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	304,093	1,503	3,193	0	0	65.00
66.00	06600	PHYSICAL THERAPY	142,076	1,595	1,786	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,657	727	620	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	34,254	195	181	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	68,213	385	3,847	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,388	164	558	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,647	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	4,682	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,783	3,269	0	0	73.00
74.00	07400	RENAL DIALYSIS	53,338	0	630	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	32,353	432	1,035	0	0	76.01
76.03	03550	OP PSYCH	5,172	127	103	0	0	76.03
76.04	03020	CARDIAC REHAB	51,393	86	80	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	53	112	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,024,757	5,159	20,746	137	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	883,924	3,711	4,807	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	MENTAL HEALTH ADMINISTRATIO N	
		2A	4.00	5.01	5.02	5.03	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	27,035,600	51,167	112,204	137	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,438	33	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	1,233	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	24,174	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	237,686	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	1,687	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	272,082	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	24,246	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	335	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	484	159	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	11,291	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	4,180	137	0	0	0	190.12
190.13	19013 PHYSICIAN PRACTICE	36,018	134	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	129,446	20	0	0	0	192.00
192.01	19201 GRAHAM POB	149,940	118	0	0	0	192.01
192.02	19202 SITEMAN MOB	1,043,624	62	0	0	0	192.02
192.03	19203 OTHER POB'S	13,049	185	0	0	0	192.03
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	29,013,513	52,015	112,204	137	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	OPERATION OF PLANT SITEMAN POB	
			5.04	7.00	7.01	7.02	7.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	5,103,012					5.04
7.00	00700	OPERATION OF PLANT	161,259	1,609,734				7.00
7.01	00701	OPERATION OF PLANT- POB I	4,961	0	4,961			7.01
7.02	00702	OPERATION OF PLANT NW	17,885	0	0	61,380		7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	4,029	0	0	0	4,029	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	25,139	18,650	0	853	0	8.00
9.00	00900	HOUSEKEEPING	94,056	23,558	0	0	0	9.00
9.01	00901	HOUSEKEEPING-POB I	3,987	0	7	0	0	9.01
9.02	00902	HOUSEKEEPING NW	11,079	0	0	1,167	0	9.02
10.00	01000	DIETARY	123,021	43,388	0	0	0	10.00
11.00	01100	CAFETERIA	0	38,265	0	2,106	0	11.00
13.00	01300	NURSING ADMINISTRATION	144,704	4,743	27	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,034	20,515	0	0	0	14.00
15.00	01500	PHARMACY	45,102	11,455	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	76,621	18,006	101	1,105	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,681	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	3,972	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,057,706	514,767	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	227,827	35,054	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	41,503	26,711	0	0	0	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	320,025	207,324	0	0	0	50.00
51.00	05100	RECOVERY ROOM	26,361	10,167	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	14,966	1,635	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	224,326	157,795	0	6,309	1,106	54.00
57.00	05700	CT SCAN	45,101	6,860	0	4,423	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,475	4,252	0	2,084	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,338	27,545	0	0	0	59.00
60.00	06000	LABORATORY	287,562	79,308	22	1,880	115	60.00
60.01	06001	G.I. LAB	43,616	21,444	0	0	0	60.01
60.02	06002	VASCULAR LAB	9,878	6,126	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	32,766	5,614	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,259	6,027	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	125,374	9,754	0	4,953	0	65.00
66.00	06600	PHYSICAL THERAPY	86,091	13,506	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,297	7,442	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,664	5,073	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,452	12,722	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,461	7,017	0	5,151	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	177,497	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	286,241	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	255,899	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	45,931	5,589	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	26,026	1,251	70	0	0	76.01
76.03	03550	OP PSYCH	7,554	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	4,933	9,275	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,724	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	395,145	93,776	0	27,713	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	228,174	3,480	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	OPERATION OF PLANT SITEMAN POB	
		5.04	7.00	7.01	7.02	7.03	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,914,702	1,458,094	227	57,744	1,221	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,244	5,201	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	24	19,710	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	468	0	0	3,636	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	4,601	43,470	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	33	14,295	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	5,266	49,761	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	469	0	747	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	430	640	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	28,297	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	307	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	8,363	9,114	0	0	0	190.12
190.13	19013 PHYSICIAN PRACTICE	51,706	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,958	9,449	3,987	0	0	192.00
192.01	19201 GRAHAM POB	11,530	0	0	0	0	192.01
192.02	19202 SITEMAN MOB	23,673	0	0	0	2,808	192.02
192.03	19203 OTHER POB'S	35,941	0	0	0	0	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,103,012	1,609,734	4,961	61,380	4,029	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	
			8.00	9.00	9.01	9.02	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE	152,288					8.00
9.00	00900	HOUSEKEEPING	0	233,420				9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	4,296			9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	20,668		9.02
10.00	01000	DIETARY	0	6,610	0	0	357,007	10.00
11.00	01100	CAFETERIA	0	5,830	0	733	282,257	11.00
13.00	01300	NURSING ADMINISTRATION	0	723	24	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,510	3,125	0	0	0	14.00
15.00	01500	PHARMACY	0	1,745	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,743	88	385	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,104	78,424	0	0	58,476	30.00
31.00	03100	INTENSIVE CARE UNIT	7,279	5,340	0	0	6,239	31.00
41.00	04100	SUBPROVIDER - IRF	7,610	4,069	0	0	3,920	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,514	31,585	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,549	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	249	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,433	24,040	0	2,197	0	54.00
57.00	05700	CT SCAN	3,439	1,045	0	1,540	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	648	0	726	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,531	4,196	0	0	0	59.00
60.00	06000	LABORATORY	0	12,082	19	655	0	60.00
60.01	06001	G.I. LAB	3,250	3,267	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	933	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	855	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	918	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,486	0	1,725	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,058	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,134	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	773	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,938	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26	1,069	0	1,794	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	851	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	191	61	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	1,413	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	35,765	14,287	0	9,647	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,827	530	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	152,288	215,706	192	19,402	350,892	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I	HOUSEKEEPING NW	DIETARY	
			8.00	9.00	9.01	9.02	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	792	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	3,003	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	1,266	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	6,623	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	2,178	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	2,193	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	647	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	6,115	190.08
190.09	19009	CATERING	0	97	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	1,389	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,439	3,457	0	0	192.00
192.01	19201	GRAHAM POB	0	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	0	0	0	0	0	192.02
192.03	19203	OTHER POB'S	0	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	152,288	233,420	4,296	20,668	357,007	202.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	351,266					11.00
13.00	01300	NURSING ADMINISTRATION	11,959	2,028,153				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,810	0	249,168			14.00
15.00	01500	PHARMACY	8,983	0	0	515,300		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,755	0	0	2,484	227,769	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	882	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	661	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,686	983,310	0	388	30,572	30.00
31.00	03100	INTENSIVE CARE UNIT	13,805	185,231	0	83	6,380	31.00
41.00	04100	SUBPROVIDER - IRF	4,106	53,898	0	17	1,262	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,182	295,937	0	1,856	16,850	50.00
51.00	05100	RECOVERY ROOM	3,031	38,999	0	2	1,994	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,306	3,661	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,955	0	0	150	13,188	54.00
57.00	05700	CT SCAN	3,803	0	0	1	13,047	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,020	0	0	0	1,942	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,665	0	0	22	7,928	59.00
60.00	06000	LABORATORY	21,218	0	0	0	24,217	60.00
60.01	06001	G.I. LAB	3,665	0	0	3	2,555	60.01
60.02	06002	VASCULAR LAB	854	0	0	0	2,076	60.02
60.03	06003	LABORATORY-PATHOLOGY	2,866	0	0	0	2,250	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,370	0	0	0	2,125	63.00
65.00	06500	RESPIRATORY THERAPY	9,204	0	0	8	6,498	65.00
66.00	06600	PHYSICAL THERAPY	10,554	0	0	10	3,634	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,933	0	0	0	1,262	67.00
68.00	06800	SPEECH PATHOLOGY	937	0	0	0	369	68.00
69.00	06900	ELECTROCARDIOLOGY	2,783	0	0	0	7,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,295	0	0	0	1,135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	95,515	0	5,387	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	153,653	0	9,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	502,934	6,652	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1	1,282	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	3,555	48,347	0	796	2,106	76.01
76.03	03550	OP PSYCH	1,020	0	0	0	210	76.03
76.04	03020	CARDIAC REHAB	606	0	0	0	164	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	386	0	0	0	229	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	31,331	422,431	0	548	41,656	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	36,622	0	0	3,691	9,783	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	309,502	2,028,153	249,168	515,300	227,769	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	469	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	33,744	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	965	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	826	0	0	0	0	190.12
190.13	19013 PHYSICIAN PRACTICE	1,240	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	138	0	0	0	0	192.00
192.01	19201 GRAHAM POB	1,240	0	0	0	0	192.01
192.02	19202 SITEMAN MOB	882	0	0	0	0	192.02
192.03	19203 OTHER POB'S	2,260	0	0	0	0	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	67,816	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	419,082	2,028,153	249,168	515,300	227,769	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description			SOCIAL SERVICE	RESEARCH ADMIN	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	
			17.00	17.01	21.00	23.00	23.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	0					17.00
17.01	01850	RESEARCH ADMIN	0	0				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,563			21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0		0		23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0			4,717	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
46.00	04600	OTHER LONG TERM CARE	0	0				46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
53.00	05300	ANESTHESIOLOGY	0	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
60.01	06001	G.I. LAB	0	0				60.01
60.02	06002	VASCULAR LAB	0	0				60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0				60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
65.00	06500	RESPIRATORY THERAPY	0	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
76.00	03320	SHOCK THERAPY	0	0				76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0				76.01
76.03	03550	OP PSYCH	0	0				76.03
76.04	03020	CARDIAC REHAB	0	0				76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
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To 12/31/2021Worksheet B
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Cost Center Description		SOCIAL SERVICE	RESEARCH ADMIN	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES	PARAMED ED PRGM PASTORAL CARE	PARAMED ED PRGM PHARMACY	
		17.00	17.01	21.00	23.00	23.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
190.01	19001	VISITOR MEALS	0	0			190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0			190.02
190.03	19003	NON REIMB NW BUILDING	0	0			190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0			190.04
190.05	19005	NON REIMBURSABLE PFD	0	0			190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0			190.06
190.07	19007	NON REIMBURSABLE POB I	0	0			190.07
190.08	19008	MEALS ON WHEELS	0	0			190.08
190.09	19009	CATERING	0	0			190.09
190.10	19010	RETAIL PHARMACY	0	0			190.10
190.11	19011	PUBLIC RELATIONS	0	0			190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0			190.12
190.13	19013	PHYSICIAN PRACTICE	0	0			190.13
191.00	19100	RESEARCH	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
192.01	19201	GRAHAM POB	0	0			192.01
192.02	19202	SITEMAN MOB	0	0			192.02
192.03	19203	OTHER POB'S	0	0			192.03
200.00		Cross Foot Adjustments			4,563	0	4,717
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	0	4,563	0	4,717

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-WHSE				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG				1.02
1.03	00103	NEW CAP REL COSTS-PFD				1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB				1.04
1.05	00105	NEW CAP REL COSTS-POB I				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING				1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMITTING				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION				5.03
5.04	00591	ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT- POB I				7.01
7.02	00702	OPERATION OF PLANT NW				7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB				7.03
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-POB I				9.01
9.02	00902	HOUSEKEEPING NW				9.02
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01850	RESEARCH ADMIN				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE				23.00
23.01	02301	PARAMED ED PRGM PHARMACY				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,074,366	0	6,074,366	30.00
31.00	03100	INTENSIVE CARE UNIT	817,580	0	817,580	31.00
41.00	04100	SUBPROVIDER - IRF	304,937	0	304,937	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,759,683	0	3,759,683	50.00
51.00	05100	RECOVERY ROOM	151,633	0	151,633	51.00
53.00	05300	ANESTHESIOLOGY	124,699	0	124,699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,302,616	0	5,302,616	54.00
57.00	05700	CT SCAN	275,283	0	275,283	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	85,257	0	85,257	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,014,050	0	1,014,050	59.00
60.00	06000	LABORATORY	1,396,205	0	1,396,205	60.00
60.01	06001	G.I. LAB	694,295	0	694,295	60.01
60.02	06002	VASCULAR LAB	68,148	0	68,148	60.02
60.03	06003	LABORATORY-PATHOLOGY	180,849	0	180,849	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	77,301	0	77,301	63.00
65.00	06500	RESPIRATORY THERAPY	467,791	0	467,791	65.00
66.00	06600	PHYSICAL THERAPY	261,310	0	261,310	66.00
67.00	06700	OCCUPATIONAL THERAPY	100,072	0	100,072	67.00
68.00	06800	SPEECH PATHOLOGY	51,446	0	51,446	68.00
69.00	06900	ELECTROCARDIOLOGY	118,167	0	118,167	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	92,058	0	92,058	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	281,046	0	281,046	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	454,104	0	454,104	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	770,537	0	770,537	73.00
74.00	07400	RENAL DIALYSIS	107,622	0	107,622	74.00
76.00	03320	SHOCK THERAPY	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	116,223	0	116,223	76.01
76.03	03550	OP PSYCH	14,186	0	14,186	76.03
76.04	03020	CARDIAC REHAB	67,950	0	67,950	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,504	0	6,504	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,123,098	0	2,123,098	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,176,549	0	1,176,549	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,535,565	0	26,535,565	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,177	0	48,177	190.00
190.01	19001	VISITOR MEALS	33,744	0	33,744	190.01
190.02	19002	NON REIMBURSABLE B BLDG	23,970	0	23,970	190.02
190.03	19003	NON REIMB NW BUILDING	29,544	0	29,544	190.03
190.04	19004	NON REIMBURSABLE CHIP	292,380	0	292,380	190.04
190.05	19005	NON REIMBURSABLE PFD	18,193	0	18,193	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	329,302	0	329,302	190.06
190.07	19007	NON REIMBURSABLE POB I	26,109	0	26,109	190.07
190.08	19008	MEALS ON WHEELS	6,115	0	6,115	190.08
190.09	19009	CATERING	1,502	0	1,502	190.09
190.10	19010	RETAIL PHARMACY	29,905	0	29,905	190.10
190.11	19011	PUBLIC RELATIONS	11,598	0	11,598	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	24,009	0	24,009	190.12
190.13	19013	PHYSICIAN PRACTICE	89,098	0	89,098	190.13
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	151,894	0	151,894	192.00
192.01	19201	GRAHAM POB	162,828	0	162,828	192.01
192.02	19202	SITEMAN MOB	1,071,049	0	1,071,049	192.02
192.03	19203	OTHER POB'S	51,435	0	51,435	192.03
200.00		Cross Foot Adjustments	9,280	0	9,280	200.00
201.00		Negative Cost Centers	67,816	0	67,816	201.00
202.00		TOTAL (sum lines 118 through 201)	29,013,513	0	29,013,513	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	SITEMAN MOB (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	423,087					1.00
1.01	00101	NEW CAP REL COSTS-WHSE	0	19,654				1.01
1.02	00102	NEW CAP REL COSTS-B BLDG	0	0	63,100			1.02
1.03	00103	NEW CAP REL COSTS-PFD	0	0	0	84,340		1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB	0	0	0	0	36,517	1.04
1.05	00105	NEW CAP REL COSTS-POB I	0	0	0	0	0	1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0	1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0	1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	761	0	3,734	7,807	0	4.00
5.01	00570	ADMITTING	3,675	0	0	7,694	0	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	180	0	0	5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	35,306	11,091	6,718	48,935	3,311	5.04
7.00	00700	OPERATION OF PLANT	58,606	1,196	4,122	10,385	0	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	0	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	4,518	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,921	0	395	391	0	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00	01000	DIETARY	2,778	7,367	0	366	0	10.00
11.00	01100	CAFETERIA	3,241	0	5,025	1,004	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,149	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,970	0	0	0	0	14.00
15.00	01500	PHARMACY	2,775	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,362	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,644	0	1,063	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,877	0	615	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	6,471	0	0	0	0	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,000	0	226	0	0	50.00
51.00	05100	RECOVERY ROOM	2,463	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,665	0	562	0	9,113	54.00
57.00	05700	CT SCAN	1,662	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,673	0	0	0	0	59.00
60.00	06000	LABORATORY	4,652	0	14,561	0	945	60.00
60.01	06001	G.I. LAB	1,533	0	3,662	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	1,484	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	1,360	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,460	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,157	0	206	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,272	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,803	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,229	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,082	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,700	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,354	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	303	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	2,247	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,540	0	6,178	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			CAPITAL RELATED COSTS						
			NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)	SITEMAN MOB (SQUARE FEET)		
			1.00	1.01	1.02	1.03	1.04		
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	843	0	0	95.00	
	SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	398,884	19,654	58,325	76,582	13,369	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00	
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01	
190.02	19002	NON REIMBURSABLE B BLDG	0	0	4,775	0	0	190.02	
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03	
190.04	19004	NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04	
190.05	19005	NON REIMBURSABLE PFD	0	0	0	3,463	0	190.05	
190.06	19006	NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06	
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07	
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08	
190.09	19009	CATERING	0	0	0	155	0	190.09	
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10	
190.11	19011	PUBLIC RELATIONS	357	0	0	1,932	0	190.11	
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	190.12	
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13	
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01	19201	GRAHAM POB	0	0	0	0	0	192.01	
192.02	19202	SITEMAN MOB	0	0	0	0	23,148	192.02	
192.03	19203	OTHER POB'S	0	0	0	0	0	192.03	
200.00		Cross Foot Adjustments						200.00	
201.00		Negative Cost Centers						201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	9,549,107	5,482	16,292	41,097	1,572,137	202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	22.570079	0.278925	0.258193	0.487278	43.052195	203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW POB I (SQUARE FEET)	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.05	1.06	1.07	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB					1.04
1.05	00105	NEW CAP REL COSTS-POB I	78,926				1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB	0	40,600			1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING	0	0	52,911		1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				7,673,060	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,131	0	0	4,058	96,546,400
5.01	00570	ADMITTING	0	0	1,440	0	0
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	55	0
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0
5.04	00591	ADMINISTRATIVE AND GENERAL	11,870	1,886	10,547	1,434,116	7,219,046
7.00	00700	OPERATION OF PLANT	6,203	187	0	54,977	2,480,054
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	0
7.02	00702	OPERATION OF PLANT NW	0	0	1,221	16,510	335,489
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	552	0	0
9.00	00900	HOUSEKEEPING	0	0	0	1,487	2,565,479
9.01	00901	HOUSEKEEPING-POB I	88	0	0	0	114,089
9.02	00902	HOUSEKEEPING NW	0	0	755	302	302,833
10.00	01000	DIETARY	0	0	0	67,147	0
11.00	01100	CAFETERIA	0	0	1,362	579	0
13.00	01300	NURSING ADMINISTRATION	322	0	0	293,292	3,570,235
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	45,557	488,838
15.00	01500	PHARMACY	0	0	0	43,795	9,020
16.00	01600	MEDICAL RECORDS & LIBRARY	1,200	0	715	1,232	2,851,367
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01850	RESEARCH ADMIN	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	156,549
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	203,957	18,597,949
31.00	03100	INTENSIVE CARE UNIT	0	0	0	86,424	4,709,495
41.00	04100	SUBPROVIDER - IRF	0	0	0	8,550	1,029,872
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	778,621	6,545,724
51.00	05100	RECOVERY ROOM	0	0	0	7,579	821,430
53.00	05300	ANESTHESIOLOGY	0	0	0	55,188	500
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,081	2,143,769	4,334,148
57.00	05700	CT SCAN	0	0	2,861	3,339	1,170,347
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,348	15,671	320,757
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	452,946	1,145,464
60.00	06000	LABORATORY	266	0	1,216	474,226	4,305,570
60.01	06001	G.I. LAB	0	0	0	349,922	851,613
60.02	06002	VASCULAR LAB	0	0	0	28,288	294,950
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	49,776	652,603
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,401	567,088
65.00	06500	RESPIRATORY THERAPY	0	0	3,204	107,050	2,788,015
66.00	06600	PHYSICAL THERAPY	0	9,056	0	1,622	2,958,394
67.00	06700	OCCUPATIONAL THERAPY	0	1,105	0	1,132	1,348,002
68.00	06800	SPEECH PATHOLOGY	0	1,175	0	22	361,433
69.00	06900	ELECTROCARDIOLOGY	0	0	0	39,607	714,884
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,332	14,960	304,523
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,308,873
74.00	07400	RENAL DIALYSIS	0	0	0	12,423	0
76.00	03320	SHOCK THERAPY	0	0	0	0	0
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	830	0	0	9,044	801,816
76.03	03550	OP PSYCH	0	0	0	612	235,385
76.04	03020	CARDIAC REHAB	0	0	0	135	159,198
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	97,705
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	17,925	264,699	9,571,362

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
			NEW POB I (SQUARE FEET)	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
			1.05	1.06	1.07	2.00	4.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	533,075	6,884,877	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,910	13,409	50,559	7,614,145	94,974,976	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	60,851	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	2,352	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	8,837	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	157	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	294,659	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	558	254,952	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	21,809	247,820	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	47,179	0	0	0	37,275	192.00
192.01	19201	GRAHAM POB	0	27,191	0	0	218,266	192.01
192.02	19202	SITEMAN MOB	0	0	0	28,490	114,779	192.02
192.03	19203	OTHER POB'S	0	0	0	7,901	342,822	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	216,549	223,881	543,826	12,672,364	3,248,676	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.743697	5.514310	10.278127	1.651540	0.033649	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					52,015	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.000539	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			ADMITTING (GROSS REVENUE)	CASHIERING/AC COUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATIO N (PSYCH PATIEN DAYS)	Reconciliatio n	ADMINISTRATIV E AND GENERAL (ACCUM. COST)	
			5.01	5.02	5.03	5A.04	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING	1,304,670,918					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	1,304,670,918				5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION	0	0	0			5.03
5.04	00591	ADMINISTRATIVE AND GENERAL	0	0	0	-74,097,777	263,637,985	5.04
7.00	00700	OPERATION OF PLANT	0	0	0	0	8,331,217	7.00
7.01	00701	OPERATION OF PLANT- POB I	0	0	0	0	256,322	7.01
7.02	00702	OPERATION OF PLANT NW	0	0	0	0	924,028	7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB	0	0	0	0	208,164	7.03
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,298,751	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	4,859,249	9.00
9.01	00901	HOUSEKEEPING-POB I	0	0	0	0	205,990	9.01
9.02	00902	HOUSEKEEPING NW	0	0	0	0	572,388	9.02
10.00	01000	DIETARY	0	0	0	0	6,355,682	10.00
11.00	01100	CAFETERIA	0	0	0	1,103,990	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	7,475,918	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,035,018	14.00
15.00	01500	PHARMACY	0	0	0	0	2,330,143	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,958,504	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	190,167	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	205,221	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	174,697,293	174,697,293	0	0	54,642,918	30.00
31.00	03100	INTENSIVE CARE UNIT	36,454,482	36,454,482	0	0	11,770,364	31.00
41.00	04100	SUBPROVIDER - IRF	7,211,779	7,211,779	0	0	2,144,185	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	96,285,518	96,285,518	0	0	16,533,654	50.00
51.00	05100	RECOVERY ROOM	11,394,191	11,394,191	0	0	1,361,929	51.00
53.00	05300	ANESTHESIOLOGY	20,922,055	20,922,055	0	0	773,184	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,361,556	75,361,556	0	0	11,589,481	54.00
57.00	05700	CT SCAN	74,554,193	74,554,193	0	0	2,330,061	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,097,800	11,097,800	0	0	541,197	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,305,043	45,305,043	0	0	3,117,300	59.00
60.00	06000	LABORATORY	138,385,518	138,385,518	0	0	14,856,478	60.00
60.01	06001	G.I. LAB	14,597,832	14,597,832	0	0	2,253,378	60.01
60.02	06002	VASCULAR LAB	11,862,383	11,862,383	0	0	510,354	60.02
60.03	06003	LABORATORY-PATHOLOGY	12,858,505	12,858,505	0	0	1,692,811	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,142,542	12,142,542	0	0	2,596,551	63.00
65.00	06500	RESPIRATORY THERAPY	37,132,090	37,132,090	0	0	6,477,293	65.00
66.00	06600	PHYSICAL THERAPY	20,763,713	20,763,713	0	0	4,447,771	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,208,981	7,208,981	0	0	1,823,591	67.00
68.00	06800	SPEECH PATHOLOGY	2,106,771	2,106,771	0	0	499,252	68.00
69.00	06900	ELECTROCARDIOLOGY	44,727,944	44,727,944	0	0	1,056,618	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,488,344	6,488,344	0	0	643,770	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,780,805	30,780,805	0	0	9,170,119	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	54,446,237	54,446,237	0	0	14,788,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,008,737	38,008,737	0	0	13,220,644	73.00
74.00	07400	RENAL DIALYSIS	7,324,956	7,324,956	0	0	2,372,945	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	12,033,615	12,033,615	0	0	1,344,588	76.01
76.03	03550	OP PSYCH	1,197,527	1,197,527	0	0	390,263	76.03
76.04	03020	CARDIAC REHAB	935,901	935,901	0	0	254,869	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,307,890	1,307,890	0	0	295,725	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	241,176,124	241,176,124	0	0	20,414,612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		ADMITTING (GROSS REVENUE)	CASHIERING/AC COUNTS RECEIVABLE (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATIO N (PSYCH PATIEN DAYS)	Reconciliatio n	ADMINISTRATIV E AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	55,900,593	55,900,593	0	0	11,788,265	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,304,670,918	1,304,670,918	0	-72,993,787	253,909,188	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	684,238	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	0	0	24,174	190.03
190.04	19004 NON REIMBURSABLE CHIP	0	0	0	0	237,686	190.04
190.05	19005 NON REIMBURSABLE PFD	0	0	0	0	1,687	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	0	0	0	0	272,082	190.06
190.07	19007 NON REIMBURSABLE POB I	0	0	0	0	24,246	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	0	0	0	0	22,228	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	1,461,927	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	15,884	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	432,083	190.12
190.13	19013 PHYSICIAN PRACTICE	0	0	0	0	2,671,292	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	204,508	192.00
192.01	19201 GRAHAM POB	0	0	0	0	595,685	192.01
192.02	19202 SITEMAN MOB	0	0	0	0	1,223,009	192.02
192.03	19203 OTHER POB'S	0	0	0	0	1,856,835	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	185,189	8,440	0		74,097,777	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000142	0.000006	0.000000		0.281059	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	112,204	137	0		5,103,012	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000086	0.000000	0.000000		0.019356	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	OPERATION OF PLANT SITEMAN POB (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		7.00	7.01	7.02	7.03	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-WHSE						1.01
1.02	00102 NEW CAP REL COSTS-B BLDG						1.02
1.03	00103 NEW CAP REL COSTS-PFD						1.03
1.04	00104 CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105 NEW CAP REL COSTS-POB I						1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMITTING						5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591 ADMINISTRATIVE AND GENERAL						5.04
7.00	00700 OPERATION OF PLANT	389,971					7.00
7.01	00701 OPERATION OF PLANT- POB I	0	58,722				7.01
7.02	00702 OPERATION OF PLANT NW	0	0	39,703			7.02
7.03	00703 OPERATION OF PLANT SITEMAN POB	0	0	0	33,206		7.03
8.00	00800 LAUNDRY & LINEN SERVICE	4,518	0	552	0	1,310,964	8.00
9.00	00900 HOUSEKEEPING	5,707	0	0	0	0	9.00
9.01	00901 HOUSEKEEPING-POB I	0	88	0	0	0	9.01
9.02	00902 HOUSEKEEPING NW	0	0	755	0	0	9.02
10.00	01000 DIETARY	10,511	0	0	0	0	10.00
11.00	01100 CAFETERIA	9,270	0	1,362	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	1,149	322	0	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	4,970	0	0	0	13,000	14.00
15.00	01500 PHARMACY	2,775	0	0	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	4,362	1,200	715	0	0	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850 RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300 PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301 PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	124,707	0	0	0	689,575	30.00
31.00	03100 INTENSIVE CARE UNIT	8,492	0	0	0	62,658	31.00
41.00	04100 SUBPROVIDER - IRF	6,471	0	0	0	65,507	41.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	50,226	0	0	0	30,251	50.00
51.00	05100 RECOVERY ROOM	2,463	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	38,227	0	4,081	9,113	55,376	54.00
57.00	05700 CT SCAN	1,662	0	2,861	0	29,606	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	1,348	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,673	0	0	0	13,181	59.00
60.00	06000 LABORATORY	19,213	266	1,216	945	0	60.00
60.01	06001 G.I. LAB	5,195	0	0	0	27,974	60.01
60.02	06002 VASCULAR LAB	1,484	0	0	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	1,360	0	0	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,460	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,363	0	3,204	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,272	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,803	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	1,229	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,082	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,700	0	3,332	0	226	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,354	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	303	830	0	0	0	76.01
76.03	03550 OP PSYCH	0	0	0	0	0	76.03
76.04	03020 CARDIAC REHAB	2,247	0	0	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	22,718	0	17,925	0	307,883	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	843	0	0	0	15,727	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	OPERATION OF PLANT SITEMAN POB (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		7.00	7.01	7.02	7.03	8.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	353,235	2,706	37,351	10,058	1,310,964	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002 NON REIMBURSABLE B BLDG	4,775	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	2,352	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	3,463	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	8,837	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009 CATERING	155	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	2,208	0	0	0	0	190.12
190.13	19013 PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,289	47,179	0	0	0	192.00
192.01	19201 GRAHAM POB	0	0	0	0	0	192.01
192.02	19202 SITEMAN MOB	0	0	0	23,148	0	192.02
192.03	19203 OTHER POB'S	0	0	0	0	0	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,672,781	328,364	1,183,734	266,670	1,803,884	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	27.368140	5.591840	29.814724	8.030778	1.375998	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,609,734	4,961	61,380	4,029	152,288	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.127830	0.084483	1.545979	0.121333	0.116165	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING- POB I (SQUARE FEET)	HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		9.00	9.01	9.02	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-WHSE						1.01
1.02	00102 NEW CAP REL COSTS-B BLDG						1.02
1.03	00103 NEW CAP REL COSTS-PFD						1.03
1.04	00104 CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105 NEW CAP REL COSTS-POB I						1.05
1.06	00106 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107 NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570 ADMITTING						5.01
5.02	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590 MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591 ADMINISTRATIVE AND GENERAL						5.04
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT- POB I						7.01
7.02	00702 OPERATION OF PLANT NW						7.02
7.03	00703 OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING	371,178					9.00
9.01	00901 HOUSEKEEPING-POB I	0	58,634				9.01
9.02	00902 HOUSEKEEPING NW	0	0	38,396			9.02
10.00	01000 DIETARY	10,511	0	0	1,023,975		10.00
11.00	01100 CAFETERIA	9,270	0	1,362	809,576	681,305	11.00
13.00	01300 NURSING ADMINISTRATION	1,149	322	0	0	23,196	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	4,970	0	0	0	5,451	14.00
15.00	01500 PHARMACY	2,775	0	0	0	17,423	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	4,362	1,200	715	0	18,920	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850 RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,710	21.00
23.00	02300 PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301 PARAMED ED PRGM PHARMACY	0	0	0	0	1,283	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	124,707	0	0	167,722	140,990	30.00
31.00	03100 INTENSIVE CARE UNIT	8,492	0	0	17,895	26,776	31.00
41.00	04100 SUBPROVIDER - IRF	6,471	0	0	11,242	7,963	41.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	50,226	0	0	0	43,024	50.00
51.00	05100 RECOVERY ROOM	2,463	0	0	0	5,879	51.00
53.00	05300 ANESTHESIOLOGY	396	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	38,227	0	4,081	0	30,945	54.00
57.00	05700 CT SCAN	1,662	0	2,861	0	7,376	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,030	0	1,348	0	1,978	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,673	0	0	0	7,108	59.00
60.00	06000 LABORATORY	19,213	266	1,216	0	41,153	60.00
60.01	06001 G.I. LAB	5,195	0	0	0	7,108	60.01
60.02	06002 VASCULAR LAB	1,484	0	0	0	1,657	60.02
60.03	06003 LABORATORY-PATHOLOGY	1,360	0	0	0	5,558	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,460	0	0	0	4,596	63.00
65.00	06500 RESPIRATORY THERAPY	2,363	0	3,204	0	17,851	65.00
66.00	06600 PHYSICAL THERAPY	3,272	0	0	0	20,470	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,803	0	0	0	9,567	67.00
68.00	06800 SPEECH PATHOLOGY	1,229	0	0	0	1,817	68.00
69.00	06900 ELECTROCARDIOLOGY	3,082	0	0	0	5,398	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,700	0	3,332	0	2,512	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,354	0	0	0	0	74.00
76.00	03320 SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	303	830	0	0	6,895	76.01
76.03	03550 OP PSYCH	0	0	0	0	1,978	76.03
76.04	03020 CARDIAC REHAB	2,247	0	0	0	1,176	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	748	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	22,718	0	17,925	0	60,768	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	843	0	0	0	71,030	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING- POB I (SQUARE FEET)	HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		9.00	9.01	9.02	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	343,010	2,618	36,044	1,006,435	600,304	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	909	190.00
190.01	19001 VISITOR MEALS	0	0	0	0	65,448	190.01
190.02	19002 NON REIMBURSABLE B BLDG	4,775	0	0	0	0	190.02
190.03	19003 NON REIMB NW BUILDING	0	0	2,352	0	0	190.03
190.04	19004 NON REIMBURSABLE CHIP	10,531	0	0	0	0	190.04
190.05	19005 NON REIMBURSABLE PFD	3,463	0	0	0	0	190.05
190.06	19006 NON REIMBURSABLE HOSPITAL	3,487	0	0	0	0	190.06
190.07	19007 NON REIMBURSABLE POB I	0	8,837	0	0	0	190.07
190.08	19008 MEALS ON WHEELS	0	0	0	17,540	0	190.08
190.09	19009 CATERING	155	0	0	0	0	190.09
190.10	19010 RETAIL PHARMACY	0	0	0	0	1,871	190.10
190.11	19011 PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012 PHYSICIAN PRACTICE DEVELOPMENT	2,208	0	0	0	1,603	190.12
190.13	19013 PHYSICIAN PRACTICE	0	0	0	0	2,405	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,289	47,179	0	0	267	192.00
192.01	19201 GRAHAM POB	0	0	0	0	2,405	192.01
192.02	19202 SITEMAN MOB	0	0	0	0	1,710	192.02
192.03	19203 OTHER POB'S	0	0	0	0	4,383	192.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,381,175	264,377	755,773	8,610,373	6,184,038	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.191684	4.508937	19.683639	8.408773	9.076754	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	233,420	4,296	20,668	357,007	419,082	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.628863	0.073268	0.538285	0.348648	0.515578	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: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-WHSE						1.01
1.02	00102	NEW CAP REL COSTS-B BLDG						1.02
1.03	00103	NEW CAP REL COSTS-PFD						1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB						1.04
1.05	00105	NEW CAP REL COSTS-POB I						1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION						5.03
5.04	00591	ADMINISTRATIVE AND GENERAL						5.04
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT- POB I						7.01
7.02	00702	OPERATION OF PLANT NW						7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB						7.03
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING-POB I						9.01
9.02	00902	HOUSEKEEPING NW						9.02
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,146,198					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	25,615,569				14.00
15.00	01500	PHARMACY	0	0	10,200,629			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	49,172	1,304,670,918		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01850	RESEARCH ADMIN	0	0	0	0	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	555,712	0	7,675	174,697,293	0	30.00
31.00	03100	INTENSIVE CARE UNIT	104,682	0	1,649	36,454,482	0	31.00
41.00	04100	SUBPROVIDER - IRF	30,460	0	331	7,211,779	0	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	167,247	0	36,742	96,285,518	0	50.00
51.00	05100	RECOVERY ROOM	22,040	0	47	11,394,191	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	45,644	20,922,055	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,961	75,361,556	0	54.00
57.00	05700	CT SCAN	0	0	14	74,554,193	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,097,800	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	428	45,305,043	0	59.00
60.00	06000	LABORATORY	0	0	0	138,385,518	0	60.00
60.01	06001	G.I. LAB	0	0	62	14,597,832	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	11,862,383	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	12,858,505	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,142,542	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	157	37,132,090	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	200	20,763,713	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,208,981	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,106,771	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44,727,944	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,488,344	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,819,614	0	30,780,805	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,795,955	0	54,446,237	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,955,884	38,008,737	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	11	7,324,956	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	27,323	0	15,753	12,033,615	0	76.01
76.03	03550	OP PSYCH	0	0	0	1,197,527	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	935,901	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,307,890	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	238,734	0	10,839	241,176,124	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			NURSING ADMINISTRATIO N (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	73,060	55,900,593	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,146,198	25,615,569	10,200,629	1,304,670,918	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	GRAHAM POB	0	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	0	0	0	0	0	192.02
192.03	19203	OTHER POB'S	0	0	0	0	0	192.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,842,088	1,614,747	3,266,849	5,500,440	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.586726	0.063038	0.320260	0.004216	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,028,153	249,168	515,300	227,769	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.769461	0.009727	0.050516	0.000175	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	PARAMED ED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED ED PRGM PHARMACY (ASSIGNED TIME)	
			17.01	21.00	23.00	23.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-WHSE					1.01
1.02	00102	NEW CAP REL COSTS-B BLDG					1.02
1.03	00103	NEW CAP REL COSTS-PFD					1.03
1.04	00104	CAP REL COSTS-SITEMAN MOB					1.04
1.05	00105	NEW CAP REL COSTS-POB I					1.05
1.06	00106	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	00107	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMITTING					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	MENTAL HEALTH ADMINISTRATION					5.03
5.04	00591	ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT- POB I					7.01
7.02	00702	OPERATION OF PLANT NW					7.02
7.03	00703	OPERATION OF PLANT SITEMAN POB					7.03
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
9.01	00901	HOUSEKEEPING-POB I					9.01
9.02	00902	HOUSEKEEPING NW					9.02
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01850	RESEARCH ADMIN	0				17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	100			21.00
23.00	02300	PARAMED ED PRGM PASTORAL CARE	0		0		23.00
23.01	02301	PARAMED ED PRGM PHARMACY	0			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	100	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 26-0180

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

Worksheet B-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			RESEARCH ADMIN (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	PARAMED ED PRGM PASTORAL CARE (PATIENT DAYS)	PARAMED ED PRGM PHARMACY (ASSIGNED TIME)	
			17.01	21.00	23.00	23.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	0	100	118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	VISITOR MEALS	0	0	0	0	190.01
190.02	19002	NON REIMBURSABLE B BLDG	0	0	0	0	190.02
190.03	19003	NON REIMB NW BUILDING	0	0	0	0	190.03
190.04	19004	NON REIMBURSABLE CHIP	0	0	0	0	190.04
190.05	19005	NON REIMBURSABLE PFD	0	0	0	0	190.05
190.06	19006	NON REIMBURSABLE HOSPITAL	0	0	0	0	190.06
190.07	19007	NON REIMBURSABLE POB I	0	0	0	0	190.07
190.08	19008	MEALS ON WHEELS	0	0	0	0	190.08
190.09	19009	CATERING	0	0	0	0	190.09
190.10	19010	RETAIL PHARMACY	0	0	0	0	190.10
190.11	19011	PUBLIC RELATIONS	0	0	0	0	190.11
190.12	19012	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	190.12
190.13	19013	PHYSICIAN PRACTICE	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	GRAHAM POB	0	0	0	0	192.01
192.02	19202	SITEMAN MOB	0	0	0	0	192.02
192.03	19203	OTHER POB'S	0	0	0	0	192.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	259,136	0	274,545	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,591.360000	0.000000	2,745.450000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	4,563	0	4,717	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	45.630000	0.000000	47.170000	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: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	84,707,322	84,707,322	0	84,707,322 30.00
31.00	03100	INTENSIVE CARE UNIT	16,989,760	16,989,760	0	16,989,760 31.00
41.00	04100	SUBPROVIDER - IRF	3,584,183	3,584,183	0	3,584,183 41.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,704,602	25,704,602	0	25,704,602 50.00
51.00	05100	RECOVERY ROOM	2,145,128	2,145,128	0	2,145,128 51.00
53.00	05300	ANESTHESIOLOGY	1,110,965	1,110,965	0	1,110,965 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,501,134	17,501,134	0	17,501,134 54.00
57.00	05700	CT SCAN	3,622,632	3,622,632	0	3,622,632 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	870,667	870,667	0	870,667 58.00
59.00	05900	CARDIAC CATHETERIZATION	4,564,591	4,564,591	0	4,564,591 59.00
60.00	06000	LABORATORY	20,915,587	20,915,587	0	20,915,587 60.00
60.01	06001	G.I. LAB	3,282,772	3,282,772	0	3,282,772 60.01
60.02	06002	VASCULAR LAB	784,972	784,972	0	784,972 60.02
60.03	06003	LABORATORY-PATHOLOGY	2,333,853	2,333,853	0	2,333,853 60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,484,302	3,484,302	0	3,484,302 63.00
65.00	06500	RESPIRATORY THERAPY	8,880,309	8,880,309	0	8,880,309 65.00
66.00	06600	PHYSICAL THERAPY	6,117,062	6,117,062	0	6,117,062 66.00
67.00	06700	OCCUPATIONAL THERAPY	2,533,700	2,533,700	0	2,533,700 67.00
68.00	06800	SPEECH PATHOLOGY	719,709	719,709	0	719,709 68.00
69.00	06900	ELECTROCARDIOLOGY	1,728,493	1,728,493	0	1,728,493 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,115,855	1,115,855	0	1,115,855 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,496,244	12,496,244	0	12,496,244 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,169,911	20,169,911	0	20,169,911 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,559,683	20,559,683	0	20,559,683 73.00
74.00	07400	RENAL DIALYSIS	3,131,103	3,131,103	0	3,131,103 74.00
76.00	03320	SHOCK THERAPY	0	0	0	0 76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,097,360	2,097,360	0	2,097,360 76.01
76.03	03550	OP PSYCH	522,953	522,953	0	522,953 76.03
76.04	03020	CARDIAC REHAB	441,248	441,248	0	441,248 76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	391,144	391,144	0	391,144 76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	32,097,272	32,097,272	0	32,097,272 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,100,408	3,100,408	0	3,100,408 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	16,064,464	16,064,464	0	16,064,464 95.00
200.00		Subtotal (see instructions)	323,769,388	323,769,388	0	323,769,388 200.00
201.00		Less Observation Beds	3,100,408	3,100,408	0	3,100,408 201.00
202.00		Total (see instructions)	320,668,980	320,668,980	0	320,668,980 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/26/2022 2:46 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	174,697,293		174,697,293		30.00
31.00	03100	INTENSIVE CARE UNIT	36,454,482		36,454,482		31.00
41.00	04100	SUBPROVIDER - IRF	7,211,779		7,211,779		41.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,391,511	48,880,682	96,272,193	0.266999	50.00
51.00	05100	RECOVERY ROOM	4,425,288	6,968,903	11,394,191	0.188265	51.00
53.00	05300	ANESTHESIOLOGY	10,406,465	10,515,590	20,922,055	0.053100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,603,484	59,758,072	75,361,556	0.232229	54.00
57.00	05700	CT SCAN	23,436,718	51,117,475	74,554,193	0.048591	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,741,870	7,355,930	11,097,800	0.078454	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,310,164	21,994,879	45,305,043	0.100752	59.00
60.00	06000	LABORATORY	56,354,389	82,031,129	138,385,518	0.151140	60.00
60.01	06001	G.I. LAB	4,636,909	9,960,923	14,597,832	0.224881	60.01
60.02	06002	VASCULAR LAB	6,640,791	5,221,592	11,862,383	0.066173	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,976,799	10,881,706	12,858,505	0.181503	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,110,536	3,032,006	12,142,542	0.286950	63.00
65.00	06500	RESPIRATORY THERAPY	33,673,488	3,458,602	37,132,090	0.239155	65.00
66.00	06600	PHYSICAL THERAPY	7,264,389	13,499,323	20,763,712	0.294603	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,082,744	1,126,236	7,208,980	0.351464	67.00
68.00	06800	SPEECH PATHOLOGY	1,765,144	341,627	2,106,771	0.341617	68.00
69.00	06900	ELECTROCARDIOLOGY	29,680,057	15,047,887	44,727,944	0.038645	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	861,721	5,626,623	6,488,344	0.171978	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,644,462	14,136,343	30,780,805	0.405975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,614,186	22,832,051	54,446,237	0.370456	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,256,325	5,752,412	38,008,737	0.540920	73.00
74.00	07400	RENAL DIALYSIS	7,082,952	242,004	7,324,956	0.427457	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	44,484	11,989,131	12,033,615	0.174292	76.01
76.03	03550	OP PSYCH	0	1,197,527	1,197,527	0.436694	76.03
76.04	03020	CARDIAC REHAB	0	935,901	935,901	0.471469	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,440	1,307,890	1,321,330	0.296023	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	41,086,922	200,089,202	241,176,124	0.133086	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	960,176	2,284,431	3,244,607	0.955557	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	57,550	55,843,043	55,900,593	0.287376	95.00
200.00		Subtotal (see instructions)	634,486,518	673,429,120	1,307,915,638		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	634,486,518	673,429,120	1,307,915,638		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 7/26/2022 2:46 pm
			Title XVIII	Hospital	PPS
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
41.00	04100	SUBPROVIDER - IRF			41.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.266999		50.00
51.00	05100	RECOVERY ROOM	0.188265		51.00
53.00	05300	ANESTHESIOLOGY	0.053100		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232229		54.00
57.00	05700	CT SCAN	0.048591		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078454		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100752		59.00
60.00	06000	LABORATORY	0.151140		60.00
60.01	06001	G.I. LAB	0.224881		60.01
60.02	06002	VASCULAR LAB	0.066173		60.02
60.03	06003	LABORATORY-PATHOLOGY	0.181503		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.286950		63.00
65.00	06500	RESPIRATORY THERAPY	0.239155		65.00
66.00	06600	PHYSICAL THERAPY	0.294603		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351464		67.00
68.00	06800	SPEECH PATHOLOGY	0.341617		68.00
69.00	06900	ELECTROCARDIOLOGY	0.038645		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171978		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.405975		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.370456		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.540920		73.00
74.00	07400	RENAL DIALYSIS	0.427457		74.00
76.00	03320	SHOCK THERAPY	0.000000		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.174292		76.01
76.03	03550	OP PSYCH	0.436694		76.03
76.04	03020	CARDIAC REHAB	0.471469		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.296023		76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.133086		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.955557		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.287376		95.00
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: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
1.00			2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,707,322		84,707,322	0	84,707,322	30.00
31.00	03100	INTENSIVE CARE UNIT	16,989,760		16,989,760	0	16,989,760	31.00
41.00	04100	SUBPROVIDER - IRF	3,584,183		3,584,183	0	3,584,183	41.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,704,602		25,704,602	0	25,704,602	50.00
51.00	05100	RECOVERY ROOM	2,145,128		2,145,128	0	2,145,128	51.00
53.00	05300	ANESTHESIOLOGY	1,110,965		1,110,965	0	1,110,965	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,501,134		17,501,134	0	17,501,134	54.00
57.00	05700	CT SCAN	3,622,632		3,622,632	0	3,622,632	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	870,667		870,667	0	870,667	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,564,591		4,564,591	0	4,564,591	59.00
60.00	06000	LABORATORY	20,915,587		20,915,587	0	20,915,587	60.00
60.01	06001	G.I. LAB	3,282,772		3,282,772	0	3,282,772	60.01
60.02	06002	VASCULAR LAB	784,972		784,972	0	784,972	60.02
60.03	06003	LABORATORY-PATHOLOGY	2,333,853		2,333,853	0	2,333,853	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,484,302		3,484,302	0	3,484,302	63.00
65.00	06500	RESPIRATORY THERAPY	8,880,309	0	8,880,309	0	8,880,309	65.00
66.00	06600	PHYSICAL THERAPY	6,117,062	0	6,117,062	0	6,117,062	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,533,700	0	2,533,700	0	2,533,700	67.00
68.00	06800	SPEECH PATHOLOGY	719,709	0	719,709	0	719,709	68.00
69.00	06900	ELECTROCARDIOLOGY	1,728,493		1,728,493	0	1,728,493	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,115,855		1,115,855	0	1,115,855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,496,244		12,496,244	0	12,496,244	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,169,911		20,169,911	0	20,169,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,559,683		20,559,683	0	20,559,683	73.00
74.00	07400	RENAL DIALYSIS	3,131,103		3,131,103	0	3,131,103	74.00
76.00	03320	SHOCK THERAPY	0		0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	2,097,360		2,097,360	0	2,097,360	76.01
76.03	03550	OP PSYCH	522,953		522,953	0	522,953	76.03
76.04	03020	CARDIAC REHAB	441,248		441,248	0	441,248	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	391,144		391,144	0	391,144	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	32,097,272		32,097,272	0	32,097,272	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,100,408		3,100,408	0	3,100,408	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	16,064,464		16,064,464	0	16,064,464	95.00
200.00		Subtotal (see instructions)	323,769,388	0	323,769,388	0	323,769,388	200.00
201.00		Less Observation Beds	3,100,408		3,100,408	0	3,100,408	201.00
202.00		Total (see instructions)	320,668,980	0	320,668,980	0	320,668,980	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	174,697,293		174,697,293		30.00
31.00	03100	INTENSIVE CARE UNIT	36,454,482		36,454,482		31.00
41.00	04100	SUBPROVIDER - IRF	7,211,779		7,211,779		41.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,391,511	48,880,682	96,272,193	0.266999	50.00
51.00	05100	RECOVERY ROOM	4,425,288	6,968,903	11,394,191	0.188265	51.00
53.00	05300	ANESTHESIOLOGY	10,406,465	10,515,590	20,922,055	0.053100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,603,484	59,758,072	75,361,556	0.232229	54.00
57.00	05700	CT SCAN	23,436,718	51,117,475	74,554,193	0.048591	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,741,870	7,355,930	11,097,800	0.078454	58.00
59.00	05900	CARDIAC CATHETERIZATION	23,310,164	21,994,879	45,305,043	0.100752	59.00
60.00	06000	LABORATORY	56,354,389	82,031,129	138,385,518	0.151140	60.00
60.01	06001	G.I. LAB	4,636,909	9,960,923	14,597,832	0.224881	60.01
60.02	06002	VASCULAR LAB	6,640,791	5,221,592	11,862,383	0.066173	60.02
60.03	06003	LABORATORY-PATHOLOGY	1,976,799	10,881,706	12,858,505	0.181503	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,110,536	3,032,006	12,142,542	0.286950	63.00
65.00	06500	RESPIRATORY THERAPY	33,673,488	3,458,602	37,132,090	0.239155	65.00
66.00	06600	PHYSICAL THERAPY	7,264,389	13,499,323	20,763,712	0.294603	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,082,744	1,126,236	7,208,980	0.351464	67.00
68.00	06800	SPEECH PATHOLOGY	1,765,144	341,627	2,106,771	0.341617	68.00
69.00	06900	ELECTROCARDIOLOGY	29,680,057	15,047,887	44,727,944	0.038645	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	861,721	5,626,623	6,488,344	0.171978	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,644,462	14,136,343	30,780,805	0.405975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,614,186	22,832,051	54,446,237	0.370456	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,256,325	5,752,412	38,008,737	0.540920	73.00
74.00	07400	RENAL DIALYSIS	7,082,952	242,004	7,324,956	0.427457	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	44,484	11,989,131	12,033,615	0.174292	76.01
76.03	03550	OP PSYCH	0	1,197,527	1,197,527	0.436694	76.03
76.04	03020	CARDIAC REHAB	0	935,901	935,901	0.471469	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,440	1,307,890	1,321,330	0.296023	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	41,086,922	200,089,202	241,176,124	0.133086	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	960,176	2,284,431	3,244,607	0.955557	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	57,550	55,843,043	55,900,593	0.287376	95.00
200.00		Subtotal (see instructions)	634,486,518	673,429,120	1,307,915,638		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	634,486,518	673,429,120	1,307,915,638		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	G.I. LAB	0.000000			60.01
60.02	06002	VASCULAR LAB	0.000000			60.02
60.03	06003	LABORATORY-PATHOLOGY	0.000000			60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03320	SHOCK THERAPY	0.000000			76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000			76.01
76.03	03550	OP PSYCH	0.000000			76.03
76.04	03020	CARDIAC REHAB	0.000000			76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
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: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part I Date/Time Prepared: 7/26/2022 2:46 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	6,074,366	0	6,074,366	62,566	97.09	30.00		
31.00	INTENSIVE CARE UNIT	817,580		817,580	6,431	127.13	31.00		
41.00	SUBPROVIDER - IRF	304,937	0	304,937	4,040	75.48	41.00		
200.00	Total (lines 30 through 199)	7,196,883		7,196,883	73,037		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	16,309	1,583,441						30.00
31.00	INTENSIVE CARE UNIT	1,978	251,463						31.00
41.00	SUBPROVIDER - IRF	1,634	123,334						41.00
200.00	Total (lines 30 through 199)	19,921	1,958,238						200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part II
Date/Time Prepared:
7/26/2022 2:46 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	3,759,683	96,272,193	0.039053	16,704,345	652,355	50.00
51.00	05100	RECOVERY ROOM	151,633	11,394,191	0.013308	1,203,485	16,016	51.00
53.00	05300	ANESTHESIOLOGY	124,699	20,922,055	0.005960	3,043,258	18,138	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,302,616	75,361,556	0.070362	3,539,877	249,073	54.00
57.00	05700	CT SCAN	275,283	74,554,193	0.003692	6,285,524	23,206	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	85,257	11,097,800	0.007682	819,357	6,294	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,014,050	45,305,043	0.022383	3,437,534	76,942	59.00
60.00	06000	LABORATORY	1,396,205	138,385,518	0.010089	16,468,943	166,155	60.00
60.01	06001	G.I. LAB	694,295	14,597,832	0.047562	1,144,751	54,447	60.01
60.02	06002	VASCULAR LAB	68,148	11,862,383	0.005745	2,077,357	11,934	60.02
60.03	06003	LABORATORY-PATHOLOGY	180,849	12,858,505	0.014065	980,581	13,792	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	77,301	12,142,542	0.006366	2,132,930	13,578	63.00
65.00	06500	RESPIRATORY THERAPY	467,791	37,132,090	0.012598	9,292,981	117,073	65.00
66.00	06600	PHYSICAL THERAPY	261,310	20,763,712	0.012585	1,310,122	16,488	66.00
67.00	06700	OCCUPATIONAL THERAPY	100,072	7,208,980	0.013882	1,040,944	14,450	67.00
68.00	06800	SPEECH PATHOLOGY	51,446	2,106,771	0.024419	368,194	8,991	68.00
69.00	06900	ELECTROCARDIOLOGY	118,167	44,727,944	0.002642	8,772,784	23,178	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	92,058	6,488,344	0.014188	240,279	3,409	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	281,046	30,780,805	0.009131	5,066,835	46,265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	454,104	54,446,237	0.008340	11,094,559	92,529	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	770,537	38,008,737	0.020273	9,043,684	183,343	73.00
74.00	07400	RENAL DIALYSIS	107,622	7,324,956	0.014693	2,985,723	43,869	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	116,223	12,033,615	0.009658	882	9	76.01
76.03	03550	OP PSYCH	14,186	1,197,527	0.011846	0	0	76.03
76.04	03020	CARDIAC REHAB	67,950	935,901	0.072604	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,504	1,321,330	0.004922	13,440	66	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,123,098	241,176,124	0.008803	12,247,036	107,811	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	222,330	3,244,607	0.068523	296,936	20,347	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	18,384,463	1,033,651,491		119,612,341	1,979,758	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 7/26/2022 2:46 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	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	62,566	0.00	16,309	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	6,431	0.00	1,978	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	4,040	0.00	1,634	41.00		
200.00		Total (lines 30 through 199)		0	73,037		19,921	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	G.I. LAB	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	274,545	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	274,545	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/26/2022 2:46 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	96,272,193	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	11,394,191	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	20,922,055	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	75,361,556	0.000000	54.00
57.00	05700	CT SCAN		0	0	0	74,554,193	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	11,097,800	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	45,305,043	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	138,385,518	0.000000	60.00
60.01	06001	G.I. LAB		0	0	0	14,597,832	0.000000	60.01
60.02	06002	VASCULAR LAB		0	0	0	11,862,383	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	12,858,505	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	12,142,542	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	37,132,090	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	20,763,712	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	7,208,980	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,106,771	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	44,727,944	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	6,488,344	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	30,780,805	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	54,446,237	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	274,545	274,545	38,008,737	0.007223	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	7,324,956	0.000000	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	12,033,615	0.000000	76.01
76.03	03550	OP PSYCH		0	0	0	1,197,527	0.000000	76.03
76.04	03020	CARDIAC REHAB		0	0	0	935,901	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	1,321,330	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	241,176,124	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	3,244,607	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	274,545	274,545	1,033,651,491		95.00
200.00		Total (lines 50 through 199)		0	274,545	274,545	1,033,651,491		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/26/2022 2:46 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
								9.00	10.00	11.00
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0.000000	16,704,345		0	11,381,317		0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,203,485		0	2,145,475		0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,043,258		0	1,914,065		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,539,877		0	10,977,102		0	54.00
57.00	05700	CT SCAN	0.000000	6,285,524		0	7,102,653		0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	819,357		0	1,151,679		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,437,534		0	2,243,784		0	59.00
60.00	06000	LABORATORY	0.000000	16,468,943		0	3,109,765		0	60.00
60.01	06001	G.I. LAB	0.000000	1,144,751		0	1,307,069		0	60.01
60.02	06002	VASCULAR LAB	0.000000	2,077,357		0	1,021,865		0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.000000	980,581		0	689,300		0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	2,132,930		0	67,665		0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	9,292,981		0	360,384		0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,310,122		0	5,893		0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,040,944		0	891		0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	368,194		0	0		0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,772,784		0	3,000,359		0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	240,279		0	790,960		0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	5,066,835		0	2,773,033		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	11,094,559		0	5,965,526		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.007223	9,043,684	65,323		3,700,974	26,732		73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,985,723		0	90,733		0	74.00
76.00	03320	SHOCK THERAPY	0.000000	0		0	0		0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000	882		0	499,378		0	76.01
76.03	03550	OP PSYCH	0.000000	0		0	198,836		0	76.03
76.04	03020	CARDIAC REHAB	0.000000	0		0	318,420		0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	13,440		0	359,520		0	76.98
OUTPATIENT SERVICE COST CENTERS										
91.00	09100	EMERGENCY	0.000000	12,247,036		0	13,014,483		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	296,936		0	142,920		0	92.00
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES								95.00
200.00		Total (lines 50 through 199)		119,612,341	65,323		74,334,049	26,732		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 7/26/2022 2:46 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		0.266999	11,381,317	0	0	3,038,800	50.00
51.00	05100	RECOVERY ROOM		0.188265	2,145,475	0	0	403,918	51.00
53.00	05300	ANESTHESIOLOGY		0.053100	1,914,065	0	0	101,637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.232229	10,977,102	0	0	2,549,001	54.00
57.00	05700	CT SCAN		0.048591	7,102,653	0	0	345,125	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.078454	1,151,679	0	0	90,354	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.100752	2,243,784	0	0	226,066	59.00
60.00	06000	LABORATORY		0.151140	3,109,765	0	0	470,010	60.00
60.01	06001	G.I. LAB		0.224881	1,307,069	0	0	293,935	60.01
60.02	06002	VASCULAR LAB		0.066173	1,021,865	0	0	67,620	60.02
60.03	06003	LABORATORY-PATHOLOGY		0.181503	689,300	0	0	125,110	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.286950	67,665	0	0	19,416	63.00
65.00	06500	RESPIRATORY THERAPY		0.239155	360,384	0	0	86,188	65.00
66.00	06600	PHYSICAL THERAPY		0.294603	5,893	0	0	1,736	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.351464	891	0	0	313	67.00
68.00	06800	SPEECH PATHOLOGY		0.341617	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.038645	3,000,359	0	0	115,949	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.171978	790,960	0	0	136,028	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.405975	2,773,033	0	0	1,125,782	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.370456	5,965,526	0	0	2,209,965	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.540920	3,700,974	0	3,995	2,001,931	73.00
74.00	07400	RENAL DIALYSIS		0.427457	90,733	0	0	38,784	74.00
76.00	03320	SHOCK THERAPY		0.000000	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0.174292	499,378	0	0	87,038	76.01
76.03	03550	OP PSYCH		0.436694	198,836	0	0	86,830	76.03
76.04	03020	CARDIAC REHAB		0.471469	318,420	0	0	150,125	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.296023	359,520	0	0	106,426	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.133086	13,014,483	0	0	1,732,045	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.955557	142,920	0	0	136,568	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.287376		0			95.00
200.00		Subtotal (see instructions)			74,334,049	0	3,995	15,746,900	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			74,334,049	0	3,995	15,746,900	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 7/26/2022 2:46 pm
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	G.I. LAB	0	0		60.01
60.02	06002	VASCULAR LAB	0	0		60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,161		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03320	SHOCK THERAPY	0	0		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0		76.01
76.03	03550	OP PSYCH	0	0		76.03
76.04	03020	CARDIAC REHAB	0	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	2,161		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	2,161		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 7/26/2022 2:46 pm		
				Component CCN: 26-T180				
				Title XVIII		Subprovider - IRF	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	3,759,683	96,272,193	0.039053	24,105	941	50.00
51.00	05100	RECOVERY ROOM	151,633	11,394,191	0.013308	5,100	68	51.00
53.00	05300	ANESTHESIOLOGY	124,699	20,922,055	0.005960	6,915	41	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,302,616	75,361,556	0.070362	32,735	2,303	54.00
57.00	05700	CT SCAN	275,283	74,554,193	0.003692	25,048	92	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	85,257	11,097,800	0.007682	8,505	65	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,014,050	45,305,043	0.022383	0	0	59.00
60.00	06000	LABORATORY	1,396,205	138,385,518	0.010089	359,144	3,623	60.00
60.01	06001	G.I. LAB	694,295	14,597,832	0.047562	0	0	60.01
60.02	06002	VASCULAR LAB	68,148	11,862,383	0.005745	6,041	35	60.02
60.03	06003	LABORATORY-PATHOLOGY	180,849	12,858,505	0.014065	2,253	32	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	77,301	12,142,542	0.006366	5,016	32	63.00
65.00	06500	RESPIRATORY THERAPY	467,791	37,132,090	0.012598	188,966	2,381	65.00
66.00	06600	PHYSICAL THERAPY	261,310	20,763,712	0.012585	1,078,887	13,578	66.00
67.00	06700	OCCUPATIONAL THERAPY	100,072	7,208,980	0.013882	958,047	13,300	67.00
68.00	06800	SPEECH PATHOLOGY	51,446	2,106,771	0.024419	212,580	5,191	68.00
69.00	06900	ELECTROCARDIOLOGY	118,167	44,727,944	0.002642	16,939	45	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	92,058	6,488,344	0.014188	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	281,046	30,780,805	0.009131	4,184	38	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	454,104	54,446,237	0.008340	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	770,537	38,008,737	0.020273	124,911	2,532	73.00
74.00	07400	RENAL DIALYSIS	107,622	7,324,956	0.014693	134,442	1,975	74.00
76.00	03320	SHOCK THERAPY	0	0	0.000000	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	116,223	12,033,615	0.009658	0	0	76.01
76.03	03550	OP PSYCH	14,186	1,197,527	0.011846	0	0	76.03
76.04	03020	CARDIAC REHAB	67,950	935,901	0.072604	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,504	1,321,330	0.004922	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,123,098	241,176,124	0.008803	3,399	30	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,244,607	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		18,162,133	1,033,651,491		3,197,217	46,302	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/26/2022 2:46 pm	
				Title XVIII		Subprovider - IRF		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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
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
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
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
60.01	06001	G.I. LAB	0	0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0	0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	274,545	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0	0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0	0	0	0	0	76.01
76.03	03550	OP PSYCH	0	0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0	0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	274,545	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/26/2022 2:46 pm	
				Title XVIII		Subprovider - IRF		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	96,272,193	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	11,394,191	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	20,922,055	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	75,361,556	0.000000	54.00
57.00	05700	CT SCAN		0	0	0	74,554,193	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	11,097,800	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	45,305,043	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	138,385,518	0.000000	60.00
60.01	06001	G.I. LAB		0	0	0	14,597,832	0.000000	60.01
60.02	06002	VASCULAR LAB		0	0	0	11,862,383	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	12,858,505	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	12,142,542	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	37,132,090	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	20,763,712	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	7,208,980	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,106,771	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	44,727,944	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	6,488,344	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	30,780,805	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	54,446,237	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	274,545	274,545	38,008,737	0.007223	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	7,324,956	0.000000	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	12,033,615	0.000000	76.01
76.03	03550	OP PSYCH		0	0	0	1,197,527	0.000000	76.03
76.04	03020	CARDIAC REHAB		0	0	0	935,901	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	1,321,330	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	241,176,124	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	3,244,607	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)		0	274,545	274,545	1,033,651,491		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/26/2022 2:46 pm	
				Title XVIII		Subprovider - IRF		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		24,105	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		5,100	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000		6,915	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		32,735	0	0	0	54.00
57.00	05700	CT SCAN	0.000000		25,048	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		8,505	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		359,144	0	0	0	60.00
60.01	06001	G.I. LAB	0.000000		0	0	0	0	60.01
60.02	06002	VASCULAR LAB	0.000000		6,041	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.000000		2,253	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		5,016	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		188,966	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,078,887	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		958,047	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		212,580	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		16,939	0	279	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		4,184	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.007223		124,911	902	860	6	73.00
74.00	07400	RENAL DIALYSIS	0.000000		134,442	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0.000000		0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.000000		0	0	0	0	76.01
76.03	03550	OP PSYCH	0.000000		0	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0.000000		0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0.000000		3,399	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			3,197,217	902	1,139	6	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 7/26/2022 2:46 pm	
				Title XVIII	Subprovider - IRF	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	0.266999	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.188265	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.053100	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232229	0	0	0	54.00
57.00	05700	CT SCAN	0.048591	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078454	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100752	0	0	0	59.00
60.00	06000	LABORATORY	0.151140	0	0	0	60.00
60.01	06001	G.I. LAB	0.224881	0	0	0	60.01
60.02	06002	VASCULAR LAB	0.066173	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.181503	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.286950	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.239155	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.294603	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351464	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.341617	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.038645	279	0	11	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171978	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.405975	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.370456	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.540920	860	0	465	73.00
74.00	07400	RENAL DIALYSIS	0.427457	0	0	0	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.174292	0	0	0	76.01
76.03	03550	OP PSYCH	0.436694	0	0	0	76.03
76.04	03020	CARDIAC REHAB	0.471469	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.296023	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.133086	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.955557	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.287376		0		95.00
200.00		Subtotal (see instructions)		1,139	0	476	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		1,139	0	476	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 7/26/2022 2:46 pm		
			Component CCN: 26-T180						
			Title XVIII		Subprovider - IRF		PPS		
	Cost Center Description	Costs							
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)						
		6.00	7.00						
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	G.I. LAB	0	0					60.01
60.02	06002	VASCULAR LAB	0	0					60.02
60.03	06003	LABORATORY-PATHOLOGY	0	0					60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03320	SHOCK THERAPY	0	0					76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0	0					76.01
76.03	03550	OP PSYCH	0	0					76.03
76.04	03020	CARDIAC REHAB	0	0					76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/26/2022 2:46 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	G.I. LAB		0	0	0	0	0	60.01
60.02	06002	VASCULAR LAB		0	0	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	274,545	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	0	0	76.01
76.03	03550	OP PSYCH		0	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB		0	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	274,545	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/26/2022 2:46 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	96,272,193	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	11,394,191	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	20,922,055	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	75,361,556	0.000000	54.00
57.00	05700	CT SCAN		0	0	0	74,554,193	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	11,097,800	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	45,305,043	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	138,385,518	0.000000	60.00
60.01	06001	G.I. LAB		0	0	0	14,597,832	0.000000	60.01
60.02	06002	VASCULAR LAB		0	0	0	11,862,383	0.000000	60.02
60.03	06003	LABORATORY-PATHOLOGY		0	0	0	12,858,505	0.000000	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	12,142,542	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	37,132,090	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	20,763,712	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	7,208,980	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	2,106,771	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	44,727,944	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	6,488,344	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	30,780,805	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	54,446,237	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	274,545	274,545	38,008,737	0.007223	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	7,324,956	0.000000	74.00
76.00	03320	SHOCK THERAPY		0	0	0	0	0.000000	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0	0	0	12,033,615	0.000000	76.01
76.03	03550	OP PSYCH		0	0	0	1,197,527	0.000000	76.03
76.04	03020	CARDIAC REHAB		0	0	0	935,901	0.000000	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	1,321,330	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	241,176,124	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	3,244,607	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	274,545	274,545	1,033,651,491		95.00
200.00		Total (lines 50 through 199)		0	274,545	274,545	1,033,651,491		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 7/26/2022 2:46 pm	
Cost Center Description				Title XIX		Hospital		Cost	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	4,521,191	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	470,320	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	878,909	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	1,333,416	0	0	0	54.00
57.00	05700	CT SCAN		0.000000	3,263,216	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	433,646	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	819,944	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	7,420,284	0	0	0	60.00
60.01	06001	G.I. LAB		0.000000	480,747	0	0	0	60.01
60.02	06002	VASCULAR LAB		0.000000	1,006,815	0	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY		0.000000	385,060	0	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	752,912	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	4,606,211	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	627,618	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	515,138	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	185,005	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	3,305,050	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	141,640	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	1,175,290	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	1,501,270	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.007223	4,270,642	30,847	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	941,533	0	0	0	74.00
76.00	03320	SHOCK THERAPY		0.000000	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY		0.000000	116	0	0	0	76.01
76.03	03550	OP PSYCH		0.000000	0	0	0	0	76.03
76.04	03020	CARDIAC REHAB		0.000000	0	0	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	7,503,310	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	104,676	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			46,643,959	30,847	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
7/26/2022 2:46 pm

			Title XIX		Hospital		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	0.266999	0	3,661,660	0	0	50.00
51.00	05100	RECOVERY ROOM	0.188265	0	647,305	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.053100	0	573,410	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232229	0	3,082,536	0	0	54.00
57.00	05700	CT SCAN	0.048591	0	4,259,331	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078454	0	541,736	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100752	0	396,993	0	0	59.00
60.00	06000	LABORATORY	0.151140	0	5,180,661	0	0	60.00
60.01	06001	G.I. LAB	0.224881	0	446,589	0	0	60.01
60.02	06002	VASCULAR LAB	0.066173	0	401,100	0	0	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.181503	0	504,605	0	0	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.286950	0	154,708	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.239155	0	273,612	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.294603	0	2,103,250	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351464	0	328,310	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.341617	0	79,481	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.038645	0	1,282,415	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171978	0	562,019	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.405975	0	653,220	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.370456	0	891,942	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.540920	0	1,130,377	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.427457	0	15,590	0	0	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	0	0	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.174292	0	133,083	0	0	76.01
76.03	03550	OP PSYCH	0.436694	0	12,183	0	0	76.03
76.04	03020	CARDIAC REHAB	0.471469	0	25,986	0	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.296023	0	211,680	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.133086	0	18,535,714	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.955557	0	234,660	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.287376	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	46,324,156	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	46,324,156	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part V
Date/Time Prepared:
7/26/2022 2:46 pm

			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	977,660	0		50.00
51.00	05100	RECOVERY ROOM	121,865	0		51.00
53.00	05300	ANESTHESIOLOGY	30,448	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	715,854	0		54.00
57.00	05700	CT SCAN	206,965	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	42,501	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	39,998	0		59.00
60.00	06000	LABORATORY	783,005	0		60.00
60.01	06001	G.I. LAB	100,429	0		60.01
60.02	06002	VASCULAR LAB	26,542	0		60.02
60.03	06003	LABORATORY-PATHOLOGY	91,587	0		60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	44,393	0		63.00
65.00	06500	RESPIRATORY THERAPY	65,436	0		65.00
66.00	06600	PHYSICAL THERAPY	619,624	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	115,389	0		67.00
68.00	06800	SPEECH PATHOLOGY	27,152	0		68.00
69.00	06900	ELECTROCARDIOLOGY	49,559	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,655	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	265,191	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	330,425	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	611,444	0		73.00
74.00	07400	RENAL DIALYSIS	6,664	0		74.00
76.00	03320	SHOCK THERAPY	0	0		76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	23,195	0		76.01
76.03	03550	OP PSYCH	5,320	0		76.03
76.04	03020	CARDIAC REHAB	12,252	0		76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	62,662	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	2,466,844	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	224,231	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	8,163,290	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	8,163,290	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/26/2022 2:46 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)			62,566	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			62,566	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)			60,276	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)			16,309	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)			84,707,322	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)			84,707,322	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)			84,707,322	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)			1,353.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			22,080,592	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)			22,080,592	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0180

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

Worksheet D-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,989,760	6,431	2,641.85	1,978	5,225,579	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)					27,793,776	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,099,947	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)					1,834,904	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,045,081	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,879,985	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,219,962	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)					2,290	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,353.89	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,100,408	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 7/26/2022 2:46 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	6,074,366	84,707,322	0.071710	3,100,408	222,330		90.00	
91.00	Nursing Program cost	0	84,707,322	0.000000	3,100,408	0		91.00	
92.00	Allied health cost	0	84,707,322	0.000000	3,100,408	0		92.00	
93.00	All other Medical Education	0	84,707,322	0.000000	3,100,408	0		93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Component CCN: 26-T180		Date/Time Prepared: 7/26/2022 2:46 pm
		Title XVIII	Subprovider - IRF	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)		4,040	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,040	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)		4,040	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,634	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)		3,584,183	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)		3,584,183	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)		3,584,183	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)		887.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,449,636	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,449,636	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
				Component CCN: 26-T180		Date/Time Prepared: 7/26/2022 2:46 pm
				Title XVIII	Subprovider - IRF	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	0	0	0.00	0	0	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)					973,994	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,423,630	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)					123,334	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					47,204	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					170,538	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,253,092	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180 Component CCN: 26-T180		Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/26/2022 2:46 pm	
		Title XVIII		Subprovider - IRF	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	304,937	3,584,183	0.085079	0	0	90.00
91.00 Nursing Program cost	0	3,584,183	0.000000	0	0	91.00
92.00 Allied health cost	0	3,584,183	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,584,183	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 7/26/2022 2:46 pm	
		Title XIX	Hospital	Cost	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			62,566	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			62,566	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)			60,276	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)			7,049	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)			84,707,322	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)			84,707,322	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)			84,707,322	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)			1,353.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			9,543,571	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)			9,543,571	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 26-0180

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

Worksheet D-1

Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		Title XIX		Hospital		Cost
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	16,989,760	6,431	2,641.85	589	1,556,050
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,036,691
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,136,312
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					2,290
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,353.89
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,100,408

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 7/26/2022 2:46 pm	
		Title XIX		Hospital		Cost	
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	6,074,366	84,707,322	0.071710	3,100,408	222,330	90.00
91.00	Nursing Program cost	0	84,707,322	0.000000	3,100,408	0	91.00
92.00	Allied health cost	0	84,707,322	0.000000	3,100,408	0	92.00
93.00	All other Medical Education	0	84,707,322	0.000000	3,100,408	0	93.00

Health Financial Systems		CHRISTIAN HOSPITAL NORTHEAST		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/26/2022 2:46 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		47,144,739	30.00
31.00	03100	INTENSIVE CARE UNIT		11,903,390	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.266999	16,704,345	50.00
51.00	05100	RECOVERY ROOM	0.188265	1,203,485	51.00
53.00	05300	ANESTHESIOLOGY	0.053100	3,043,258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232229	3,539,877	54.00
57.00	05700	CT SCAN	0.048591	6,285,524	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078454	819,357	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100752	3,437,534	59.00
60.00	06000	LABORATORY	0.151140	16,468,943	60.00
60.01	06001	G.I. LAB	0.224881	1,144,751	60.01
60.02	06002	VASCULAR LAB	0.066173	2,077,357	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.181503	980,581	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.286950	2,132,930	63.00
65.00	06500	RESPIRATORY THERAPY	0.239155	9,292,981	65.00
66.00	06600	PHYSICAL THERAPY	0.294603	1,310,122	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351464	1,040,944	67.00
68.00	06800	SPEECH PATHOLOGY	0.341617	368,194	68.00
69.00	06900	ELECTROCARDIOLOGY	0.038645	8,772,784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171978	240,279	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.405975	5,066,835	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.370456	11,094,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.540920	9,043,684	73.00
74.00	07400	RENAL DIALYSIS	0.427457	2,985,723	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.174292	882	76.01
76.03	03550	OP PSYCH	0.436694	0	76.03
76.04	03020	CARDIAC REHAB	0.471469	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.296023	13,440	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.133086	12,247,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.955557	296,936	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		119,612,341	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)		119,612,341	202.00

Health Financial Systems		CHRISTIAN HOSPITAL NORTHEAST		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180	Period: From 01/01/2021	Worksheet D-3	
		Component CCN: 26-T180	To 12/31/2021	Date/Time Prepared: 7/26/2022 2:46 pm	
		Title XVIII	Subprovider - IRF	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
41.00	04100 SUBPROVIDER - IRF		2,920,388		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.266999	24,105	6,436	50.00
51.00	05100 RECOVERY ROOM	0.188265	5,100	960	51.00
53.00	05300 ANESTHESIOLOGY	0.053100	6,915	367	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232229	32,735	7,602	54.00
57.00	05700 CT SCAN	0.048591	25,048	1,217	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078454	8,505	667	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.100752	0	0	59.00
60.00	06000 LABORATORY	0.151140	359,144	54,281	60.00
60.01	06001 G.I. LAB	0.224881	0	0	60.01
60.02	06002 VASCULAR LAB	0.066173	6,041	400	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.181503	2,253	409	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.286950	5,016	1,439	63.00
65.00	06500 RESPIRATORY THERAPY	0.239155	188,966	45,192	65.00
66.00	06600 PHYSICAL THERAPY	0.294603	1,078,887	317,843	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.351464	958,047	336,719	67.00
68.00	06800 SPEECH PATHOLOGY	0.341617	212,580	72,621	68.00
69.00	06900 ELECTROCARDIOLOGY	0.038645	16,939	655	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.171978	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.405975	4,184	1,699	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.370456	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.540920	124,911	67,567	73.00
74.00	07400 RENAL DIALYSIS	0.427457	134,442	57,468	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.174292	0	0	76.01
76.03	03550 OP PSYCH	0.436694	0	0	76.03
76.04	03020 CARDIAC REHAB	0.471469	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.296023	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.133086	3,399	452	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.955557	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,197,217	973,994	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)		3,197,217		202.00

Health Financial Systems		CHRISTIAN HOSPITAL NORTHEAST		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/26/2022 2:46 pm
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		20,871,723	30.00
31.00	03100	INTENSIVE CARE UNIT		5,258,254	31.00
41.00	04100	SUBPROVIDER - IRF		527,400	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.266999	4,521,191	50.00
51.00	05100	RECOVERY ROOM	0.188265	470,320	51.00
53.00	05300	ANESTHESIOLOGY	0.053100	878,909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232229	1,333,416	54.00
57.00	05700	CT SCAN	0.048591	3,263,216	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.078454	433,646	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100752	819,944	59.00
60.00	06000	LABORATORY	0.151140	7,420,284	60.00
60.01	06001	G.I. LAB	0.224881	480,747	60.01
60.02	06002	VASCULAR LAB	0.066173	1,006,815	60.02
60.03	06003	LABORATORY-PATHOLOGY	0.181503	385,060	60.03
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.286950	752,912	63.00
65.00	06500	RESPIRATORY THERAPY	0.239155	4,606,211	65.00
66.00	06600	PHYSICAL THERAPY	0.294603	627,618	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.351464	515,138	67.00
68.00	06800	SPEECH PATHOLOGY	0.341617	185,005	68.00
69.00	06900	ELECTROCARDIOLOGY	0.038645	3,305,050	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.171978	141,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.405975	1,175,290	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.370456	1,501,270	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.540920	4,270,642	73.00
74.00	07400	RENAL DIALYSIS	0.427457	941,533	74.00
76.00	03320	SHOCK THERAPY	0.000000	0	76.00
76.01	03480	PAIN MANAGEMENT & OP CHEMOTHERAPY	0.174292	116	76.01
76.03	03550	OP PSYCH	0.436694	0	76.03
76.04	03020	CARDIAC REHAB	0.471469	0	76.04
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.296023	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.133086	7,503,310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.955557	104,676	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		46,643,959	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)		46,643,959	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 7/26/2022 2:46 pm	
		Component CCN: 26-T180			
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.266999	0	0	50.00
51.00	05100 RECOVERY ROOM	0.188265	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.053100	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232229	0	0	54.00
57.00	05700 CT SCAN	0.048591	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078454	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.100752	0	0	59.00
60.00	06000 LABORATORY	0.151140	0	0	60.00
60.01	06001 G.I. LAB	0.224881	0	0	60.01
60.02	06002 VASCULAR LAB	0.066173	0	0	60.02
60.03	06003 LABORATORY-PATHOLOGY	0.181503	0	0	60.03
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.286950	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.239155	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.294603	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.351464	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.341617	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.038645	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.171978	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.405975	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.370456	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.540920	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.427457	0	0	74.00
76.00	03320 SHOCK THERAPY	0.000000	0	0	76.00
76.01	03480 PAIN MANAGEMENT & OP CHEMOTHERAPY	0.174292	0	0	76.01
76.03	03550 OP PSYCH	0.436694	0	0	76.03
76.04	03020 CARDIAC REHAB	0.471469	0	0	76.04
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.296023	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.133086	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.955557	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	0	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)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/26/2022 2:46 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)			24,731,384	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			8,243,795	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)			1,645,877	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			548,626	2.04
3.00	Managed Care Simulated Payments			41,196,326	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			260.73	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)			2.47	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.58	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)			3.05	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			3.55	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)			3.05	12.00
13.00	Total allowable FTE count for the prior year.			2.23	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.			2.29	14.00
15.00	Sum of lines 12 through 14 divided by 3.			2.52	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			2.52	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.009665	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.008878	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.008878	21.00
22.00	IME payment adjustment (see instructions)			159,633	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			199,431	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)			0.50	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)			159,633	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			199,431	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			7.10	30.00
31.00	Percentage of Medicaid patient days (see instructions)			19.20	31.00
32.00	Sum of lines 30 and 31			26.30	32.00
33.00	Allowable disproportionate share percentage (see instructions)			10.91	33.00
34.00	Disproportionate share adjustment (see instructions)			899,399	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/26/2022 2:46 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,290,014,521	7,192,008,710
35.01	Factor 3 (see instructions)		0.001183496	0.001184065
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		9,811,201	8,515,809
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		7,338,239	2,146,452
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		9,484,691	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		6,754	
41.00	Total ESRD Medicare discharges (see instructions)		726	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		416	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		10.75	
43.00	Total Medicare ESRD inpatient days (see instructions)		3,813	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		1.309409	
45.00	Average weekly cost for dialysis treatments (see instructions)		447.81	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		243,930	
47.00	Subtotal (see instructions)		45,957,335	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		46,156,766	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,917,196	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).		93,702	52.00
53.00	Nursing and Allied Health Managed Care payment		89,376	53.00
54.00	Special add-on payments for new technologies		493,635	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).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		65,323	58.00
59.00	Total (sum of amounts on lines 49 through 58)		49,815,998	59.00
60.00	Primary payer payments		11,322	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		49,804,676	61.00
62.00	Deductibles billed to program beneficiaries		2,906,056	62.00
63.00	Coinsurance billed to program beneficiaries		314,390	63.00
64.00	Allowable bad debts (see instructions)		1,324,853	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		861,154	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,039,631	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		47,445,384	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-95,298	70.93
70.94	HRR adjustment amount (see instructions)		-125,453	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 7/26/2022 2:46 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)		372,344	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		46,852,289	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		44,518,698	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)		2,333,591	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		4,283,234	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: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/26/2022 2:46 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	24,731,384	0	24,731,384		24,731,384
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,243,795	0		8,243,795	8,243,795
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	1,645,877	0	1,645,877		1,645,877
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	548,626	0		548,626	548,626
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	41,196,326	0	0	41,196,326	41,196,326
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.008878	0.008878	0.008878	0.008878	
6.00	IME payment adjustment (see instructions)	22.00	159,633	0	119,725	39,908	159,633
6.01	IME payment adjustment for managed care (see instructions)	22.01	199,431	0	0	199,431	199,431
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	159,633	0	119,725	39,908	159,633
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	199,431	0	0	199,431	199,431
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1091	0.1091	0.1091	0.1091	
11.00	Disproportionate share adjustment (see instructions)	34.00	899,399	0	674,549	224,850	899,399
11.01	Uncompensated care payments	36.00	9,484,691	0	7,338,239	2,146,452	9,484,691
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	243,930	0	182,446	61,484	243,930
13.00	Subtotal (see instructions)	47.00	45,957,335	0	34,692,220	11,265,115	45,957,335
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	46,156,766	0	34,692,220	11,464,546	46,156,766

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/26/2022 2:46 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	2,917,196	0	0	2,917,196	2,917,196
17.00	Special add-on payments for new technologies	54.00	493,635	0	0	493,635	493,635
17.01	Net organ acquisition 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	34,692,220	14,875,377	49,567,597
		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	2,515,936	0	0	2,515,936	2,515,936
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	253,826	0	0	253,826	253,826
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	0.0039	0.0039	0.0039	0.0039	
23.00	Indirect medical education adjustment (see instructions)	6.00	9,812	0	0	9,812	9,812
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0547	0.0547	0.0547	0.0547	
25.00	Disproportionate share adjustment (see instructions)	11.00	137,622	0	0	137,622	137,622
26.00	Total prospective capital payments (see instructions)	12.00	2,917,196	0	0	2,917,196	2,917,196
		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: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/26/2022 2:46 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	24,731,384	24,731,384		24,731,384	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,243,795		8,243,795	8,243,795	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	1,645,877	1,645,877		1,645,877	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	548,626		548,626	548,626	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	41,196,326	30,897,245	10,299,081	41,196,326	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.008878	0.008878	0.008878		5.00
6.00	IME payment adjustment (see instructions)	22.00	159,633	119,725	39,908	159,633	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	199,431	149,573	49,858	199,431	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	159,633	119,725	39,908	159,633	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	199,431	149,573	49,858	199,431	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1091	0.1091	0.1091		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	899,399	674,549	224,850	899,399	11.00
11.01	Uncompensated care payments	36.00	9,484,691	7,338,239	2,146,452	9,484,691	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	243,930	182,446	61,484	243,930	12.00
13.00	Subtotal (see instructions)	47.00	45,957,335	34,692,220	11,265,115	45,957,335	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	46,156,766	34,841,793	11,314,973	46,156,766	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,917,196	2,187,897	729,299	2,917,196	16.00
17.00	Special add-on payments for new technologies	54.00	493,635	370,226	123,409	493,635	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			37,399,916	12,167,681	49,567,597	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/26/2022 2:46 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	2,515,936	1,886,952	628,984	2,515,936	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	253,826	190,369	63,457	253,826	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	0.0039	0.0039	0.0039		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	9,812	7,359	2,453	9,812	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0547	0.0547	0.0547		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	137,622	103,217	34,405	137,622	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,917,196	2,187,897	729,299	2,917,196	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	-95,298	-71,474	-23,824	-95,298	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	-125,453	-94,090	-31,363	-125,453	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		372,344	0	372,344	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/26/2022 2:46 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,161	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,720,168	2.00
3.00	OPPS payments		12,458,804	3.00
4.00	Outlier payment (see instructions)		40,642	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		26,732	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,161	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,995	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)		3,995	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)		3,995	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,834	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		2,161	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)		12,526,178	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,158,820	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)		10,369,519	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		25,656	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)		10,395,175	30.00
31.00	Primary payer payments		2,828	31.00
32.00	Subtotal (line 30 minus line 31)		10,392,347	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)		343,425	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		223,226	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		182,330	36.00
37.00	Subtotal (see instructions)		10,615,573	37.00
38.00	MSP-LCC reconciliation amount from PS&R		103	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		10,615,470	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		10,800,217	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)		-184,747	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/26/2022 2:46 pm
	Title XVIII	Hospital	PPS
			1.00
200.00	MEDICARE PART B ANCILLARY COSTS		
200.00	Part B Combined Billed Days		0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/26/2022 2:46 pm
		Title XVIII	Subprovider - IRF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		470	2.00
3.00	OPPS payments		508	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		6	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		514	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		11	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		503	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		503	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		503	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		503	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		503	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		498	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		5	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 7/26/2022 2:46 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
200.00	MEDICARE PART B ANCILLARY COSTS			200.00
	Part B Combined Billed Days			

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part I
Date/Time Prepared:
7/26/2022 2:46 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		44,518,698		10,800,217	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		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		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. E or Wkst. E-3, line and column as appropriate)		44,518,698		10,800,217	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		2,333,591		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		184,747	6.02	
7.00	Total Medicare program liability (see instructions)		46,852,289		10,615,470	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: 26-0180 Component CCN: 26-T180		Period: From 01/01/2021 To 12/31/2021		Worksheet E-1 Part I Date/Time Prepared: 7/26/2022 2:46 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,966,703		498		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		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		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. E or Wkst. E-3, line and column as appropriate)		2,966,703		498		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		50,557		5		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		3,017,260		503		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: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 7/26/2022 2:46 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180 Component CCN: 26-T180	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 7/26/2022 2:46 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	2,859,153 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0799 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	185,559 3.00		
4.00	Outlier Payments	0 4.00		
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00 5.00		
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00 5.01		
6.00	New Teaching program adjustment. (see instructions)	0.00 6.00		
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00 7.00		
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00 8.00		
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00 9.00		
10.00	Average Daily Census (see instructions)	11.068493 10.00		
11.00	Teaching Adjustment Factor (see instructions)	0.000000 11.00		
12.00	Teaching Adjustment (see instructions)	0 12.00		
13.00	Total PPS Payment (see instructions)	3,044,712 13.00		
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0 14.00		
15.00	Organ acquisition (DO NOT USE THIS LINE)	0 15.00		
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0 16.00		
17.00	Subtotal (see instructions)	3,044,712 17.00		
18.00	Primary payer payments	0 18.00		
19.00	Subtotal (line 17 less line 18).	3,044,712 19.00		
20.00	Deductibles	11,872 20.00		
21.00	Subtotal (line 19 minus line 20)	3,032,840 21.00		
22.00	Coinsurance	18,550 22.00		
23.00	Subtotal (line 21 minus line 22)	3,014,290 23.00		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	3,182 24.00		
25.00	Adjusted reimbursable bad debts (see instructions)	2,068 25.00		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,818 26.00		
27.00	Subtotal (sum of lines 23 and 25)	3,016,358 27.00		
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0 28.00		
29.00	Other pass through costs (see instructions)	902 29.00		
30.00	Outlier payments reconciliation	0 30.00		
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0 31.00		
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0 31.50		
31.98	Recovery of accelerated depreciation.	0 31.98		
31.99	Demonstration payment adjustment amount before sequestration	0 31.99		
32.00	Total amount payable to the provider (see instructions)	3,017,260 32.00		
32.01	Sequestration adjustment (see instructions)	0 32.01		
32.02	Demonstration payment adjustment amount after sequestration	0 32.02		
33.00	Interim payments	2,966,703 33.00		
34.00	Tentative settlement (for contractor use only)	0 34.00		
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	50,557 35.00		
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0 36.00		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	0 50.00		
51.00	Outlier reconciliation adjustment amount (see instructions)	0 51.00		
52.00	The rate used to calculate the Time Value of Money	0.00 52.00		
53.00	Time Value of Money (see instructions)	0 53.00		
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.	0.000000 99.00		
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)	0.000000 99.01		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 7/26/2022 2:46 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	21,136,312			1.00
2.00	Medical and other services			8,163,290	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	21,136,312		8,163,290	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)	21,136,312		8,163,290	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	26,657,377			8.00
9.00	Ancillary service charges	46,643,959		46,324,156	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)	73,301,336		46,324,156	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)	73,301,336		46,324,156	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	52,165,024		38,160,866	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)	21,136,312		8,163,290	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)	21,136,312		8,163,290	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)	21,136,312		8,163,290	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	21,136,312		8,163,290	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	21,136,312		8,163,290	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	36,373			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	21,172,685		8,163,290	40.00
41.00	Interim payments	21,172,685		8,163,290	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: 26-0180 Component CCN: 26-T180	Period: From 01/01/2021 To 12/31/2021	Worksheet E-3 Part VII Date/Time Prepared: 7/26/2022 2:46 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	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: 26-0180		Period: From 01/01/2021 To 12/31/2021		Worksheet E-4 Date/Time Prepared: 7/26/2022 2:46 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.					2.47	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					2.47	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					3.55	6.00
7.00	Enter the lesser of line 5 or line 6					2.47	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.	0.00		3.02		3.02 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.	0.00		2.10		2.10 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	0.00		2.10		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.05		1.69		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.01		2.01		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.02		1.93		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	0.02		1.93		17.00	
18.00	Per resident amount	97,997.70		97,997.70		18.00	
19.00	Approved amount for resident costs	1,960		189,136		191,096 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)					1.08 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00 23.00	
24.00	Multiply line 22 time line 23					0 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					191,096 25.00	
		Inpatient Part A		Managed Care		Total	
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	19,921		25,297		26.00	
27.00	Total Inpatient Days (see instructions)	70,747		70,747		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.281581		0.357570		28.00	
29.00	Program direct GME amount	53,809		68,330		122,139 29.00	
29.01	Percent reduction for MA DGME			4.07		29.01	
30.00	Reduction for direct GME payments for Medicare Advantage			2,781		2,781 30.00	
31.00	Net Program direct GME amount			119,358		31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/26/2022 2:46 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		7,324,956	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)		57,523,577	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)		11,322	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		57,512,255	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		15,749,537	42.00
43.00	Primary payer payments (see instructions)		2,828	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		15,746,709	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		73,258,964	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.785054	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.214946	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		119,358	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		93,702	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		25,656	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/26/2022 2:46 pm	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			2.47	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			2.47	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.55	6.00
7.00	Enter the lesser of line 5 or line 6			2.47	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.	0.00	3.02	3.02	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.	0.00	2.10	2.10	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	0.00	2.10		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.05	1.69		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.01	2.01		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.02	1.93		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	0.02	1.93		17.00
18.00	Per resident amount	97,997.70	97,997.70		18.00
19.00	Approved amount for resident costs	1,960	189,136	191,096	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)			1.08	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			191,096	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	7,912	5,554		26.00
27.00	Total Inpatient Days (see instructions)	70,747	70,747		27.00
28.00	Ratio of inpatient days to total inpatient days	0.111835	0.078505		28.00
29.00	Program direct GME amount	21,371	15,002	36,373	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			36,373	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 7/26/2022 2:46 pm
		Title XIX	Hospital	Cost
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			36,373 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			50.00

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

Provider CCN: 26-0180

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

Worksheet G

Date/Time Prepared:
7/26/2022 2:46 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	683,609	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	76,203,179	0	0	0	4.00
5.00 Other receivable	-268,908	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-34,898,276	0	0	0	6.00
7.00 Inventory	5,702,181	0	0	0	7.00
8.00 Prepaid expenses	503,441	0	0	0	8.00
9.00 Other current assets	2,026,636	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)	49,951,862	0	0	0	11.00
FIXED ASSETS					
12.00 Land	2,001,800	0	0	0	12.00
13.00 Land improvements	8,962,602	0	0	0	13.00
14.00 Accumulated depreciation	-7,359,415	0	0	0	14.00
15.00 Buildings	218,318,878	0	0	0	15.00
16.00 Accumulated depreciation	-166,014,059	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	3,292,294	0	0	0	19.00
20.00 Accumulated depreciation	-2,422,729	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	124,554,124	0	0	0	23.00
24.00 Accumulated depreciation	-101,748,474	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	79,585,021	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	3,435,223	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	3,435,223	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	132,972,106	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	6,890,782	0	0	0	37.00
38.00 Salaries, wages, and fees payable	8,119,140	0	0	0	38.00
39.00 Payroll taxes payable	209,032	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	35,704,515	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	50,923,469	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	2,966,822	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	2,966,822	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	53,890,291	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	79,081,815	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	79,081,815	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	132,972,106	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 26-0180

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

Worksheet G-1

Date/Time Prepared:
7/26/2022 2:46 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		62,857,149		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-13,036,843				2.00
3.00	Total (sum of line 1 and line 2)		49,820,306		0		3.00
4.00	TRANSFER	29,114,956		0		0	4.00
5.00	CHANGE IN RESTRICTED ASSETS	146,553		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)		29,261,509		0		10.00
11.00	Subtotal (line 3 plus line 10)		79,081,815		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)		79,081,815		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	TRANSFER		0				4.00
5.00	CHANGE IN RESTRICTED ASSETS		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: 26-0180

Period:
From 01/01/2021
To 12/31/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
7/26/2022 2:46 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	174,697,293		174,697,293	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	7,211,779		7,211,779	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	181,909,072		181,909,072	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	36,454,482		36,454,482	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	36,454,482		36,454,482	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	218,363,554		218,363,554	17.00
18.00	Ancillary services	422,692,495	630,389,669	1,053,082,164	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	57,550	55,843,043	55,900,593	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	641,113,599	686,232,712	1,327,346,311	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		347,738,076		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	NONOPERATING EXPENSES	9,303,480			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)		9,303,480		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		338,434,596		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 26-0180

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

Worksheet G-3

Date/Time Prepared:
7/26/2022 2:46 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,327,346,311	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,000,943,712	2.00
3.00	Net patient revenues (line 1 minus line 2)	326,402,599	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	338,434,596	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,031,997	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	103,367	6.00
7.00	Income from investments	472,820	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	1,647,170	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	5,277,637	24.00
24.01	OTHER NON OPERATING REVENUE	78,863	24.01
24.02	ACO REVENUE	1,268,654	24.02
24.50	COVID-19 PHE Funding	10,750,489	24.50
25.00	Total other income (sum of lines 6-24)	19,599,000	25.00
26.00	Total (line 5 plus line 25)	7,567,003	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	18,606,433	27.00
27.01	PHYSICIAN OFFICE BUILDINGS	1,294,832	27.01
27.02	ACO EXPENSES	702,581	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	20,603,846	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-13,036,843	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 26-0180	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 7/26/2022 2:46 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,515,936	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		253,826	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)		184.17	3.00
4.00	Number of interns & residents (see instructions)		2.52	4.00
5.00	Indirect medical education percentage (see instructions)		0.39	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)		9,812	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.10	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.20	8.00
9.00	Sum of lines 7 and 8		26.30	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.47	10.00
11.00	Disproportionate share adjustment (see instructions)		137,622	11.00
12.00	Total prospective capital payments (see instructions)		2,917,196	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