

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 12/2/2019 3:08 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 12/2/2019	Time: 3:08 pm
	2. ☐ Manually submitted 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

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 the Balance Sheet and Statement of Revenue and Expenses prepared by GOTTLIEB MEMORIAL HOSPITAL (14-0008) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 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.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed)

Officer or Administrator of Provider(s)

REGIONAL CFO LOYOLA MEDICINE

Title

Date

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	270,483	39,751	0	0	1.00
2.00	Subprovider - IPF	0	17,254	-1		0	2.00
3.00	Subprovider - IRF	0	13,018	1		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	2,677	0		0	7.00
200.00	Total	0	303,432	39,751	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: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 3:08 pm
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1.00	2.00	3.00	4.00
Hospital and Hospital Health Care Complex Address:			
1.00	Street: 8700 WEST NORTH AVENUE	PO Box:	1.00
2.00	City: MELROSE PARK	State: IL	2.00
		Zip Code: 60160	
		County: COOK	

	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	GOTTLIEB MEMORIAL HOSPITAL	140008	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	GOTTLIEB MEMORIAL PSYCHIATRIC UNIT	14S008	16974	4	01/01/2007	N	P	N	4.00
5.00	Subprovider - IRF	GOTTLIEB MEMORIAL REHABILITATION UNI	14T008	16974	5	07/01/1999	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	GOTTLIEB SKILLED NURSING CARE	145526	16974		06/10/1985	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

19.00		[blank]								19.00	
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018		06/30/2019		20.00
21.00	Type of Control (see instructions)						2				21.00
						1.00		2.00		3.00	

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03
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.					N			23.00

Worksheet S-2
Part I
Date/Time Prepared:
12/2/2019 3:08 pm

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0008		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 3:08 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under \$413.85? (see instructions)		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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	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	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	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)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				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	0	76.00

MCRIF32 - 15.9.167.1

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		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,623,707	0	0	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
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	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				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		902022	140.00

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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: TRINITY HEALTH HOME OFFICE		Contractor's Name: WISCONSIN PHYSICIANS SERVICE		Contractor's Number: 08201		141.00		
142.00	Street: 20555 VICTORY PARKWAY		PO Box:				142.00		
143.00	City: LIVONIA		State: MI		Zip Code: 48152		143.00		
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y	N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N		146.00	
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							Y	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N	155.00	
156.00	Subprovider - IPF			N	N	N	N	156.00	
157.00	Subprovider - IRF			N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF			N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY			N	N	N	N	160.00	
161.00	CMHC				N	N	N	161.00	
161.10	CORF				N	N	N	161.10	
161.20	OUTPATIENT PHYSICAL THERAPY				N	N	N	161.20	
161.30	OUTPATIENT OCCUPATIONAL THERAPY				N	N	N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY				N	N	N	161.40	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus
				0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00
								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)							0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					07/01/2016	06/30/2017	170.00	

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		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: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 12/2/2019 3:08 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/30/2017
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? 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.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/08/2017	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
12/2/2019 3:08 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID	PALUCK		41.00
42.00	Enter the employer/company name of the cost report preparer.	LOYOLA UNIVERSITY HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	708-216-6719	DAVID.PALUCK@TRINITY-HEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 12/2/2019 3:08 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.	REGIONAL DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 3:08 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	109	39,910	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)		109	39,910	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,828	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	43.00				0	13.00
14.00 Total (see instructions)		125	45,738	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,380		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	34	12,410		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		191				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: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 3:08 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,576	322	19,804			1.00
2.00	HMO and other (see instructions)	3,789	2,177				2.00
3.00	HMO IPF Subprovider	32	0				3.00
4.00	HMO IRF Subprovider	474	465				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	9,576	322	19,804			7.00
8.00	INTENSIVE CARE UNIT	1,692	61	1,953			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		0	0			13.00
14.00	Total (see instructions)	11,268	383	21,757	4.38	669.97	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,986	0	3,078	0.00	16.36	16.00
17.00	SUBPROVIDER - IRF	2,559	80	5,108	0.00	26.01	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	5,948	173	8,736	0.00	34.73	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				4.38	747.07	27.00
28.00	Observation Bed Days		576	3,723			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			109			30.00
31.00	Employee discount days - IRF			14			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 3:08 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	2,390	635	4,843	1.00
2.00 HMO and other (see instructions)			757	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	2,390	635	4,843	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	211	0	224	16.00
17.00 SUBPROVIDER - IRF	0.00	0	193	30	374	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						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
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
12/2/2019 3:08 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	47,896,591	0	47,896,591	1,553,890.47	30.82
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	2,052,740	0	2,052,740	72,230.90	28.42
10.00	Excluded area salaries (see instructions)		3,424,591	0	3,424,591	106,310.51	32.21
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,024,439	0	1,024,439	17,914.00	57.19
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		3,903,081	0	3,903,081	64,723.00	60.30
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,018,457	0	13,018,457		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,656,015	0	1,656,015		
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		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,713,638	0	1,713,638		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	373,276	0	373,276	24,842.20	15.03
27.00	Administrative & General	5.00	3,519,744	0	3,519,744	136,512.15	25.78

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
12/2/2019 3:08 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		319,384	0	319,384	3,969.00	80.47	28.00
29.00	Maintenance & Repairs	6.00	1,042,814	0	1,042,814	31,472.00	33.13	29.00
30.00	Operation of Plant	7.00	758,675	0	758,675	40,075.49	18.93	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,446,145	0	1,446,145	99,127.70	14.59	32.00
33.00	Housekeeping under contract (see instructions)		159,131	0	159,131	5,499.00	28.94	33.00
34.00	Dietary	10.00	994,859	-678,489	316,370	19,694.76	16.06	34.00
35.00	Dietary under contract (see instructions)		211,893	0	211,893	8,982.00	23.59	35.00
36.00	Cafeteria	11.00	0	678,489	678,489	42,237.54	16.06	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,291,614	0	1,291,614	26,458.43	48.82	38.00
39.00	Central Services and Supply	14.00	981,010	0	981,010	45,562.32	21.53	39.00
40.00	Pharmacy	15.00	2,185,579	0	2,185,579	48,346.77	45.21	40.00
41.00	Medical Records & Medical Records Library	16.00	1,403,200	0	1,403,200	46,793.02	29.99	41.00
42.00	Social Service	17.00	629,774	0	629,774	10,647.27	59.15	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
12/2/2019 3:08 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	48,586,999	0	48,586,999	1,572,340.47	30.90	1.00
2.00	Excluded area salaries (see instructions)	5,477,331	0	5,477,331	178,541.41	30.68	2.00
3.00	Subtotal salaries (line 1 minus line 2)	43,109,668	0	43,109,668	1,393,799.06	30.93	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,927,520	0	4,927,520	82,637.00	59.63	4.00
5.00	Subtotal wage-related costs (see inst.)	14,732,095	0	14,732,095	0.00	34.17	5.00
6.00	Total (sum of lines 3 thru 5)	62,769,283	0	62,769,283	1,476,436.06	42.51	6.00
7.00	Total overhead cost (see instructions)	15,317,098	0	15,317,098	590,219.65	25.95	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 12/2/2019 3:08 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,014,177	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)		50,873	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)		7,265,823	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		488,227	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		176,067	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)		345,444	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		764,843	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		2,856,759	17.00
18.00	Medicare Taxes - Employers Portion Only		668,113	18.00
19.00	Unemployment Insurance		-13,670	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		57,816	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,674,472	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,024,439	14,674,472	1.00
2.00	Hospital	1,024,439	14,674,472	2.00
3.00	Subprovider - IPF	0	0	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	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-7

Date/Time Prepared:
12/2/2019 3:08 pm

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	949	0	949 12.00
13.00		RUB	2,267	0	2,267 13.00
14.00		RUA	1,350	0	1,350 14.00
15.00		RVC	338	0	338 15.00
16.00		RVB	473	0	473 16.00
17.00		RVA	335	0	335 17.00
18.00		RHC	6	0	6 18.00
19.00		RHB	5	0	5 19.00
20.00		RHA	21	0	21 20.00
21.00		RMC	11	0	11 21.00
22.00		RMB	18	0	18 22.00
23.00		RMA	6	0	6 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	8	0	8 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	33	0	33 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	3	0	3 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	5	0	5 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	30	0	30 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	2	0	2 48.00
49.00		CC2	7	0	7 49.00
50.00		CC1	13	0	13 50.00
51.00		CB2	2	0	2 51.00
52.00		CB1	15	0	15 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	38	0	38 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-7

Date/Time Prepared:
12/2/2019 3:08 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	2	0	2	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	6	0	6	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	4	0	4	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	1	0	1	199.00
200.00	TOTAL		5,948	0	5,948	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES			16974	16974	201.00
Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).						
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		39,816	0.21	Y	205.00
206.00	OTHER NON-TRAINING EXPENSES		3,592,267	18.84	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		19,068,281			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 12/2/2019 3:08 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)			0.198247 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	273,457		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	76,127,531		6.00
7.00	Medicaid cost (line 1 times line 6)	15,092,055		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)	14,818,598		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	14,818,598		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)	11,283,286	264,466	11,547,752 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,236,878	264,466	2,501,344 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)	2,236,878	264,466	2,501,344 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)	10,595,916		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	625,272		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	961,958		27.01
28.00	Non-Medicare bad debt expense (see instructions)	9,633,958		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,246,589		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,747,933		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	19,566,531		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,911,401	9,911,401	-4,358,612	5,552,789	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,983,139	4,983,139	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	373,276	941,653	1,314,929	-19,060	1,295,869	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,519,744	22,977,279	26,497,023	-980,835	25,516,188	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,042,814	3,704,399	4,747,213	0	4,747,213	6.00
7.00	00700	OPERATION OF PLANT	758,675	1,523,418	2,282,093	0	2,282,093	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	69,115	69,115	0	69,115	8.00
9.00	00900	HOUSEKEEPING	1,446,145	1,886,138	3,332,283	0	3,332,283	9.00
10.00	01000	DIETARY	994,859	928,916	1,923,775	-1,309,444	614,331	10.00
11.00	01100	CAFETERIA	0	3,638	3,638	1,309,335	1,312,973	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,291,614	241,752	1,533,366	-2	1,533,364	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	981,010	243,572	1,224,582	-4,034	1,220,548	14.00
15.00	01500	PHARMACY	2,185,579	3,299,515	5,485,094	-1,392,101	4,092,993	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,403,200	318,465	1,721,665	0	1,721,665	16.00
17.00	01700	SOCIAL SERVICE	629,774	571,316	1,201,090	0	1,201,090	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	349,504	349,504	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,113,411	2,546,263	10,659,674	-924,207	9,735,467	30.00
31.00	03100	INTENSIVE CARE UNIT	2,586,532	1,044,366	3,630,898	-547,882	3,083,016	31.00
40.00	04000	SUBPROVIDER - IPF	1,045,670	227,883	1,273,553	-15,393	1,258,160	40.00
41.00	04100	SUBPROVIDER - IRF	1,795,406	604,747	2,400,153	-250,680	2,149,473	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,052,740	1,579,343	3,632,083	-118,300	3,513,783	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,868,482	10,379,565	13,248,047	-8,379,984	4,868,063	50.00
51.00	05100	RECOVERY ROOM	394,367	110,091	504,458	-48,059	456,399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	89	89	-89	0	52.00
53.00	05300	ANESTHESIOLOGY	0	361,378	361,378	-350,886	10,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,699,561	359,930	2,059,491	-52,950	2,006,541	54.00
56.00	05600	RADIOISOTOPE	176,827	240,505	417,332	-211,999	205,333	56.00
56.01	03630	ULTRASOUND	504,158	107,406	611,564	-29,128	582,436	56.01
57.00	05700	CT SCAN	469,965	185,659	655,624	-90,268	565,356	57.00
58.00	05800	MRI	186,463	71,848	258,311	-42,865	215,446	58.00
59.00	05900	CARDIAC CATHETERIZATION	528,572	1,538,822	2,067,394	-1,345,118	722,276	59.00
60.00	06000	LABORATORY	2,218,102	3,209,852	5,427,954	664,619	6,092,573	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,066,083	428,477	1,494,560	-134,549	1,360,011	65.00
66.00	06600	PHYSICAL THERAPY	2,088,317	348,880	2,437,197	-10,335	2,426,862	66.00
67.00	06700	OCCUPATIONAL THERAPY	292,726	44,956	337,682	-1,029	336,653	67.00
68.00	06800	SPEECH PATHOLOGY	235,708	66,400	302,108	-26,573	275,535	68.00
69.00	06900	ELECTROCARDIOLOGY	375,631	188,884	564,515	-41,919	522,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,608	23,417	126,025	-6,255	119,770	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,905,622	6,905,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,011,810	6,011,810	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,039,386	1,039,386	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	635,846	635,846	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	201,521	35,531	237,052	-3,898	233,154	76.01
76.02	03020	GASTROINTESTINAL SERVICES	633,852	704,081	1,337,933	-282,904	1,055,029	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0	90.01
90.02	04950	WOUND CARE	224,036	962,425	1,186,461	-388,859	797,602	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,825,648	1,453,577	4,279,225	-531,044	3,748,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,313,076	73,444,952	120,758,028	0	120,758,028	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,980	91,946	120,926	0	120,926	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	377,661	1,289,053	1,666,714	0	1,666,714	192.02
192.03	19203	WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300	NONPAID WORKERS	0	23,198	23,198	0	23,198	193.00
193.01	19301	ADULT DAY CARE	176,874	48,045	224,919	0	224,919	193.01
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	0	263	263	0	263	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	47,896,591	74,897,457	122,794,048	0	122,794,048	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-569,768	4,983,021	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,983,139	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,262,199	33,670	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,113,289	23,402,899	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	4,747,213	6.00
7.00	00700	OPERATION OF PLANT	0	2,282,093	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	69,115	8.00
9.00	00900	HOUSEKEEPING	0	3,332,283	9.00
10.00	01000	DIETARY	-48,572	565,759	10.00
11.00	01100	CAFETERIA	-138,089	1,174,884	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-990	1,532,374	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,220,548	14.00
15.00	01500	PHARMACY	0	4,092,993	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-29,199	1,692,466	16.00
17.00	01700	SOCIAL SERVICE	-1,029,294	171,796	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-3,391	346,113	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	9,735,467	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,083,016	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,258,160	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,149,473	41.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,513,783	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,868,063	50.00
51.00	05100	RECOVERY ROOM	0	456,399	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,492	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,006,541	54.00
56.00	05600	RADIOISOTOPE	0	205,333	56.00
56.01	03630	ULTRASOUND	0	582,436	56.01
57.00	05700	CT SCAN	0	565,356	57.00
58.00	05800	MRI	0	215,446	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	722,276	59.00
60.00	06000	LABORATORY	0	6,092,573	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	1,360,011	65.00
66.00	06600	PHYSICAL THERAPY	0	2,426,862	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	336,653	67.00
68.00	06800	SPEECH PATHOLOGY	0	275,535	68.00
69.00	06900	ELECTROCARDIOLOGY	0	522,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	119,770	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,905,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,011,810	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,039,386	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	635,846	74.00
76.00	03950	LITHOTRIPSY	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0	233,154	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	1,055,029	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	90.01
90.02	04950	WOUND CARE	0	797,602	90.02
90.03	09003	RIVER FOREST	0	0	90.03
91.00	09100	EMERGENCY	0	3,748,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
12/2/2019 3:08 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)	-5,194,791	115,563,237	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	120,926	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	1,666,714	192.02
192.03	19203	WEST TOWN PHO	0	0	192.03
193.00	19300	NONPAID WORKERS	0	23,198	193.00
193.01	19301	ADULT DAY CARE	0	224,919	193.01
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	0	263	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-5,194,791	117,599,257	200.00

RECLASSIFICATIONS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
12/2/2019 3:08 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - Drugs Charged to Patients					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,039,386		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
	0		0	1,039,386		
	B - Renal Dialysis Purchased Services					
1.00	RENAL DIALYSIS	74.00		635,846		1.00
2.00						2.00
3.00			0	635,846		3.00
	C - Dietary Shared Cost					
1.00	CAFETERIA	11.00	678,489	630,921		1.00
	0		678,489	630,921		
	E - Interns and Residents					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	349,504		1.00
	COSTS APPRV					
	0		0	349,504		
	F - Blood Transfusion					
1.00	LABORATORY	60.00	0	735,556		1.00
	0		0	735,556		
	I - Medical Supplies Charged to Patients					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,905,622		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
	0		0	6,905,622		

RECLASSIFICATIONS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
12/2/2019 3:08 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	L - Implantable Devices					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,011,810		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
	0		0	6,011,810		
	N - Capital Movable Equipment					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,983,139		1.00
	0		0	4,983,139		
	O - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	624,527		1.00
	0		0	624,527		
500.00	Grand Total: Increases		678,489	21,916,311		500.00

RECLASSIFICATIONS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
12/2/2019 3:08 pm

		Decreases					12/27/2019 3:08 PM	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
A - Drugs Charged to Patients								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19,060	0	1.00		
2.00	ADMINISTRATIVE & GENERAL	5.00	0	6,695	0	2.00		
3.00	NURSING ADMINISTRATION	13.00	0	2	0	3.00		
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,292	0	4.00		
5.00	PHARMACY	15.00	0	656,545	0	5.00		
6.00	ADULTS & PEDIATRICS	30.00	0	48,045	0	6.00		
7.00	INTENSIVE CARE UNIT	31.00	0	18,224	0	7.00		
8.00	SUBPROVIDER - IPF	40.00	0	212	0	8.00		
9.00	SUBPROVIDER - IRF	41.00	0	1,898	0	9.00		
10.00	SKILLED NURSING FACILITY	44.00	0	7,448	0	10.00		
11.00	OPERATING ROOM	50.00	0	119,450	0	11.00		
12.00	RECOVERY ROOM	51.00	0	3,080	0	12.00		
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	89	0	13.00		
14.00	ANESTHESIOLOGY	53.00	0	53,033	0	14.00		
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,730	0	15.00		
16.00	RADIOISOTOPE	56.00	0	121	0	16.00		
17.00	ULTRASOUND	56.01	0	433	0	17.00		
18.00	CT SCAN	57.00	0	1,624	0	18.00		
19.00	MRI	58.00	0	35,048	0	19.00		
20.00	CARDIAC CATHETERIZATION	59.00	0	2,937	0	20.00		
21.00	LABORATORY	60.00	0	16	0	21.00		
22.00	RESPIRATORY THERAPY	65.00	0	847	0	22.00		
23.00	PHYSICAL THERAPY	66.00	0	246	0	23.00		
24.00	OCCUPATIONAL THERAPY	67.00	0	3	0	24.00		
25.00	ELECTROCARDIOLOGY	69.00	0	290	0	25.00		
26.00	CARDIAC REHABILITATION	76.01	0	11	0	26.00		
27.00	GASTROINTESTINAL SERVICES	76.02	0	15,222	0	27.00		
28.00	WOUND CARE	90.02	0	1,199	0	28.00		
29.00	EMERGENCY	91.00	0	44,586	0	29.00		
0			0	1,039,386				
B - Renal Dialysis Purchased Services								
1.00	ADULTS & PEDIATRICS	30.00		326,281		1.00		
2.00	INTENSIVE CARE UNIT	31.00		167,629		2.00		
3.00	SUBPROVIDER - IRF	41.00		141,936		3.00		
			0	635,846				
C - Dietary Shared Cost								
1.00	DIETARY	10.00	678,489	630,921	0	1.00		
0			678,489	630,921				
E - Interns and Residents								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	349,504	0	1.00		
0			0	349,504				
F - Blood Transfusion								
1.00	PHARMACY	15.00	0	735,556	0	1.00		
0			0	735,556				
I - Medical Supplies Charged to Patients								
1.00	ADULTS & PEDIATRICS	30.00	0	549,881	0	1.00		
2.00	INTENSIVE CARE UNIT	31.00	0	362,029	0	2.00		
3.00	SUBPROVIDER - IPF	40.00	0	15,181	0	3.00		
4.00	SUBPROVIDER - IRF	41.00	0	106,846	0	4.00		
5.00	SKILLED NURSING FACILITY	44.00	0	110,852	0	5.00		
6.00	OPERATING ROOM	50.00	0	3,110,974	0	6.00		
7.00	RECOVERY ROOM	51.00	0	44,979	0	7.00		
8.00	ANESTHESIOLOGY	53.00	0	297,853	0	8.00		
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	51,220	0	9.00		
10.00	RADIOISOTOPE	56.00	0	211,878	0	10.00		
11.00	ULTRASOUND	56.01	0	28,695	0	11.00		
12.00	CT SCAN	57.00	0	88,644	0	12.00		
13.00	MRI	58.00	0	7,817	0	13.00		
14.00	CARDIAC CATHETERIZATION	59.00	0	841,092	0	14.00		
15.00	LABORATORY	60.00	0	70,862	0	15.00		
16.00	RESPIRATORY THERAPY	65.00	0	133,702	0	16.00		
17.00	PHYSICAL THERAPY	66.00	0	10,089	0	17.00		
18.00	OCCUPATIONAL THERAPY	67.00	0	1,026	0	18.00		
19.00	SPEECH PATHOLOGY	68.00	0	26,573	0	19.00		
20.00	ELECTROCARDIOLOGY	69.00	0	41,629	0	20.00		
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,255	0	21.00		
22.00	CARDIAC REHABILITATION	76.01	0	3,887	0	22.00		
23.00	GASTROINTESTINAL SERVICES	76.02	0	262,102	0	23.00		
24.00	WOUND CARE	90.02	0	35,434	0	24.00		
25.00	EMERGENCY	91.00	0	486,122	0	25.00		
0			0	6,905,622				

RECLASSIFICATIONS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
12/2/2019 3:08 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
L - Implantable Devices						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	109	0	1.00
2.00	DIETARY	10.00	0	34	0	2.00
3.00	CAFETERIA	11.00	0	75	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,742	0	4.00
5.00	OPERATING ROOM	50.00	0	5,149,560	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	501,089	0	6.00
7.00	LABORATORY	60.00	0	59	0	7.00
8.00	GASTROINTESTINAL SERVICES	76.02	0	5,580	0	8.00
9.00	WOUND CARE	90.02	0	352,226	0	9.00
10.00	EMERGENCY	91.00	0	336	0	10.00
	0		0	6,011,810		
N - Capital Movable Equipment						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,983,139	9	1.00
	0		0	4,983,139		
O - Interest Expense						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	624,527	11	1.00
	0		0	624,527		
500.00	Grand Total: Decreases		678,489	21,916,311		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
12/2/2019 3:08 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	12,500,000	0	0	0	0	1.00	
2.00	Land Improvements	1,244,408	4,783	0	4,783	0	2.00	
3.00	Buildings and Fixtures	54,881,795	0	0	0	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	15,428,916	1,371,022	0	1,371,022	0	5.00	
6.00	Movable Equipment	46,829,553	1,521,537	0	1,521,537	-21,480	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	130,884,672	2,897,342	0	2,897,342	-21,480	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	130,884,672	2,897,342	0	2,897,342	-21,480	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	12,500,000	0				1.00	
2.00	Land Improvements	1,249,191	0				2.00	
3.00	Buildings and Fixtures	54,881,795	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	16,799,938	0				5.00	
6.00	Movable Equipment	48,372,570	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	133,803,494	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	133,803,494	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	9,911,401	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,911,401	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	9,911,401				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,911,401				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	85,430,925	0	85,430,925	0.638686	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	48,329,609	0	48,329,609	0.361314	0	2.00
3.00	Total (sum of lines 1-2)	133,760,534	0	133,760,534	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,928,262	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,983,139	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,911,401	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	54,759	0	0	0	4,983,021	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,983,139	2.00
3.00	Total (sum of lines 1-2)	54,759	0	0	0	9,966,160	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-42,188	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-115,900			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	5,461,878			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-138,089	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	B	-29,199	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	0	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
12/2/2019 3:08 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
35.07 MISC INCOME A&G	B	-2,950,540	ADMINISTRATIVE & GENERAL	5.00	0	35.07
35.08 MISC OTHER INCOME AUDIOLOGY	B	0	SPEECH PATHOLOGY	68.00	0	35.08
35.09 MISC OTHER INCOME BIRTH CENTER	B	0	ADULTS & PEDIATRICS	30.00	0	35.09
35.10 GIFT NET ASSET RELEASE FROM RESTR	B	0	ADMINISTRATIVE & GENERAL	5.00	0	35.10
35.15 WEST TOWNS 958.729	A	-353,819	ADMINISTRATIVE & GENERAL	5.00	0	35.15
35.19 EMPLOYEE DAY CARE REVENUE	B	-478,038	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.19
35.20 Excluded Individual Offset	A	-637	DIETARY	10.00	0	35.20
37.00 DIETARY	B	-47,935	DIETARY	10.00	0	37.00
39.00 BPCI Gain/Loss	A	-1,029,294	SOCIAL SERVICE	17.00	0	39.00
40.00 Grants & Gifts	A	-929,822	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00 ADVERTISING	A	-211,180	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 MISC NURSING DEVELOPMENT	B	-990	NURSING ADMINISTRATION	13.00	0	42.00
42.01 HAIP/ACA PROGRAM BENEFIT OFFSET	A	-2,442,308	ADMINISTRATIVE & GENERAL	5.00	0	42.01
42.02 Gottlieb Center for Fitness	A	-1,886,730	ADMINISTRATIVE & GENERAL	5.00	0	42.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,194,791				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: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
12/2/2019 3:08 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTERCOMPANY LOAN AND CAP	47,046	624,527	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	ADMIN OTHER OPERATING EXP	6,034,441	4,369,045	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	TIS CAPITAL EXPENSE	7,713	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	TIS OPERATING EXPENSE	3,614,286	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	2,623,707	0	3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	WORKERS COMPENSATION INS	764,843	977,052	3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	258,621	0	3.04
3.05	5.00	ADMINISTRATIVE & GENERAL	INTEGRATED RISK INSURANCE	389,032	0	3.05
3.06	5.00	ADMINISTRATIVE & GENERAL	MEDICAL DIRECTORSHIPS	0	17,417	3.06
3.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMP HEALTH STOP LOSS	0	128,842	3.07
3.08	22.00	I&R SERVICES-OTHER PRGM COST	ACO Admin - Residents	0	3,391	3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	I/C THCE REPAIRS AND MAINT	0	1,502,218	3.09
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS SEVERANCE	0	655,319	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			13,739,689	8,277,811	5.00

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

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

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

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

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

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

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

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

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
12/2/2019 3:08 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	-577,481	11		1.00
2.00	1,665,396	0		2.00
3.00	7,713	11		3.00
3.01	3,614,286	0		3.01
3.02	2,623,707	0		3.02
3.03	-212,209	0		3.03
3.04	258,621	0		3.04
3.05	389,032	0		3.05
3.06	-17,417	0		3.06
3.07	-128,842	0		3.07
3.08	-3,391	0		3.08
3.09	-1,502,218	0		3.09
4.00	-655,319	0		4.00
5.00	5,461,878			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	HEALTHCARE SYSTEM		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: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
12/2/2019 3:08 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	115,900	115,900	0	211,500	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		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			115,900	115,900	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	115,900		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		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	115,900		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,983,021	4,983,021			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,983,139		4,983,139		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	33,670	132,022	0	165,692	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,402,899	413,531	0	12,273	5.00
6.00	00600	MAINTENANCE & REPAIRS	4,747,213	32,178	0	3,636	6.00
7.00	00700	OPERATION OF PLANT	2,282,093	1,227,302	0	2,645	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	69,115	20,229	0	0	8.00
9.00	00900	HOUSEKEEPING	3,332,283	19,460	0	5,043	9.00
10.00	01000	DIETARY	565,759	102,344	0	1,103	10.00
11.00	01100	CAFETERIA	1,174,884	92,836	0	2,366	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,532,374	24,503	0	4,504	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,220,548	132,363	0	3,421	14.00
15.00	01500	PHARMACY	4,092,993	45,649	0	7,621	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,692,466	20,702	0	4,893	16.00
17.00	01700	SOCIAL SERVICE	171,796	8,680	0	2,196	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	346,113	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,735,467	615,528	4,983,139	28,270	30.00
31.00	03100	INTENSIVE CARE UNIT	3,083,016	158,329	0	9,019	31.00
40.00	04000	SUBPROVIDER - IPF	1,258,160	78,448	0	3,646	40.00
41.00	04100	SUBPROVIDER - IRF	2,149,473	149,605	0	6,261	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,513,783	169,287	0	7,158	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,868,063	400,977	0	10,002	50.00
51.00	05100	RECOVERY ROOM	456,399	9,967	0	1,375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	10,492	9,124	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,006,541	145,420	0	5,926	54.00
56.00	05600	RADIOISOTOPE	205,333	23,778	0	617	56.00
56.01	03630	ULTRASOUND	582,436	19,682	0	1,758	56.01
57.00	05700	CT SCAN	565,356	32,946	0	1,639	57.00
58.00	05800	MRI	215,446	38,861	0	650	58.00
59.00	05900	CARDIAC CATHETERIZATION	722,276	37,531	0	1,843	59.00
60.00	06000	LABORATORY	6,092,573	142,891	0	7,735	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,360,011	15,616	0	3,717	65.00
66.00	06600	PHYSICAL THERAPY	2,426,862	94,300	0	7,282	66.00
67.00	06700	OCCUPATIONAL THERAPY	336,653	24,473	0	1,021	67.00
68.00	06800	SPEECH PATHOLOGY	275,535	89,656	0	822	68.00
69.00	06900	ELECTROCARDIOLOGY	522,596	6,255	0	1,310	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	119,770	13,146	0	358	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,905,622	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,011,810	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,039,386	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	635,846	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	233,154	53,368	0	703	76.01
76.02	03020	GASTROINTESTINAL SERVICES	1,055,029	51,593	0	2,210	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	90.01
90.02	04950	WOUND CARE	797,602	33,035	0	781	90.02
90.03	09003	RIVER FOREST	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,748,181	140,037	0	9,853	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
				0	1.00			
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	115,563,237	4,825,652	4,983,139	163,657	115,403,833	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	120,926	56,947	0	101	177,974	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	1,666,714	45,649	0	1,317	1,713,680	192.02
192.03	19203	WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300	NONPAID WORKERS	23,198	31,409	0	0	54,607	193.00
193.01	19301	ADULT DAY CARE	224,919	23,364	0	617	248,900	193.01
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	263	0	0	0	263	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	117,599,257	4,983,021	4,983,139	165,692	117,599,257	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0008

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	23,828,703					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,215,448	5,998,475				6.00
7.00	00700	OPERATION OF PLANT	892,469	1,671,159	6,075,668			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,704	27,545	38,674	178,267		8.00
9.00	00900	HOUSEKEEPING	853,016	26,498	37,204	13,653	4,287,157	9.00
10.00	01000	DIETARY	170,057	139,357	195,661	5,601	139,810	10.00
11.00	01100	CAFETERIA	322,750	126,410	177,483	0	126,821	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	396,773	33,364	46,844	0	33,473	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	344,667	180,232	253,050	329	180,817	14.00
15.00	01500	PHARMACY	1,053,636	62,158	87,271	693	62,360	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	436,589	28,190	39,579	0	28,281	16.00
17.00	01700	SOCIAL SERVICE	46,420	11,819	16,595	0	11,858	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	87,953	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,903,859	838,136	1,176,765	0	840,856	30.00
31.00	03100	INTENSIVE CARE UNIT	825,973	215,590	302,694	43	216,290	31.00
40.00	04000	SUBPROVIDER - IPF	340,581	106,818	149,976	0	107,165	40.00
41.00	04100	SUBPROVIDER - IRF	585,826	203,710	286,014	8	204,372	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	937,750	230,510	323,642	34	231,259	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,341,494	545,991	766,586	124,597	547,765	50.00
51.00	05100	RECOVERY ROOM	118,861	13,571	19,054	0	13,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,985	12,424	17,443	0	12,464	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	548,356	198,011	278,013	0	198,655	54.00
56.00	05600	RADIOISOTOPE	58,378	32,378	45,459	87	32,483	56.00
56.01	03630	ULTRASOUND	153,455	26,800	37,628	1,929	26,887	56.01
57.00	05700	CT SCAN	152,455	44,862	62,987	0	45,007	57.00
58.00	05800	MRI	64,789	52,916	74,295	2	53,088	58.00
59.00	05900	CARDIAC CATHETERIZATION	193,548	51,104	71,751	822	51,270	59.00
60.00	06000	LABORATORY	1,586,503	194,568	273,179	30,469	195,200	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	350,515	21,263	29,854	0	21,332	65.00
66.00	06600	PHYSICAL THERAPY	642,521	128,403	180,282	0	128,821	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,028	33,324	46,788	0	33,432	67.00
68.00	06800	SPEECH PATHOLOGY	93,010	122,081	171,405	0	122,478	68.00
69.00	06900	ELECTROCARDIOLOGY	134,723	8,517	11,958	0	8,545	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,867	17,900	25,133	0	17,959	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,754,836	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,527,703	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	264,126	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	161,579	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	72,989	72,669	102,029	0	72,905	76.01
76.02	03020	GASTROINTESTINAL SERVICES	281,773	70,252	98,636	0	70,481	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0	90.01
90.02	04950	WOUND CARE	211,277	44,982	63,157	0	45,129	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	990,566	190,682	267,723	0	191,302	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,270,808	5,784,194	5,774,812	178,267	4,072,180	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	45,226	77,541	108,870	0	77,793	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	435,475	62,158	87,271	0	62,360	192.02
192.03	19203	WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300	NONPAID WORKERS	13,877	42,768	60,047	0	42,907	193.00
193.01	19301	ADULT DAY CARE	63,250	31,814	44,668	0	31,917	193.01
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	67	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,828,703	5,998,475	6,075,668	178,267	4,287,157	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,319,692					10.00
11.00	01100	CAFETERIA	602,803	2,626,353				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	60,784	0	2,132,619		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	104,624	0	0	2,420,051	14.00
15.00	01500	PHARMACY	0	108,225	0	0	30,207	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	106,319	0	22,713	655	16.00
17.00	01700	SOCIAL SERVICE	0	24,779	0	0	53	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	233	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	199,129	562,512	0	860,149	8,258	30.00
31.00	03100	INTENSIVE CARE UNIT	37,562	143,594	0	235,923	3,184	31.00
40.00	04000	SUBPROVIDER - IPF	33,252	79,104	0	107,910	458	40.00
41.00	04100	SUBPROVIDER - IRF	55,354	124,162	0	177,008	2,532	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	94,374	165,726	0	220,607	2,531	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	176,209	0	136,193	82,943	50.00
51.00	05100	RECOVERY ROOM	0	19,008	0	28,022	198	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	114,155	0	13,141	1,425	54.00
56.00	05600	RADIOISOTOPE	0	8,895	0	0	122	56.00
56.01	03630	ULTRASOUND	0	24,674	0	0	388	56.01
57.00	05700	CT SCAN	0	25,732	0	0	3,056	57.00
58.00	05800	MRI	0	9,583	0	0	204	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,979	0	435	7,225	59.00
60.00	06000	LABORATORY	0	175,786	0	0	310,468	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	68,514	0	0	10,997	65.00
66.00	06600	PHYSICAL THERAPY	0	137,028	0	0	245	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,037	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,813	0	0	40	68.00
69.00	06900	ELECTROCARDIOLOGY	0	26,686	0	0	490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,048	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,033,137	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	899,505	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0	12,760	0	8,354	147	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	40,717	0	53,607	4,638	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0	90.01
90.02	04950	WOUND CARE	0	11,384	0	18,710	3,504	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	196,012	0	241,406	4,586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,022,474	2,585,849	0	2,124,178	2,412,917	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,606	0	0	212	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	297,218	0	0	0	0	192.00
192.01	19201 NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	21,761	0	0	6,339	192.02
192.03	19203 WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300 NONPAID WORKERS	0	0	0	0	372	193.00
193.01	19301 ADULT DAY CARE	0	14,137	0	8,441	172	193.01
194.00	07950 DISCONTINUED HOME HEALTH AND HOSPICE	0	0	0	0	39	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,319,692	2,626,353	0	2,132,619	2,420,051	202.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	5,550,813					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,380,387				16.00
17.00	01700	SOCIAL SERVICE	0	0	294,196			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	338,476	150,630	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	74,768	14,855	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	38,948	23,412	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	34,182	38,852	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	80,324	66,447	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	124,996	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	49,417	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	87,812	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	83,836	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	20,888	0	0	0	56.00
56.01	03630	ULTRASOUND	0	47,193	0	0	0	56.01
57.00	05700	CT SCAN	0	183,499	0	0	0	57.00
58.00	05800	MRI	0	54,326	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	67,758	0	0	0	59.00
60.00	06000	LABORATORY	0	251,479	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	46,728	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	97,179	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,999	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,150	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	80,361	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,971	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	32,338	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	71,964	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,232,387	100,848	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	4,479	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0	8,864	0	0	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	81,742	0	0	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	64	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0	90.01
90.02	04950	WOUND CARE	0	25,256	0	0	0	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	264,542	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,232,387	2,380,387	294,196	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	896	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	1,317,510	0	0	0	0	192.02
192.03	19203 WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 ADULT DAY CARE	0	0	0	0	0	193.01
194.00	07950 DISCONTINUED HOME HEALTH AND HOSPICE	20	0	0	0	0	194.00
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,550,813	2,380,387	294,196	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0008

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		434,299				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,343	0	24,245,517	-4,343	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	5,320,840	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	2,327,878	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	4,017,359	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	6,043,432	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	9,125,816	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	729,487	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	156,232	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,593,479	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	428,418	0	56.00
56.01	03630	ULTRASOUND	0	0	0	922,830	0	56.01
57.00	05700	CT SCAN	0	0	0	1,117,539	0	57.00
58.00	05800	MRI	0	0	0	564,160	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,228,542	0	59.00
60.00	06000	LABORATORY	0	0	0	9,260,851	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,928,547	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,842,923	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	595,755	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	893,990	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	801,441	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	245,152	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,725,933	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,510,982	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,636,747	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	801,904	0	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0	0	0	637,942	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	0	0	1,810,678	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	64	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0	90.01
90.02	04950	WOUND CARE	0	0	0	1,254,817	0	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	429,956	0	6,674,846	-429,956	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0008

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	434,299	0	112,444,101	-434,299	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	493,118	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	297,218	0	192.00
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	3,706,554	0	192.02
192.03	19203	WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300	NONPAID WORKERS	0	0	0	214,578	0	193.00
193.01	19301	ADULT DAY CARE	0	0	0	443,299	0	193.01
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	0	0	0	389	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	434,299	0	117,599,257	-434,299	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	24,241,174	30.00
31.00	03100	INTENSIVE CARE UNIT	5,320,840	31.00
40.00	04000	SUBPROVIDER - IPF	2,327,878	40.00
41.00	04100	SUBPROVIDER - IRF	4,017,359	41.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,043,432	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	9,125,816	50.00
51.00	05100	RECOVERY ROOM	729,487	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	156,232	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,593,479	54.00
56.00	05600	RADIOISOTOPE	428,418	56.00
56.01	03630	ULTRASOUND	922,830	56.01
57.00	05700	CT SCAN	1,117,539	57.00
58.00	05800	MRI	564,160	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,228,542	59.00
60.00	06000	LABORATORY	9,260,851	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,928,547	65.00
66.00	06600	PHYSICAL THERAPY	3,842,923	66.00
67.00	06700	OCCUPATIONAL THERAPY	595,755	67.00
68.00	06800	SPEECH PATHOLOGY	893,990	68.00
69.00	06900	ELECTROCARDIOLOGY	801,441	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	245,152	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,725,933	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,510,982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,636,747	73.00
73.01	07301	OUTPATIENT PHARMACY	0	73.01
74.00	07400	RENAL DIALYSIS	801,904	74.00
76.00	03950	LITHOTRIPSY	0	76.00
76.01	03951	CARDIAC REHABILITATION	637,942	76.01
76.02	03020	GASTROINTESTINAL SERVICES	1,810,678	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	64	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	90.01
90.02	04950	WOUND CARE	1,254,817	90.02
90.03	09003	RIVER FOREST	0	90.03
91.00	09100	EMERGENCY	6,244,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	112,009,802	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	493,118
192.00	19200	PHYSICIANS' PRIVATE OFFICES	297,218
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0
192.02	19202	OUTPATIENT PHARMACY	3,706,554
192.03	19203	WEST TOWN PHO	0
193.00	19300	NONPAID WORKERS	214,578
193.01	19301	ADULT DAY CARE	443,299
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	389
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118 through 201)	117,164,958

190.00
192.00
192.01
192.02
192.03
193.00
193.01
194.00
200.00
201.00
202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	132,022	0	132,022	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	413,531	0	413,531	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	32,178	0	32,178	6.00
7.00	00700	OPERATION OF PLANT	0	1,227,302	0	1,227,302	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	20,229	0	20,229	8.00
9.00	00900	HOUSEKEEPING	0	19,460	0	19,460	9.00
10.00	01000	DIETARY	0	102,344	0	102,344	10.00
11.00	01100	CAFETERIA	0	92,836	0	92,836	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	24,503	0	24,503	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	132,363	0	132,363	14.00
15.00	01500	PHARMACY	0	45,649	0	45,649	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,702	0	20,702	16.00
17.00	01700	SOCIAL SERVICE	0	8,680	0	8,680	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	615,528	4,983,139	5,598,667	30.00
31.00	03100	INTENSIVE CARE UNIT	0	158,329	0	158,329	31.00
40.00	04000	SUBPROVIDER - IPF	0	78,448	0	78,448	40.00
41.00	04100	SUBPROVIDER - IRF	0	149,605	0	149,605	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	169,287	0	169,287	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	400,977	0	400,977	50.00
51.00	05100	RECOVERY ROOM	0	9,967	0	9,967	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,124	0	9,124	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	145,420	0	145,420	54.00
56.00	05600	RADIOISOTOPE	0	23,778	0	23,778	56.00
56.01	03630	ULTRASOUND	0	19,682	0	19,682	56.01
57.00	05700	CT SCAN	0	32,946	0	32,946	57.00
58.00	05800	MRI	0	38,861	0	38,861	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,531	0	37,531	59.00
60.00	06000	LABORATORY	0	142,891	0	142,891	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	15,616	0	15,616	65.00
66.00	06600	PHYSICAL THERAPY	0	94,300	0	94,300	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24,473	0	24,473	67.00
68.00	06800	SPEECH PATHOLOGY	0	89,656	0	89,656	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,255	0	6,255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,146	0	13,146	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0	53,368	0	53,368	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	51,593	0	51,593	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	90.01
90.02	04950	WOUND CARE	0	33,035	0	33,035	90.02
90.03	09003	RIVER FOREST	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	140,037	0	140,037	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,825,652	4,983,139	9,808,791	130,401	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	56,947	0	56,947	81	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	45,649	0	45,649	1,049	192.02
192.03	19203	WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300	NONPAID WORKERS	0	31,409	0	31,409	0	193.00
193.01	19301	ADULT DAY CARE	0	23,364	0	23,364	491	193.01
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,983,021	4,983,139	9,966,160	132,022	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
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Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	423,309					5.00
6.00	00600	MAINTENANCE & REPAIRS	21,591	56,666				6.00
7.00	00700	OPERATION OF PLANT	15,853	15,787	1,261,050			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	403	260	8,027	28,919		8.00
9.00	00900	HOUSEKEEPING	15,153	250	7,722	2,215	48,817	9.00
10.00	01000	DIETARY	3,021	1,316	40,611	909	1,592	10.00
11.00	01100	CAFETERIA	5,733	1,194	36,838	0	1,444	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,048	315	9,723	0	381	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,122	1,703	52,522	53	2,059	14.00
15.00	01500	PHARMACY	18,716	587	18,114	112	710	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,755	266	8,215	0	322	16.00
17.00	01700	SOCIAL SERVICE	825	112	3,444	0	135	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,562	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,375	7,918	244,248	0	9,575	30.00
31.00	03100	INTENSIVE CARE UNIT	14,672	2,037	62,826	7	2,463	31.00
40.00	04000	SUBPROVIDER - IPF	6,050	1,009	31,129	0	1,220	40.00
41.00	04100	SUBPROVIDER - IRF	10,406	1,924	59,364	1	2,327	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,658	2,178	67,174	5	2,633	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,830	5,158	159,111	20,214	6,237	50.00
51.00	05100	RECOVERY ROOM	2,111	128	3,955	0	155	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	89	117	3,620	0	142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,741	1,871	57,704	0	2,262	54.00
56.00	05600	RADIOISOTOPE	1,037	306	9,435	14	370	56.00
56.01	03630	ULTRASOUND	2,726	253	7,810	313	306	56.01
57.00	05700	CT SCAN	2,708	424	13,073	0	512	57.00
58.00	05800	MRI	1,151	500	15,421	0	605	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,438	483	14,892	133	584	59.00
60.00	06000	LABORATORY	28,182	1,838	56,700	4,943	2,223	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,226	201	6,196	0	243	65.00
66.00	06600	PHYSICAL THERAPY	11,413	1,213	37,419	0	1,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,635	315	9,711	0	381	67.00
68.00	06800	SPEECH PATHOLOGY	1,652	1,153	35,576	0	1,395	68.00
69.00	06900	ELECTROCARDIOLOGY	2,393	80	2,482	0	97	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	602	169	5,216	0	204	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,172	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,137	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,692	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,870	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	1,297	686	21,177	0	830	76.01
76.02	03020	GASTROINTESTINAL SERVICES	5,005	664	20,473	0	803	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0	90.01
90.02	04950	WOUND CARE	3,753	425	13,109	0	514	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	17,596	1,801	55,568	0	2,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

Period:
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Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	413,399	54,641	1,198,605	28,919	46,369	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	803	733	22,597	0	886	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	7,736	587	18,114	0	710	192.02
192.03	19203	WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300	NONPAID WORKERS	246	404	12,463	0	489	193.00
193.01	19301	ADULT DAY CARE	1,124	301	9,271	0	363	193.01
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	1	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	423,309	56,666	1,261,050	28,919	48,817	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	150,672					10.00
11.00	01100	CAFETERIA	68,823	208,753				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	4,831	0	50,389		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,316	0	0	205,863	14.00
15.00	01500	PHARMACY	0	8,602	0	0	2,570	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,451	0	537	56	16.00
17.00	01700	SOCIAL SERVICE	0	1,970	0	0	5	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	20	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,735	44,711	0	20,325	702	30.00
31.00	03100	INTENSIVE CARE UNIT	4,289	11,413	0	5,574	271	31.00
40.00	04000	SUBPROVIDER - IPF	3,796	6,287	0	2,550	39	40.00
41.00	04100	SUBPROVIDER - IRF	6,320	9,869	0	4,182	215	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	10,775	13,173	0	5,212	215	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	14,006	0	3,218	7,056	50.00
51.00	05100	RECOVERY ROOM	0	1,511	0	662	17	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	127	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,073	0	310	121	54.00
56.00	05600	RADIOISOTOPE	0	707	0	0	10	56.00
56.01	03630	ULTRASOUND	0	1,961	0	0	33	56.01
57.00	05700	CT SCAN	0	2,045	0	0	260	57.00
58.00	05800	MRI	0	762	0	0	17	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,826	0	10	615	59.00
60.00	06000	LABORATORY	0	13,972	0	0	26,411	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	5,446	0	0	935	65.00
66.00	06600	PHYSICAL THERAPY	0	10,892	0	0	21	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,195	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,018	0	0	3	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,121	0	0	42	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	640	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	87,881	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	76,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0	1,014	0	197	13	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	3,236	0	1,267	395	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0	90.01
90.02	04950	WOUND CARE	0	905	0	442	298	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	15,580	0	5,704	390	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	116,738	205,533	0	50,190	205,256	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	366	0	0	18	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	33,934	0	0	0	0	192.00
192.01	19201 NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	1,730	0	0	539	192.02
192.03	19203 WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300 NONPAID WORKERS	0	0	0	0	32	193.00
193.01	19301 ADULT DAY CARE	0	1,124	0	199	15	193.01
194.00	07950 DISCONTINUED HOME HEALTH AND HOSPICE	0	0	0	0	3	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	150,672	208,753	0	50,389	205,863	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	101,132					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	50,202				16.00
17.00	01700	SOCIAL SERVICE	0	0	16,921			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,066	8,663			30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,579	854			31.00
40.00	04000	SUBPROVIDER - IPF	0	823	1,347			40.00
41.00	04100	SUBPROVIDER - IRF	0	722	2,235			41.00
43.00	04300	NURSERY	0	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,697	3,822			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,641	0			50.00
51.00	05100	RECOVERY ROOM	0	1,044	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	1,855	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,771	0			54.00
56.00	05600	RADIOISOTOPE	0	441	0			56.00
56.01	03630	ULTRASOUND	0	997	0			56.01
57.00	05700	CT SCAN	0	3,876	0			57.00
58.00	05800	MRI	0	1,148	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,431	0			59.00
60.00	06000	LABORATORY	0	5,313	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	0	987	0			65.00
66.00	06600	PHYSICAL THERAPY	0	2,053	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	275	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	130	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,698	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	190	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	683	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,520	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,112	2,130	0			73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0			73.01
74.00	07400	RENAL DIALYSIS	0	95	0			74.00
76.00	03950	LITHOTRIPSY	0	0	0			76.00
76.01	03951	CARDIAC REHABILITATION	0	187	0			76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	1,727	0			76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0			76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0			76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1	0			90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0			90.01
90.02	04950	WOUND CARE	0	534	0			90.02
90.03	09003	RIVER FOREST	0	0	0			90.03
91.00	09100	EMERGENCY	0	5,588	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	77,112	50,202	16,921	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0	0	0			192.01
192.02	19202	OUTPATIENT PHARMACY	24,004	0	0			192.02
192.03	19203	WEST TOWN PHO	0	0	0			192.03
193.00	19300	NONPAID WORKERS	0	0	0			193.00
193.01	19301	ADULT DAY CARE	0	0	0			193.01
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	0	0	0			194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0			201.00
202.00		TOTAL (sum lines 118 through 201)	101,132	50,202	16,921	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,582				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				6,056,523	0	30.00
31.00	03100	INTENSIVE CARE UNIT				271,499	0	31.00
40.00	04000	SUBPROVIDER - IPF				135,603	0	40.00
41.00	04100	SUBPROVIDER - IRF				252,158	0	41.00
43.00	04300	NURSERY				0	0	43.00
44.00	04400	SKILLED NURSING FACILITY				298,532	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				650,417	0	50.00
51.00	05100	RECOVERY ROOM				20,646	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	0	52.00
53.00	05300	ANESTHESIOLOGY				15,074	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				232,994	0	54.00
56.00	05600	RADIOISOTOPE				36,589	0	56.00
56.01	03630	ULTRASOUND				35,482	0	56.01
57.00	05700	CT SCAN				57,150	0	57.00
58.00	05800	MRI				58,983	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				62,411	0	59.00
60.00	06000	LABORATORY				288,635	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
65.00	06500	RESPIRATORY THERAPY				38,812	0	65.00
66.00	06600	PHYSICAL THERAPY				164,579	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				38,798	0	67.00
68.00	06800	SPEECH PATHOLOGY				131,238	0	68.00
69.00	06900	ELECTROCARDIOLOGY				16,212	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				20,452	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				119,736	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				105,175	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				83,934	0	73.00
73.01	07301	OUTPATIENT PHARMACY				0	0	73.01
74.00	07400	RENAL DIALYSIS				2,965	0	74.00
76.00	03950	LITHOTRIPSY				0	0	76.00
76.01	03951	CARDIAC REHABILITATION				79,329	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES				86,924	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY				0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS				0	0	76.05
76.97	07697	CARDIAC REHABILITATION				0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				1	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES				0	0	90.01
90.02	04950	WOUND CARE				53,637	0	90.02
90.03	09003	RIVER FOREST				0	0	90.03
91.00	09100	EMERGENCY				252,292	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
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Part II
Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF				0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	9,666,780	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				82,447	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				33,934	0	192.00
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER				0	0	192.01
192.02	19202	OUTPATIENT PHARMACY				100,118	0	192.02
192.03	19203	WEST TOWN PHO				0	0	192.03
193.00	19300	NONPAID WORKERS				45,043	0	193.00
193.01	19301	ADULT DAY CARE				36,252	0	193.01
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE				4	0	194.00
200.00		Cross Foot Adjustments	0	1,582	0	1,582	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,582	0	9,966,160	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

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To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	6,056,523	30.00
31.00	03100	INTENSIVE CARE UNIT	271,499	31.00
40.00	04000	SUBPROVIDER - IPF	135,603	40.00
41.00	04100	SUBPROVIDER - IRF	252,158	41.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	298,532	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	650,417	50.00
51.00	05100	RECOVERY ROOM	20,646	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	15,074	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	232,994	54.00
56.00	05600	RADIOISOTOPE	36,589	56.00
56.01	03630	ULTRASOUND	35,482	56.01
57.00	05700	CT SCAN	57,150	57.00
58.00	05800	MRI	58,983	58.00
59.00	05900	CARDIAC CATHETERIZATION	62,411	59.00
60.00	06000	LABORATORY	288,635	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	38,812	65.00
66.00	06600	PHYSICAL THERAPY	164,579	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,798	67.00
68.00	06800	SPEECH PATHOLOGY	131,238	68.00
69.00	06900	ELECTROCARDIOLOGY	16,212	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,452	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	119,736	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,175	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,934	73.00
73.01	07301	OUTPATIENT PHARMACY	0	73.01
74.00	07400	RENAL DIALYSIS	2,965	74.00
76.00	03950	LITHOTRIPSY	0	76.00
76.01	03951	CARDIAC REHABILITATION	79,329	76.01
76.02	03020	GASTROINTESTINAL SERVICES	86,924	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	90.01
90.02	04950	WOUND CARE	53,637	90.02
90.03	09003	RIVER FOREST	0	90.03
91.00	09100	EMERGENCY	252,292	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	99.40
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,666,780	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	82,447
192.00	19200	PHYSICIANS' PRIVATE OFFICES	33,934
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0
192.02	19202	OUTPATIENT PHARMACY	100,118
192.03	19203	WEST TOWN PHO	0
193.00	19300	NONPAID WORKERS	45,043
193.01	19301	ADULT DAY CARE	36,252
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	4
200.00		Cross Foot Adjustments	1,582
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118 through 201)	9,966,160

190.00
192.00
192.01
192.02
192.03
193.00
193.01
194.00
200.00
201.00
202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP ((DOLLAR VALUE))				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	336,976					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		19				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,928	0	47,523,315			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,965	0	3,519,744	-23,828,703	93,770,554	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,176	0	1,042,814	0	4,783,027	6.00
7.00	00700	OPERATION OF PLANT	82,996	0	758,675	0	3,512,040	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,368	0	0	0	89,344	8.00
9.00	00900	HOUSEKEEPING	1,316	0	1,446,145	0	3,356,786	9.00
10.00	01000	DIETARY	6,921	0	316,370	0	669,206	10.00
11.00	01100	CAFETERIA	6,278	0	678,489	0	1,270,086	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,657	0	1,291,614	0	1,561,381	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,951	0	981,010	0	1,356,332	14.00
15.00	01500	PHARMACY	3,087	0	2,185,579	0	4,146,263	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,400	0	1,403,200	0	1,718,061	16.00
17.00	01700	SOCIAL SERVICE	587	0	629,774	0	182,672	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	346,113	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,625	19	8,113,411	0	15,362,404	30.00
31.00	03100	INTENSIVE CARE UNIT	10,707	0	2,586,532	0	3,250,364	31.00
40.00	04000	SUBPROVIDER - IPF	5,305	0	1,045,670	0	1,340,254	40.00
41.00	04100	SUBPROVIDER - IRF	10,117	0	1,795,406	0	2,305,339	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	11,448	0	2,052,740	0	3,690,228	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,116	0	2,868,482	0	5,279,042	50.00
51.00	05100	RECOVERY ROOM	674	0	394,367	0	467,741	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	617	0	0	0	19,616	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,834	0	1,699,561	0	2,157,887	54.00
56.00	05600	RADIOISOTOPE	1,608	0	176,827	0	229,728	56.00
56.01	03630	ULTRASOUND	1,331	0	504,158	0	603,876	56.01
57.00	05700	CT SCAN	2,228	0	469,965	0	599,941	57.00
58.00	05800	MRI	2,628	0	186,463	0	254,957	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,538	0	528,572	0	761,650	59.00
60.00	06000	LABORATORY	9,663	0	2,218,102	0	6,243,199	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,056	0	1,066,083	0	1,379,344	65.00
66.00	06600	PHYSICAL THERAPY	6,377	0	2,088,317	0	2,528,444	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,655	0	292,726	0	362,147	67.00
68.00	06800	SPEECH PATHOLOGY	6,063	0	235,708	0	366,013	68.00
69.00	06900	ELECTROCARDIOLOGY	423	0	375,631	0	530,161	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	889	0	102,608	0	133,274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,905,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,011,810	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,039,386	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	635,846	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	3,609	0	201,521	0	287,225	76.01
76.02	03020	GASTROINTESTINAL SERVICES	3,489	0	633,852	0	1,108,832	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0	90.01
90.02	04950	WOUND CARE	2,234	0	224,036	0	831,418	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	9,470	0	2,825,648	0	3,898,071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP ((DOLLAR VALUE))				
		1.00	2.00	4.00	5A	5.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	326,334	19	46,939,800	-23,828,703	91,575,130
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,851	0	28,980	0	177,974
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0
192.02	19202	OUTPATIENT PHARMACY	3,087	0	377,661	0	1,713,680
192.03	19203	WEST TOWN PHO	0	0	0	0	0
193.00	19300	NONPAID WORKERS	2,124	0	0	0	54,607
193.01	19301	ADULT DAY CARE	1,580	0	176,874	0	248,900
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	0	0	0	0	263
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,983,021	4,983,139	165,692		23,828,703
203.00		Unit cost multiplier (Wkst. B, Part I)	14.787466	262,270.473684	0.003487	0.254117	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			132,022		423,309
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002778	0.004514	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: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY ((MEALS SERVED))	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	297,907					6.00
7.00	00700	OPERATION OF PLANT	82,996	214,911				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,368	1,368	656,605			8.00
9.00	00900	HOUSEKEEPING	1,316	1,316	50,286	212,227		9.00
10.00	01000	DIETARY	6,921	6,921	20,631	6,921	392,158	10.00
11.00	01100	CAFETERIA	6,278	6,278	0	6,278	179,128	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,657	1,657	0	1,657	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,951	8,951	1,212	8,951	0	14.00
15.00	01500	PHARMACY	3,087	3,087	2,553	3,087	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,400	1,400	0	1,400	0	16.00
17.00	01700	SOCIAL SERVICE	587	587	0	587	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,625	41,625	1	41,625	59,173	30.00
31.00	03100	INTENSIVE CARE UNIT	10,707	10,707	158	10,707	11,162	31.00
40.00	04000	SUBPROVIDER - IPF	5,305	5,305	0	5,305	9,881	40.00
41.00	04100	SUBPROVIDER - IRF	10,117	10,117	31	10,117	16,449	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	11,448	11,448	124	11,448	28,044	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,116	27,116	458,922	27,116	0	50.00
51.00	05100	RECOVERY ROOM	674	674	0	674	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	617	617	0	617	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,834	9,834	0	9,834	0	54.00
56.00	05600	RADIOISOTOPE	1,608	1,608	321	1,608	0	56.00
56.01	03630	ULTRASOUND	1,331	1,331	7,104	1,331	0	56.01
57.00	05700	CT SCAN	2,228	2,228	0	2,228	0	57.00
58.00	05800	MRI	2,628	2,628	6	2,628	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,538	2,538	3,029	2,538	0	59.00
60.00	06000	LABORATORY	9,663	9,663	112,227	9,663	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,056	1,056	0	1,056	0	65.00
66.00	06600	PHYSICAL THERAPY	6,377	6,377	0	6,377	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,655	1,655	0	1,655	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,063	6,063	0	6,063	0	68.00
69.00	06900	ELECTROCARDIOLOGY	423	423	0	423	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	889	889	0	889	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	3,609	3,609	0	3,609	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES	3,489	3,489	0	3,489	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0	90.01
90.02	04950	WOUND CARE	2,234	2,234	0	2,234	0	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	9,470	9,470	0	9,470	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET)	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	287,265	204,269	656,605	201,585	303,837	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,851	3,851	0	3,851	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	88,321	192.00
192.01	19201 NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	3,087	3,087	0	3,087	0	192.02
192.03	19203 WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300 NONPAID WORKERS	2,124	2,124	0	2,124	0	193.00
193.01	19301 ADULT DAY CARE	1,580	1,580	0	1,580	0	193.01
194.00	07950 DISCONTINUED HOME HEALTH AND HOSPICE	0	0	0	0	0	194.00
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)	5,998,475	6,075,668	178,267	4,287,157	1,319,692	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.135395	28.270624	0.271498	20.200809	3.365205	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	56,666	1,261,050	28,919	48,817	150,672	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.190214	5.867778	0.044043	0.230023	0.384212	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: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			CAFETERIA ((FTE SERVED))	MAINTENANCE OF PERSONNEL ((FTE SERVED))	NURSING ADMINISTRATION ((FTE SERVED))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	49,603					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,148	0	24,506			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,976	0	0	16,174,280		14.00
15.00	01500	PHARMACY	2,044	0	0	201,890	1,363,164	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,008	0	261	4,381	0	16.00
17.00	01700	SOCIAL SERVICE	468	0	0	356	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,554	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,624	0	9,884	55,190	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,712	0	2,711	21,280	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,494	0	1,240	3,064	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,345	0	2,034	16,920	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,130	0	2,535	16,916	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,328	0	1,565	554,348	0	50.00
51.00	05100	RECOVERY ROOM	359	0	322	1,321	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	9,945	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,156	0	151	9,525	0	54.00
56.00	05600	RADIOISOTOPE	168	0	0	817	0	56.00
56.01	03630	ULTRASOUND	466	0	0	2,595	0	56.01
57.00	05700	CT SCAN	486	0	0	20,423	0	57.00
58.00	05800	MRI	181	0	0	1,366	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	434	0	5	48,286	0	59.00
60.00	06000	LABORATORY	3,320	0	0	2,075,005	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,294	0	0	73,496	0	65.00
66.00	06600	PHYSICAL THERAPY	2,588	0	0	1,640	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	284	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	242	0	0	270	0	68.00
69.00	06900	ELECTROCARDIOLOGY	504	0	0	3,277	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	152	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,904,874	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,011,810	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,039,386	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	241	0	96	984	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES	769	0	616	30,998	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0	90.01
90.02	04950	WOUND CARE	215	0	215	23,419	0	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,702	0	2,774	30,651	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			CAFETERIA ((FTES SERVED))	MAINTENANCE OF PERSONNEL ((FTES SERVED))	NURSING ADMINISTRATION ((FTES SERVED))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
			11.00	12.00	13.00	14.00	15.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,838	0	24,409	16,126,601	1,039,386	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	87	0	0	1,415	220	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	411	0	0	42,366	323,553	192.02
192.03	19203	WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300	NONPAID WORKERS	0	0	0	2,483	0	193.00
193.01	19301	ADULT DAY CARE	267	0	97	1,152	0	193.01
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	0	0	0	263	5	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,626,353	0	2,132,619	2,420,051	5,550,813	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	52.947463	0.000000	87.024361	0.149623	4.072007	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	208,753	0	50,389	205,863	101,132	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.208475	0.000000	2.056190	0.012728	0.074189	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: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	565,001,784					16.00
17.00	01700	SOCIAL SERVICE	0	38,679				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			100	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,333,380	19,804	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	17,746,994	1,953	0	0		31.00
40.00	04000	SUBPROVIDER - IPF	9,244,607	3,078	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	8,113,405	5,108	0	0		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	19,065,639	8,736	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,669,011	0	0	0		50.00
51.00	05100	RECOVERY ROOM	11,729,562	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	20,843,042	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,899,422	0	0	0		54.00
56.00	05600	RADIOISOTOPE	4,957,993	0	0	0		56.00
56.01	03630	ULTRASOUND	11,201,773	0	0	0		56.01
57.00	05700	CT SCAN	43,555,511	0	0	0		57.00
58.00	05800	MRI	12,894,832	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,082,985	0	0	0		59.00
60.00	06000	LABORATORY	59,691,278	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	11,091,432	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	23,066,459	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,085,424	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	1,459,838	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	19,074,469	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,129,354	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,675,652	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,081,357	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,937,223	0	0	0		73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0		73.01
74.00	07400	RENAL DIALYSIS	1,063,076	0	0	0		74.00
76.00	03950	LITHOTRIPSY	0	0	0	0		76.00
76.01	03951	CARDIAC REHABILITATION	2,103,888	0	0	0		76.01
76.02	03020	GASTROINTESTINAL SERVICES	19,402,422	0	0	0		76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0		76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0		76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,191	0	0	0		90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0		90.01
90.02	04950	WOUND CARE	5,994,838	0	0	0		90.02
90.03	09003	RIVER FOREST	0	0	0	0		90.03
91.00	09100	EMERGENCY	62,791,727	0	0	0	99	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	
		16.00	17.00	19.00	20.00	21.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	565,001,784	38,679	0	0	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 NON-EMPLOYEE CHILD CARE CENTER	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
192.03	19203 WEST TOWN PHO	0	0	0	0	0	192.03
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 ADULT DAY CARE	0	0	0	0	0	193.01
194.00	07950 DISCONTINUED HOME HEALTH AND HOSPICE	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,380,387	294,196	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004213	7.606091	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	50,202	16,921	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000089	0.437473	0.000000	0.000000	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))		
			22.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	100		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	1	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03630	ULTRASOUND	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	LITHOTRIPSY	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	90.01
90.02	04950	WOUND CARE	0	0	90.02
90.03	09003	RIVER FOREST	0	0	90.03
91.00	09100	EMERGENCY	99	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)		
		SERVICES-OTHER			
		PRGM COSTS APPRV ((ASSIGNED TIME))			
		22.00			
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NON-EMPLOYEE CHILD CARE CENTER	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	192.02
192.03	19203	WEST TOWN PHO	0	0	192.03
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	ADULT DAY CARE	0	0	193.01
194.00	07950	DISCONTINUED HOME HEALTH AND HOSPICE	0	0	194.00
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)	434,299	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,342.990000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,582	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	15.820000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:08 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,241,174		24,241,174	0	24,241,174	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,320,840		5,320,840	0	5,320,840	31.00	
40.00	04000	SUBPROVIDER - IPF	2,327,878		2,327,878	0	2,327,878	40.00	
41.00	04100	SUBPROVIDER - IRF	4,017,359		4,017,359	0	4,017,359	41.00	
43.00	04300	NURSERY	0		0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	6,043,432		6,043,432	0	6,043,432	44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,125,816		9,125,816	0	9,125,816	50.00	
51.00	05100	RECOVERY ROOM	729,487		729,487	0	729,487	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	156,232		156,232	0	156,232	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,593,479		3,593,479	0	3,593,479	54.00	
56.00	05600	RADIOISOTOPE	428,418		428,418	0	428,418	56.00	
56.01	03630	ULTRASOUND	922,830		922,830	0	922,830	56.01	
57.00	05700	CT SCAN	1,117,539		1,117,539	0	1,117,539	57.00	
58.00	05800	MRI	564,160		564,160	0	564,160	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,228,542		1,228,542	0	1,228,542	59.00	
60.00	06000	LABORATORY	9,260,851		9,260,851	0	9,260,851	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	1,928,547	0	1,928,547	0	1,928,547	65.00	
66.00	06600	PHYSICAL THERAPY	3,842,923	0	3,842,923	0	3,842,923	66.00	
67.00	06700	OCCUPATIONAL THERAPY	595,755	0	595,755	0	595,755	67.00	
68.00	06800	SPEECH PATHOLOGY	893,990	0	893,990	0	893,990	68.00	
69.00	06900	ELECTROCARDIOLOGY	801,441		801,441	0	801,441	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	245,152		245,152	0	245,152	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,725,933		9,725,933	0	9,725,933	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,510,982		8,510,982	0	8,510,982	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	5,636,747		5,636,747	0	5,636,747	73.00	
73.01	07301	OUTPATIENT PHARMACY	0		0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	801,904		801,904	0	801,904	74.00	
76.00	03950	LITHOTRIPSY	0		0	0	0	76.00	
76.01	03951	CARDIAC REHABILITATION	637,942		637,942	0	637,942	76.01	
76.02	03020	GASTROINTESTINAL SERVICES	1,810,678		1,810,678	0	1,810,678	76.02	
76.03	03030	ANGIOCARDIOGRAPHY	0		0	0	0	76.03	
76.05	03954	INPATIENT RENAL DIALYSIS	0		0	0	0	76.05	
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	64		64	0	64	90.00	
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0		0	0	0	90.01	
90.02	04950	WOUND CARE	1,254,817		1,254,817	0	1,254,817	90.02	
90.03	09003	RIVER FOREST	0		0	0	0	90.03	
91.00	09100	EMERGENCY	6,244,890		6,244,890	0	6,244,890	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,836,030		3,836,030	0	3,836,030	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40	
200.00		Subtotal (see instructions)	115,845,832	0	115,845,832	0	115,845,832	200.00	
201.00		Less Observation Beds	3,836,030		3,836,030		3,836,030	201.00	
202.00		Total (see instructions)	112,009,802	0	112,009,802	0	112,009,802	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:08 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	63,347,497		63,347,497			30.00	
31.00	03100	INTENSIVE CARE UNIT	17,746,994		17,746,994			31.00	
40.00	04000	SUBPROVIDER - IPF	9,244,607		9,244,607			40.00	
41.00	04100	SUBPROVIDER - IRF	8,113,405		8,113,405			41.00	
43.00	04300	NURSERY	0		0			43.00	
44.00	04400	SKILLED NURSING FACILITY	19,065,639		19,065,639			44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	10,100,796	19,568,215	29,669,011	0.307587	0.000000	50.00	
51.00	05100	RECOVERY ROOM	4,219,171	7,510,391	11,729,562	0.062192	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	7,636,915	13,206,127	20,843,042	0.007496	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,816,606	15,082,816	19,899,422	0.180582	0.000000	54.00	
56.00	05600	RADIOISOTOPE	1,176,159	3,781,834	4,957,993	0.086410	0.000000	56.00	
56.01	03630	ULTRASOUND	2,915,891	8,285,882	11,201,773	0.082382	0.000000	56.01	
57.00	05700	CT SCAN	11,724,413	31,831,098	43,555,511	0.025658	0.000000	57.00	
58.00	05800	MRI	2,268,141	10,626,691	12,894,832	0.043751	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	9,927,490	6,155,495	16,082,985	0.076388	0.000000	59.00	
60.00	06000	LABORATORY	27,821,451	31,869,827	59,691,278	0.155146	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	10,181,659	909,773	11,091,432	0.173877	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	16,201,267	6,865,192	23,066,459	0.166602	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,962,657	1,122,767	3,085,424	0.193087	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	569,194	890,644	1,459,838	0.612390	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	8,411,315	10,663,154	19,074,469	0.042016	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	270,692	1,858,662	2,129,354	0.115130	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,048,197	3,627,455	7,675,652	1.267115	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,832,937	6,248,420	17,081,357	0.498261	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	15,634,053	8,303,170	23,937,223	0.235480	0.000000	73.00	
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0.000000	0.000000	73.01	
74.00	07400	RENAL DIALYSIS	999,480	63,596	1,063,076	0.754324	0.000000	74.00	
76.00	03950	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.00	
76.01	03951	CARDIAC REHABILITATION	1,008	2,102,880	2,103,888	0.303221	0.000000	76.01	
76.02	03020	GASTROINTESTINAL SERVICES	2,479,382	16,923,040	19,402,422	0.093322	0.000000	76.02	
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0.000000	0.000000	76.03	
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0.000000	0.000000	76.05	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	15,191	15,191	0.004213	0.000000	90.00	
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0.000000	0.000000	90.01	
90.02	04950	WOUND CARE	34,465	5,960,373	5,994,838	0.209316	0.000000	90.02	
90.03	09003	RIVER FOREST	0	0	0	0.000000	0.000000	90.03	
91.00	09100	EMERGENCY	15,341,410	47,450,317	62,791,727	0.099454	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,439,288	11,546,595	16,985,883	0.225836	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
200.00		Subtotal (see instructions)	292,532,179	272,469,605	565,001,784			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	292,532,179	272,469,605	565,001,784			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 12/2/2019 3:08 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
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.307587		50.00
51.00	05100	RECOVERY ROOM	0.062192		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.007496		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180582		54.00
56.00	05600	RADIOISOTOPE	0.086410		56.00
56.01	03630	ULTRASOUND	0.082382		56.01
57.00	05700	CT SCAN	0.025658		57.00
58.00	05800	MRI	0.043751		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076388		59.00
60.00	06000	LABORATORY	0.155146		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.173877		65.00
66.00	06600	PHYSICAL THERAPY	0.166602		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193087		67.00
68.00	06800	SPEECH PATHOLOGY	0.612390		68.00
69.00	06900	ELECTROCARDIOLOGY	0.042016		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115130		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.267115		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.498261		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235480		73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.754324		74.00
76.00	03950	LITHOTRIPSY	0.000000		76.00
76.01	03951	CARDIAC REHABILITATION	0.303221		76.01
76.02	03020	GASTROINTESTINAL SERVICES	0.093322		76.02
76.03	03030	ANGIOCARDIOGRAPHY	0.000000		76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0.000000		76.05
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.004213		90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0.000000		90.01
90.02	04950	WOUND CARE	0.209316		90.02
90.03	09003	RIVER FOREST	0.000000		90.03
91.00	09100	EMERGENCY	0.099454		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225836		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:08 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	24,241,174		24,241,174	0	24,241,174
31.00	03100	INTENSIVE CARE UNIT	5,320,840		5,320,840	0	5,320,840
40.00	04000	SUBPROVIDER - IPF	2,327,878		2,327,878	0	2,327,878
41.00	04100	SUBPROVIDER - IRF	4,017,359		4,017,359	0	4,017,359
43.00	04300	NURSERY	0		0	0	0
44.00	04400	SKILLED NURSING FACILITY	6,043,432		6,043,432	0	6,043,432
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,125,816		9,125,816	0	9,125,816
51.00	05100	RECOVERY ROOM	729,487		729,487	0	729,487
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0
53.00	05300	ANESTHESIOLOGY	156,232		156,232	0	156,232
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,593,479		3,593,479	0	3,593,479
56.00	05600	RADIOISOTOPE	428,418		428,418	0	428,418
56.01	03630	ULTRASOUND	922,830		922,830	0	922,830
57.00	05700	CT SCAN	1,117,539		1,117,539	0	1,117,539
58.00	05800	MRI	564,160		564,160	0	564,160
59.00	05900	CARDIAC CATHETERIZATION	1,228,542		1,228,542	0	1,228,542
60.00	06000	LABORATORY	9,260,851		9,260,851	0	9,260,851
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	1,928,547	0	1,928,547	0	1,928,547
66.00	06600	PHYSICAL THERAPY	3,842,923	0	3,842,923	0	3,842,923
67.00	06700	OCCUPATIONAL THERAPY	595,755	0	595,755	0	595,755
68.00	06800	SPEECH PATHOLOGY	893,990	0	893,990	0	893,990
69.00	06900	ELECTROCARDIOLOGY	801,441		801,441	0	801,441
70.00	07000	ELECTROENCEPHALOGRAPHY	245,152		245,152	0	245,152
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,725,933		9,725,933	0	9,725,933
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,510,982		8,510,982	0	8,510,982
73.00	07300	DRUGS CHARGED TO PATIENTS	5,636,747		5,636,747	0	5,636,747
73.01	07301	OUTPATIENT PHARMACY	0		0	0	0
74.00	07400	RENAL DIALYSIS	801,904		801,904	0	801,904
76.00	03950	LITHOTRIPSY	0		0	0	0
76.01	03951	CARDIAC REHABILITATION	637,942		637,942	0	637,942
76.02	03020	GASTROINTESTINAL SERVICES	1,810,678		1,810,678	0	1,810,678
76.03	03030	ANGIOCARDIOGRAPHY	0		0	0	0
76.05	03954	INPATIENT RENAL DIALYSIS	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	0		0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	64		64	0	64
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0		0	0	0
90.02	04950	WOUND CARE	1,254,817		1,254,817	0	1,254,817
90.03	09003	RIVER FOREST	0		0	0	0
91.00	09100	EMERGENCY	6,244,890		6,244,890	0	6,244,890
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,836,030		3,836,030		3,836,030
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0
200.00		Subtotal (see instructions)	115,845,832	0	115,845,832	0	115,845,832
201.00		Less Observation Beds	3,836,030		3,836,030		3,836,030
202.00		Total (see instructions)	112,009,802	0	112,009,802	0	112,009,802

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:08 pm

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,347,497		63,347,497			30.00	
31.00	03100	INTENSIVE CARE UNIT	17,746,994		17,746,994			31.00	
40.00	04000	SUBPROVIDER - IPF	9,244,607		9,244,607			40.00	
41.00	04100	SUBPROVIDER - IRF	8,113,405		8,113,405			41.00	
43.00	04300	NURSERY	0		0			43.00	
44.00	04400	SKILLED NURSING FACILITY	19,065,639		19,065,639			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,100,796	19,568,215	29,669,011	0.307587	0.000000	50.00	
51.00	05100	RECOVERY ROOM	4,219,171	7,510,391	11,729,562	0.062192	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	7,636,915	13,206,127	20,843,042	0.007496	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,816,606	15,082,816	19,899,422	0.180582	0.000000	54.00	
56.00	05600	RADIOISOTOPE	1,176,159	3,781,834	4,957,993	0.086410	0.000000	56.00	
56.01	03630	ULTRASOUND	2,915,891	8,285,882	11,201,773	0.082382	0.000000	56.01	
57.00	05700	CT SCAN	11,724,413	31,831,098	43,555,511	0.025658	0.000000	57.00	
58.00	05800	MRI	2,268,141	10,626,691	12,894,832	0.043751	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	9,927,490	6,155,495	16,082,985	0.076388	0.000000	59.00	
60.00	06000	LABORATORY	27,821,451	31,869,827	59,691,278	0.155146	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	10,181,659	909,773	11,091,432	0.173877	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	16,201,267	6,865,192	23,066,459	0.166602	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,962,657	1,122,767	3,085,424	0.193087	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	569,194	890,644	1,459,838	0.612390	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	8,411,315	10,663,154	19,074,469	0.042016	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	270,692	1,858,662	2,129,354	0.115130	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,048,197	3,627,455	7,675,652	1.267115	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,832,937	6,248,420	17,081,357	0.498261	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	15,634,053	8,303,170	23,937,223	0.235480	0.000000	73.00	
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0.000000	0.000000	73.01	
74.00	07400	RENAL DIALYSIS	999,480	63,596	1,063,076	0.754324	0.000000	74.00	
76.00	03950	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.00	
76.01	03951	CARDIAC REHABILITATION	1,008	2,102,880	2,103,888	0.303221	0.000000	76.01	
76.02	03020	GASTROINTESTINAL SERVICES	2,479,382	16,923,040	19,402,422	0.093322	0.000000	76.02	
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0.000000	0.000000	76.03	
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0.000000	0.000000	76.05	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	15,191	15,191	0.004213	0.000000	90.00	
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0.000000	0.000000	90.01	
90.02	04950	WOUND CARE	34,465	5,960,373	5,994,838	0.209316	0.000000	90.02	
90.03	09003	RIVER FOREST	0	0	0	0.000000	0.000000	90.03	
91.00	09100	EMERGENCY	15,341,410	47,450,317	62,791,727	0.099454	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,439,288	11,546,595	16,985,883	0.225836	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
200.00		Subtotal (see instructions)	292,532,179	272,469,605	565,001,784			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	292,532,179	272,469,605	565,001,784			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:08 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
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03630	ULTRASOUND	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03950	LITHOTRIPSY	0.000000		76.00
76.01	03951	CARDIAC REHABILITATION	0.000000		76.01
76.02	03020	GASTROINTESTINAL SERVICES	0.000000		76.02
76.03	03030	ANGIOCARDIOGRAPHY	0.000000		76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0.000000		76.05
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0.000000		90.01
90.02	04950	WOUND CARE	0.000000		90.02
90.03	09003	RIVER FOREST	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
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: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
12/2/2019 3:08 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	6,056,523	0	6,056,523	23,527	257.43	30.00
31.00	INTENSIVE CARE UNIT	271,499		271,499	1,953	139.02	31.00
40.00	SUBPROVIDER - IPF	135,603	0	135,603	3,078	44.06	40.00
41.00	SUBPROVIDER - IRF	252,158	0	252,158	5,108	49.37	41.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	298,532		298,532	8,736	34.17	44.00
200.00	Total (lines 30 through 199)	7,014,315		7,014,315	42,402		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,576	2,465,150				30.00
31.00	INTENSIVE CARE UNIT	1,692	235,222				31.00
40.00	SUBPROVIDER - IPF	2,986	131,563				40.00
41.00	SUBPROVIDER - IRF	2,559	126,338				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	5,948	203,243				44.00
200.00	Total (lines 30 through 199)	22,761	3,161,516				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
12/2/2019 3:08 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	650,417	29,669,011	0.021922	4,494,067	98,519	50.00
51.00	05100	RECOVERY ROOM	20,646	11,729,562	0.001760	1,745,732	3,072	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	15,074	20,843,042	0.000723	3,462,326	2,503	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	232,994	19,899,422	0.011709	2,358,495	27,616	54.00
56.00	05600	RADIOISOTOPE	36,589	4,957,993	0.007380	615,188	4,540	56.00
56.01	03630	ULTRASOUND	35,482	11,201,773	0.003168	1,390,540	4,405	56.01
57.00	05700	CT SCAN	57,150	43,555,511	0.001312	5,641,770	7,402	57.00
58.00	05800	MRI	58,983	12,894,832	0.004574	1,027,622	4,700	58.00
59.00	05900	CARDIAC CATHETERIZATION	62,411	16,082,985	0.003881	4,485,070	17,407	59.00
60.00	06000	LABORATORY	288,635	59,691,278	0.004835	12,686,793	61,341	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	38,812	11,091,432	0.003499	4,627,001	16,190	65.00
66.00	06600	PHYSICAL THERAPY	164,579	23,066,459	0.007135	756,110	5,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,798	3,085,424	0.012575	370,553	4,660	67.00
68.00	06800	SPEECH PATHOLOGY	131,238	1,459,838	0.009899	71,436	6,422	68.00
69.00	06900	ELECTROCARDIOLOGY	16,212	19,074,469	0.000850	4,467,264	3,797	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,452	2,129,354	0.009605	126,688	1,217	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	119,736	7,675,652	0.015599	1,887,010	29,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,175	17,081,357	0.006157	4,658,607	28,683	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,934	23,937,223	0.003506	6,346,540	22,251	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,965	1,063,076	0.002789	37,572	105	74.00
76.00	03950	LITHOTRIPSY	0	0	0.000000	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	79,329	2,103,888	0.037706	1,008	38	76.01
76.02	03020	GASTROINTESTINAL SERVICES	86,924	19,402,422	0.004480	1,295,709	5,805	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0.000000	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0.000000	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1	15,191	0.000066	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0.000000	0	0	90.01
90.02	04950	WOUND CARE	53,637	5,994,838	0.008947	9,306	83	90.02
90.03	09003	RIVER FOREST	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	252,292	62,791,727	0.004018	7,124,660	28,627	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	958,409	16,985,883	0.056424	2,909,244	164,151	92.00
200.00	Total (lines 50 through 199)		3,610,874	447,483,642		72,596,311	548,364	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0008		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 12/2/2019 3:08 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	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	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	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	23,527	0.00	9,576	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	1,953	0.00	1,692	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	3,078	0.00	2,986	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	5,108	0.00	2,559	41.00			
43.00	04300	NURSERY	0	0	0	0.00	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	8,736	0.00	5,948	44.00			
200.00		Total (lines 30 through 199)	0	0	42,402		22,761	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
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
44.00	04400	SKILLED NURSING FACILITY	0								44.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0008		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:08 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03630	ULTRASOUND		0	0	0	0	0	56.01
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY		0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION		0	0	0	0	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES		0	0	0	0	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY		0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS		0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES		0	0	0	0	0	90.01
90.02	04950	WOUND CARE		0	0	0	0	0	90.02
90.03	09003	RIVER FOREST		0	0	0	0	0	90.03
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
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
12/2/2019 3:08 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)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	29,669,011	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	11,729,562	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,843,042	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	19,899,422	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	4,957,993	0.000000	56.00
56.01	03630	ULTRASOUND	0	0	0	11,201,773	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	43,555,511	0.000000	57.00
58.00	05800	MRI	0	0	0	12,894,832	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,082,985	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	59,691,278	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,091,432	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	23,066,459	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,085,424	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,459,838	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	19,074,469	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,129,354	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,675,652	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,081,357	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,937,223	0.000000	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	1,063,076	0.000000	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0.000000	76.00
76.01	03951	CARDIAC REHABILITATION	0	0	0	2,103,888	0.000000	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	0	0	19,402,422	0.000000	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0.000000	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0.000000	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	15,191	0.000000	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0.000000	90.01
90.02	04950	WOUND CARE	0	0	0	5,994,838	0.000000	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	62,791,727	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,985,883	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	447,483,642		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0008		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:08 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	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		4,494,067	0	5,312,717	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		1,745,732	0	1,555,274	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		3,462,326	0	3,329,440	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		2,358,495	0	2,632,809	0	54.00
56.00	05600	RADIOISOTOPE	0.000000		615,188	0	1,569,116	0	56.00
56.01	03630	ULTRASOUND	0.000000		1,390,540	0	2,002,558	0	56.01
57.00	05700	CT SCAN	0.000000		5,641,770	0	8,755,884	0	57.00
58.00	05800	MRI	0.000000		1,027,622	0	3,309,552	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		4,485,070	0	2,961,066	0	59.00
60.00	06000	LABORATORY	0.000000		12,686,793	0	4,683,010	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		4,627,001	0	301,117	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		756,110	0	88,706	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		370,553	0	52,753	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		71,436	0	122,100	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		4,467,264	0	3,366,393	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		126,688	0	561,848	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		1,887,010	0	959,936	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		4,658,607	0	1,660,131	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		6,346,540	0	2,522,085	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000		0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000		37,572	0	4,095	0	74.00
76.00	03950	LITHOTRIPSY	0.000000		0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0.000000		1,008	0	984,382	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0.000000		1,295,709	0	4,363,567	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0.000000		0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0.000000		0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0.000000		0	0	0	0	90.01
90.02	04950	WOUND CARE	0.000000		9,306	0	3,078,148	0	90.02
90.03	09003	RIVER FOREST	0.000000		0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000		7,124,660	0	7,843,711	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		2,909,244	0	3,016,981	0	92.00
200.00		Total (lines 50 through 199)			72,596,311	0	65,037,379	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0008		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 12/2/2019 3:08 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		0.307587	5,312,717	9,783	0	1,634,123	50.00
51.00	05100	RECOVERY ROOM		0.062192	1,555,274	0	0	96,726	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.007496	3,329,440	0	0	24,957	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.180582	2,632,809	0	0	475,438	54.00
56.00	05600	RADIOISOTOPE		0.086410	1,569,116	0	0	135,587	56.00
56.01	03630	ULTRASOUND		0.082382	2,002,558	0	0	164,975	56.01
57.00	05700	CT SCAN		0.025658	8,755,884	0	0	224,658	57.00
58.00	05800	MRI		0.043751	3,309,552	0	0	144,796	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.076388	2,961,066	0	0	226,190	59.00
60.00	06000	LABORATORY		0.155146	4,683,010	0	0	726,550	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.173877	301,117	0	0	52,357	65.00
66.00	06600	PHYSICAL THERAPY		0.166602	88,706	0	0	14,779	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.193087	52,753	0	0	10,186	67.00
68.00	06800	SPEECH PATHOLOGY		0.612390	122,100	0	0	74,773	68.00
69.00	06900	ELECTROCARDIOLOGY		0.042016	3,366,393	0	0	141,442	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.115130	561,848	0	0	64,686	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1.267115	959,936	0	0	1,216,349	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.498261	1,660,131	0	0	827,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.235480	2,522,085	0	10,131	593,901	73.00
73.01	07301	OUTPATIENT PHARMACY		0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0.754324	4,095	0	0	3,089	74.00
76.00	03950	LITHOTRIPSY		0.000000	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION		0.303221	984,382	0	0	298,485	76.01
76.02	03020	GASTROINTESTINAL SERVICES		0.093322	4,363,567	0	0	407,217	76.02
76.03	03030	ANGIOCARDIOGRAPHY		0.000000	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS		0.000000	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.004213	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES		0.000000	0	0	0	0	90.01
90.02	04950	WOUND CARE		0.209316	3,078,148	0	0	644,306	90.02
90.03	09003	RIVER FOREST		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.099454	7,843,711	0	40	780,088	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.225836	3,016,981	0	0	681,343	92.00
200.00		Subtotal (see instructions)			65,037,379	9,783	10,171	9,664,180	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			65,037,379	9,783	10,171	9,664,180	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0008		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 12/2/2019 3:08 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	3,009	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03630	ULTRASOUND	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,386		73.00
73.01	07301	OUTPATIENT PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	LITHOTRIPSY	0	0		76.00
76.01	03951	CARDIAC REHABILITATION	0	0		76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	0		76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0		76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0		76.05
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0		90.01
90.02	04950	WOUND CARE	0	0		90.02
90.03	09003	RIVER FOREST	0	0		90.03
91.00	09100	EMERGENCY	0	4		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	3,009	2,390		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	3,009	2,390		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 12/2/2019 3:08 pm
				Component CCN: 14-S008		
				Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	650,417	29,669,011	0.021922	10	0 50.00
51.00	05100 RECOVERY ROOM	20,646	11,729,562	0.001760	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0 52.00
53.00	05300 ANESTHESIOLOGY	15,074	20,843,042	0.000723	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	232,994	19,899,422	0.011709	28,712	336 54.00
56.00	05600 RADIOISOTOPE	36,589	4,957,993	0.007380	0	0 56.00
56.01	03630 ULTRASOUND	35,482	11,201,773	0.003168	9,297	29 56.01
57.00	05700 CT SCAN	57,150	43,555,511	0.001312	78,012	102 57.00
58.00	05800 MRI	58,983	12,894,832	0.004574	82,444	377 58.00
59.00	05900 CARDIAC CATHETERIZATION	62,411	16,082,985	0.003881	5,968	23 59.00
60.00	06000 LABORATORY	288,635	59,691,278	0.004835	618,119	2,989 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	38,812	11,091,432	0.003499	102,207	358 65.00
66.00	06600 PHYSICAL THERAPY	164,579	23,066,459	0.007135	62,804	448 66.00
67.00	06700 OCCUPATIONAL THERAPY	38,798	3,085,424	0.012575	26,414	332 67.00
68.00	06800 SPEECH PATHOLOGY	131,238	1,459,838	0.089899	13,045	1,173 68.00
69.00	06900 ELECTROCARDIOLOGY	16,212	19,074,469	0.000850	48,747	41 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	20,452	2,129,354	0.009605	15,392	148 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	119,736	7,675,652	0.015599	7,172	112 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	105,175	17,081,357	0.006157	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	83,934	23,937,223	0.003506	117,989	414 73.00
73.01	07301 OUTPATIENT PHARMACY	0	0	0.000000	0	0 73.01
74.00	07400 RENAL DIALYSIS	2,965	1,063,076	0.002789	0	0 74.00
76.00	03950 LITHOTRIPSY	0	0	0.000000	0	0 76.00
76.01	03951 CARDIAC REHABILITATION	79,329	2,103,888	0.037706	0	0 76.01
76.02	03020 GASTROINTESTINAL SERVICES	86,924	19,402,422	0.004480	44	0 76.02
76.03	03030 ANGIOCARDIOGRAPHY	0	0	0.000000	0	0 76.03
76.05	03954 INPATIENT RENAL DIALYSIS	0	0	0.000000	0	0 76.05
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1	15,191	0.000066	0	0 90.00
90.01	09001 OUTPATIENT INFUSION PROCEDURES	0	0	0.000000	0	0 90.01
90.02	04950 WOUND CARE	53,637	5,994,838	0.008947	0	0 90.02
90.03	09003 RIVER FOREST	0	0	0.000000	0	0 90.03
91.00	09100 EMERGENCY	252,292	62,791,727	0.004018	137,225	551 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	16,985,883	0.000000	10,718	0 92.00
200.00	Total (lines 50 through 199)	2,652,465	447,483,642		1,364,319	7,433 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0008 Component CCN: 14-S008		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:08 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03630	ULTRASOUND		0	0	0	0	0	56.01
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY		0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION		0	0	0	0	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES		0	0	0	0	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY		0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS		0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES		0	0	0	0	0	90.01
90.02	04950	WOUND CARE		0	0	0	0	0	90.02
90.03	09003	RIVER FOREST		0	0	0	0	0	90.03
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
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0008 Component CCN: 14-S008		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:08 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	29,669,011	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	11,729,562	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,843,042	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	19,899,422	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	4,957,993	0.000000	56.00
56.01	03630	ULTRASOUND	0	0	0	11,201,773	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	43,555,511	0.000000	57.00
58.00	05800	MRI	0	0	0	12,894,832	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,082,985	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	59,691,278	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,091,432	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	23,066,459	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,085,424	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,459,838	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	19,074,469	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,129,354	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,675,652	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,081,357	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,937,223	0.000000	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	1,063,076	0.000000	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0.000000	76.00
76.01	03951	CARDIAC REHABILITATION	0	0	0	2,103,888	0.000000	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	0	0	19,402,422	0.000000	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0.000000	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0.000000	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	15,191	0.000000	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0.000000	90.01
90.02	04950	WOUND CARE	0	0	0	5,994,838	0.000000	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	62,791,727	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,985,883	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	447,483,642		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0008 Component CCN: 14-S008		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:08 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		10	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		28,712	0	815	0	54.00
56.00	05600	RADIOISOTOPE	0.000000		0	0	0	0	56.00
56.01	03630	ULTRASOUND	0.000000		9,297	0	0	0	56.01
57.00	05700	CT SCAN	0.000000		78,012	0	4,309	0	57.00
58.00	05800	MRI	0.000000		82,444	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		5,968	0	54	0	59.00
60.00	06000	LABORATORY	0.000000		618,119	0	149	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		102,207	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		62,804	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		26,414	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		13,045	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		48,747	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		15,392	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		7,172	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		117,989	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000		0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0.000000		0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0.000000		44	0	0	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0.000000		0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0.000000		0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0.000000		0	0	0	0	90.01
90.02	04950	WOUND CARE	0.000000		0	0	0	0	90.02
90.03	09003	RIVER FOREST	0.000000		0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000		137,225	0	3	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		10,718	0	0	0	92.00
200.00		Total (lines 50 through 199)			1,364,319	0	5,330	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0008

Period:

Worksheet D

Component CCN: 14-S008

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
12/2/2019 3:08 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Charges				IPF		Costs	
			Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.307587	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.062192	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.007496	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180582	815	0	0	147	54.00		
56.00	05600	RADIOISOTOPE	0.086410	0	0	0	0	56.00		
56.01	03630	ULTRASOUND	0.082382	0	0	0	0	56.01		
57.00	05700	CT SCAN	0.025658	4,309	0	0	111	57.00		
58.00	05800	MRI	0.043751	0	0	0	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0.076388	54	0	0	4	59.00		
60.00	06000	LABORATORY	0.155146	149	0	0	23	60.00		
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30		
65.00	06500	RESPIRATORY THERAPY	0.173877	0	0	0	0	65.00		
66.00	06600	PHYSICAL THERAPY	0.166602	0	0	0	0	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0.193087	0	0	0	0	67.00		
68.00	06800	SPEECH PATHOLOGY	0.612390	0	0	0	0	68.00		
69.00	06900	ELECTROCARDIOLOGY	0.042016	0	0	0	0	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115130	0	0	0	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.267115	0	0	0	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.498261	0	0	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235480	0	0	0	0	73.00		
73.01	07301	OUTPATIENT PHARMACY	0.000000	0	0	0	0	73.01		
74.00	07400	RENAL DIALYSIS	0.754324	0	0	0	0	74.00		
76.00	03950	LITHOTRIPSY	0.000000	0	0	0	0	76.00		
76.01	03951	CARDIAC REHABILITATION	0.303221	0	0	0	0	76.01		
76.02	03020	GASTROINTESTINAL SERVICES	0.093322	0	0	0	0	76.02		
76.03	03030	ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.03		
76.05	03954	INPATIENT RENAL DIALYSIS	0.000000	0	0	0	0	76.05		
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98		
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0.004213	0	0	0	0	90.00		
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0.000000	0	0	0	0	90.01		
90.02	04950	WOUND CARE	0.209316	0	0	0	0	90.02		
90.03	09003	RIVER FOREST	0.000000	0	0	0	0	90.03		
91.00	09100	EMERGENCY	0.099454	3	0	0	0	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225836	0	0	0	0	92.00		
200.00		Subtotal (see instructions)		5,330	0	0	285	200.00		
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00		
		Only Charges								
202.00		Net Charges (line 200 - line 201)		5,330	0	0	285	202.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0008		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 12/2/2019 3:08 pm
			Component CCN: 14-S008			
			Title XVIII		Subprovider - IPF	PPS
Cost Center Description	Costs					
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	6.00	7.00				
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03630	ULTRASOUND	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01	07301	OUTPATIENT PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	LITHOTRIPSY	0	0		76.00
76.01	03951	CARDIAC REHABILITATION	0	0		76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	0		76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0		76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0		76.05
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0		90.01
90.02	04950	WOUND CARE	0	0		90.02
90.03	09003	RIVER FOREST	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program	0			201.00
		Only Charges				
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0008

Period:

Worksheet D

Component CCN: 14-T008

From 07/01/2018

Part II

To 06/30/2019

Date/Time Prepared:
12/2/2019 3:08 pm

				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	650,417	29,669,011	0.021922	35,461	777
51.00	05100	RECOVERY ROOM	20,646	11,729,562	0.001760	6,062	11
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	15,074	20,843,042	0.000723	13,390	10
54.00	05400	RADIOLOGY-DIAGNOSTIC	232,994	19,899,422	0.011709	38,935	456
56.00	05600	RADIOISOTOPE	36,589	4,957,993	0.007380	1,984	15
56.01	03630	ULTRASOUND	35,482	11,201,773	0.003168	51,148	162
57.00	05700	CT SCAN	57,150	43,555,511	0.001312	44,317	58
58.00	05800	MRI	58,983	12,894,832	0.004574	19,754	90
59.00	05900	CARDIAC CATHETERIZATION	62,411	16,082,985	0.003881	22,655	88
60.00	06000	LABORATORY	288,635	59,691,278	0.004835	440,750	2,131
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	38,812	11,091,432	0.003499	340,206	1,190
66.00	06600	PHYSICAL THERAPY	164,579	23,066,459	0.007135	500,568	3,572
67.00	06700	OCCUPATIONAL THERAPY	38,798	3,085,424	0.012575	215,969	2,716
68.00	06800	SPEECH PATHOLOGY	131,238	1,459,838	0.089899	131,571	11,828
69.00	06900	ELECTROCARDIOLOGY	16,212	19,074,469	0.000850	33,089	28
70.00	07000	ELECTROENCEPHALOGRAPHY	20,452	2,129,354	0.009605	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	119,736	7,675,652	0.015599	38,314	598
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,175	17,081,357	0.006157	1,229	8
73.00	07300	DRUGS CHARGED TO PATIENTS	83,934	23,937,223	0.003506	452,799	1,588
73.01	07301	OUTPATIENT PHARMACY	0	0	0.000000	0	0
74.00	07400	RENAL DIALYSIS	2,965	1,063,076	0.002789	0	0
76.00	03950	LITHOTRIPSY	0	0	0.000000	0	0
76.01	03951	CARDIAC REHABILITATION	79,329	2,103,888	0.037706	0	0
76.02	03020	GASTROINTESTINAL SERVICES	86,924	19,402,422	0.004480	1,628	7
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0.000000	0	0
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1	15,191	0.000066	0	0
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0.000000	0	0
90.02	04950	WOUND CARE	53,637	5,994,838	0.008947	0	0
90.03	09003	RIVER FOREST	0	0	0.000000	0	0
91.00	09100	EMERGENCY	252,292	62,791,727	0.004018	6,931	28
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16,985,883	0.000000	17,449	0
200.00		Total (lines 50 through 199)	2,652,465	447,483,642		2,414,209	25,361

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0008 Component CCN: 14-T008		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:08 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03630	ULTRASOUND		0	0	0	0	0	56.01
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY		0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION		0	0	0	0	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES		0	0	0	0	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY		0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS		0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES		0	0	0	0	0	90.01
90.02	04950	WOUND CARE		0	0	0	0	0	90.02
90.03	09003	RIVER FOREST		0	0	0	0	0	90.03
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
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0008 Component CCN: 14-T008		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:08 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)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	29,669,011	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	11,729,562	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	20,843,042	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	19,899,422	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	4,957,993	0.000000	56.00
56.01	03630	ULTRASOUND	0	0	0	11,201,773	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	43,555,511	0.000000	57.00
58.00	05800	MRI	0	0	0	12,894,832	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	16,082,985	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	59,691,278	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,091,432	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	23,066,459	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,085,424	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,459,838	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	19,074,469	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,129,354	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,675,652	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,081,357	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,937,223	0.000000	73.00
73.01	07301	OUTPATIENT PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	1,063,076	0.000000	74.00
76.00	03950	LITHOTRIPSY	0	0	0	0	0.000000	76.00
76.01	03951	CARDIAC REHABILITATION	0	0	0	2,103,888	0.000000	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	0	0	19,402,422	0.000000	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0	0	0	0.000000	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0	0	0	0.000000	76.05
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	15,191	0.000000	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0	0	0	0.000000	90.01
90.02	04950	WOUND CARE	0	0	0	5,994,838	0.000000	90.02
90.03	09003	RIVER FOREST	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	62,791,727	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	16,985,883	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	447,483,642		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0008 Component CCN: 14-T008		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:08 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		35,461	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		6,062	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		13,390	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		38,935	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000		1,984	0	0	0	56.00
56.01	03630	ULTRASOUND	0.000000		51,148	0	0	0	56.01
57.00	05700	CT SCAN	0.000000		44,317	0	0	0	57.00
58.00	05800	MRI	0.000000		19,754	0	4,371	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		22,655	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		440,750	0	535	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		340,206	0	1	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		500,568	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		215,969	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		131,571	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		33,089	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		38,314	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		1,229	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		452,799	0	580	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000		0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0.000000		0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0.000000		1,628	0	0	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0.000000		0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0.000000		0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0.000000		0	0	0	0	90.01
90.02	04950	WOUND CARE	0.000000		0	0	0	0	90.02
90.03	09003	RIVER FOREST	0.000000		0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000		6,931	0	10	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		17,449	0	0	0	92.00
200.00		Total (lines 50 through 199)			2,414,209	0	5,497	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0008

Period:

Worksheet D

Component CCN: 14-T008

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
12/2/2019 3:08 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	0.307587	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.062192	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.007496	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180582	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.086410	0	0	0	0	56.00
56.01	03630	ULTRASOUND	0.082382	0	0	0	0	56.01
57.00	05700	CT SCAN	0.025658	0	0	0	0	57.00
58.00	05800	MRI	0.043751	4,371	0	0	191	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076388	0	0	0	0	59.00
60.00	06000	LABORATORY	0.155146	535	0	0	83	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.173877	1	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.166602	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193087	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.612390	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.042016	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115130	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.267115	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.498261	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235480	580	0	0	137	73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.754324	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0.000000	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0.303221	0	0	0	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0.093322	0	0	0	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0.000000	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0.000000	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.004213	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0.000000	0	0	0	0	90.01
90.02	04950	WOUND CARE	0.209316	0	0	0	0	90.02
90.03	09003	RIVER FOREST	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.099454	10	0	0	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225836	0	0	0	0	92.00
200.00		Subtotal (see instructions)		5,497	0	0	412	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00
		Only Charges						
202.00		Net Charges (line 200 - line 201)		5,497	0	0	412	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0008		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 12/2/2019 3:08 pm
			Component CCN: 14-T008			
			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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03630	ULTRASOUND	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01	07301	OUTPATIENT PHARMACY	0	0		73.01
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	LITHOTRIPSY	0	0		76.00
76.01	03951	CARDIAC REHABILITATION	0	0		76.01
76.02	03020	GASTROINTESTINAL SERVICES	0	0		76.02
76.03	03030	ANGIOCARDIOGRAPHY	0	0		76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0	0		76.05
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0	0		90.01
90.02	04950	WOUND CARE	0	0		90.02
90.03	09003	RIVER FOREST	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program	0			201.00
		Only Charges				
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0008 Component CCN: 14-5526		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:08 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03630	ULTRASOUND		0	0	0	0	0	56.01
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY		0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03950	LITHOTRIPSY		0	0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION		0	0	0	0	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES		0	0	0	0	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY		0	0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS		0	0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES		0	0	0	0	0	90.01
90.02	04950	WOUND CARE		0	0	0	0	0	90.02
90.03	09003	RIVER FOREST		0	0	0	0	0	90.03
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
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0008 Component CCN: 14-5526		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:08 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	29,669,011	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	11,729,562	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	20,843,042	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	19,899,422	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	4,957,993	0.000000	56.00
56.01	03630	ULTRASOUND		0	0	0	11,201,773	0.000000	56.01
57.00	05700	CT SCAN		0	0	0	43,555,511	0.000000	57.00
58.00	05800	MRI		0	0	0	12,894,832	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	16,082,985	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	59,691,278	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	11,091,432	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	23,066,459	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,085,424	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,459,838	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	19,074,469	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	2,129,354	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	7,675,652	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	17,081,357	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	23,937,223	0.000000	73.00
73.01	07301	OUTPATIENT PHARMACY		0	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS		0	0	0	1,063,076	0.000000	74.00
76.00	03950	LITHOTRIPSY		0	0	0	0	0.000000	76.00
76.01	03951	CARDIAC REHABILITATION		0	0	0	2,103,888	0.000000	76.01
76.02	03020	GASTROINTESTINAL SERVICES		0	0	0	19,402,422	0.000000	76.02
76.03	03030	ANGIOCARDIOGRAPHY		0	0	0	0	0.000000	76.03
76.05	03954	INPATIENT RENAL DIALYSIS		0	0	0	0	0.000000	76.05
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	15,191	0.000000	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES		0	0	0	0	0.000000	90.01
90.02	04950	WOUND CARE		0	0	0	5,994,838	0.000000	90.02
90.03	09003	RIVER FOREST		0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY		0	0	0	62,791,727	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	16,985,883	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	447,483,642		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0008 Component CCN: 14-5526		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:08 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		3,303	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		1,490	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		22,016	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		87,743	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000		11,373	0	0	0	56.00
56.01	03630	ULTRASOUND	0.000000		64,578	0	0	0	56.01
57.00	05700	CT SCAN	0.000000		11,047	0	0	0	57.00
58.00	05800	MRI	0.000000		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		31,004	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		700,029	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		695,875	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		842,097	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		435,232	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		143,007	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		84,902	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		3,552	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		141,817	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		706,868	0	0	0	73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000		0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
76.00	03950	LITHOTRIPSY	0.000000		0	0	0	0	76.00
76.01	03951	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.01
76.02	03020	GASTROINTESTINAL SERVICES	0.000000		30,397	0	0	0	76.02
76.03	03030	ANGIOCARDIOGRAPHY	0.000000		0	0	0	0	76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0.000000		0	0	0	0	76.05
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0.000000		0	0	0	0	90.01
90.02	04950	WOUND CARE	0.000000		0	0	0	0	90.02
90.03	09003	RIVER FOREST	0.000000		0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000		6,351	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
200.00		Total (lines 50 through 199)			4,022,681	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:08 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)		23,527	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,527	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)		19,804	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)		9,576	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)		24,241,174	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)		24,241,174	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)		24,241,174	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)		1,030.36	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,866,727	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)		9,866,727	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
12/2/2019 3:08 pm

		Title XVIII		Hospital	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)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,320,840	1,953	2,724.44	1,692	4,609,752
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)					13,583,006
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,059,485
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,700,372
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					548,364
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,248,736
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,810,749
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)					3,723
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,030.36
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,836,030

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
12/2/2019 3:08 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	6,056,523	24,241,174	0.249844	3,836,030	958,409	90.00
91.00 Nursing School cost	0	24,241,174	0.000000	3,836,030	0	91.00
92.00 Allied health cost	0	24,241,174	0.000000	3,836,030	0	92.00
93.00 All other Medical Education	0	24,241,174	0.000000	3,836,030	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0008 Component CCN: 14-S008	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:08 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,078	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,078	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)		3,078	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)		2,986	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)		2,327,878	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)		2,327,878	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)		2,327,878	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)		756.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,258,312	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)		2,258,312	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1
			Component CCN: 14-S008		Date/Time Prepared: 12/2/2019 3:08 pm
			Title XVIII	Subprovider - IPF	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)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					206,006
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,464,318
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					131,563
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,433
52.00 Total Program excludable cost (sum of lines 50 and 51)					138,996
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,325,322
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)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0008 Component CCN: 14-S008		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 12/2/2019 3:08 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	135,603	2,327,878	0.058252	0	0	90.00
91.00	Nursing School cost	0	2,327,878	0.000000	0	0	91.00
92.00	Allied health cost	0	2,327,878	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,327,878	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0008 Component CCN: 14-T008	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:08 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)		5,108	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,108	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)		5,108	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)		2,559	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)		4,017,359	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)		4,017,359	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)		4,017,359	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)		786.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,012,602	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)		2,012,602	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1		
				Component CCN: 14-T008		Date/Time Prepared: 12/2/2019 3:08 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)		0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
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)						521,694	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,534,296	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)						126,338	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						25,361	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						151,699	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,382,597	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: 14-0008 Component CCN: 14-T008		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 12/2/2019 3:08 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	252,158	4,017,359	0.062767	0	0	90.00
91.00	Nursing School cost	0	4,017,359	0.000000	0	0	91.00
92.00	Allied health cost	0	4,017,359	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,017,359	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0008 Component CCN: 14-5526	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:08 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,736	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,736	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,736	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)		5,948	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)		6,043,432	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)		6,043,432	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)		6,043,432	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 14-5526		Date/Time Prepared: 12/2/2019 3:08 pm	
				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					6,043,432	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					691.78	71.00
72.00	Program routine service cost (line 9 x line 71)					4,114,707	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					4,114,707	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					4,114,707	83.00
84.00	Program inpatient ancillary services (see instructions)					921,182	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					5,035,889	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: 14-0008 Component CCN: 14-5526		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 12/2/2019 3:08 pm		
				Title XVIII		Skilled Nursing Facility		PPS		
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
			1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost			0	0	0.000000	0	0	90.00	
91.00	Nursing School cost			0	0	0.000000	0	0	91.00	
92.00	Allied health cost			0	0	0.000000	0	0	92.00	
93.00	All other Medical Education			0	0	0.000000	0	0	93.00	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 3:08 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		34,528,703	30.00
31.00	03100	INTENSIVE CARE UNIT		8,710,094	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.307587	4,494,067	1,382,317 50.00
51.00	05100	RECOVERY ROOM	0.062192	1,745,732	108,571 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.007496	3,462,326	25,954 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.180582	2,358,495	425,902 54.00
56.00	05600	RADIOISOTOPE	0.086410	615,188	53,158 56.00
56.01	03630	ULTRASOUND	0.082382	1,390,540	114,555 56.01
57.00	05700	CT SCAN	0.025658	5,641,770	144,757 57.00
58.00	05800	MRI	0.043751	1,027,622	44,959 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.076388	4,485,070	342,606 59.00
60.00	06000	LABORATORY	0.155146	12,686,793	1,968,305 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.173877	4,627,001	804,529 65.00
66.00	06600	PHYSICAL THERAPY	0.166602	756,110	125,969 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.193087	370,553	71,549 67.00
68.00	06800	SPEECH PATHOLOGY	0.612390	71,436	43,747 68.00
69.00	06900	ELECTROCARDIOLOGY	0.042016	4,467,264	187,697 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115130	126,688	14,586 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.267115	1,887,010	2,391,059 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.498261	4,658,607	2,321,202 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235480	6,346,540	1,494,483 73.00
73.01	07301	OUTPATIENT PHARMACY	0.000000	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.754324	37,572	28,341 74.00
76.00	03950	LITHOTRIPSY	0.000000	0	0 76.00
76.01	03951	CARDIAC REHABILITATION	0.303221	1,008	306 76.01
76.02	03020	GASTROINTESTINAL SERVICES	0.093322	1,295,709	120,918 76.02
76.03	03030	ANGIOCARDIOGRAPHY	0.000000	0	0 76.03
76.05	03954	INPATIENT RENAL DIALYSIS	0.000000	0	0 76.05
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.004213	0	0 90.00
90.01	09001	OUTPATIENT INFUSION PROCEDURES	0.000000	0	0 90.01
90.02	04950	WOUND CARE	0.209316	9,306	1,948 90.02
90.03	09003	RIVER FOREST	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.099454	7,124,660	708,576 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.225836	2,909,244	657,012 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		72,596,311	13,583,006 200.00
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)		72,596,311	0 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3	
		Component CCN: 14-S008		Date/Time Prepared: 12/2/2019 3:08 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		9,010,785		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.307587	10	3	50.00
51.00	05100 RECOVERY ROOM	0.062192	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.007496	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.180582	28,712	5,185	54.00
56.00	05600 RADIOISOTOPE	0.086410	0	0	56.00
56.01	03630 ULTRASOUND	0.082382	9,297	766	56.01
57.00	05700 CT SCAN	0.025658	78,012	2,002	57.00
58.00	05800 MRI	0.043751	82,444	3,607	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.076388	5,968	456	59.00
60.00	06000 LABORATORY	0.155146	618,119	95,899	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.173877	102,207	17,771	65.00
66.00	06600 PHYSICAL THERAPY	0.166602	62,804	10,463	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193087	26,414	5,100	67.00
68.00	06800 SPEECH PATHOLOGY	0.612390	13,045	7,989	68.00
69.00	06900 ELECTROCARDIOLOGY	0.042016	48,747	2,048	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115130	15,392	1,772	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.267115	7,172	9,088	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498261	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235480	117,989	27,784	73.00
73.01	07301 OUTPATIENT PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.754324	0	0	74.00
76.00	03950 LITHOTRIPSY	0.000000	0	0	76.00
76.01	03951 CARDIAC REHABILITATION	0.303221	0	0	76.01
76.02	03020 GASTROINTESTINAL SERVICES	0.093322	44	4	76.02
76.03	03030 ANGIOCARDIOGRAPHY	0.000000	0	0	76.03
76.05	03954 INPATIENT RENAL DIALYSIS	0.000000	0	0	76.05
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.004213	0	0	90.00
90.01	09001 OUTPATIENT INFUSION PROCEDURES	0.000000	0	0	90.01
90.02	04950 WOUND CARE	0.209316	0	0	90.02
90.03	09003 RIVER FOREST	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.099454	137,225	13,648	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.225836	10,718	2,421	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,364,319	206,006	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)		1,364,319		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0008 Component CCN: 14-T008	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 3:08 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		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		7,443,000		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.307587	35,461	10,907	50.00
51.00	05100 RECOVERY ROOM	0.062192	6,062	377	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.007496	13,390	100	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.180582	38,935	7,031	54.00
56.00	05600 RADIOISOTOPE	0.086410	1,984	171	56.00
56.01	03630 ULTRASOUND	0.082382	51,148	4,214	56.01
57.00	05700 CT SCAN	0.025658	44,317	1,137	57.00
58.00	05800 MRI	0.043751	19,754	864	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.076388	22,655	1,731	59.00
60.00	06000 LABORATORY	0.155146	440,750	68,381	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.173877	340,206	59,154	65.00
66.00	06600 PHYSICAL THERAPY	0.166602	500,568	83,396	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193087	215,969	41,701	67.00
68.00	06800 SPEECH PATHOLOGY	0.612390	131,571	80,573	68.00
69.00	06900 ELECTROCARDIOLOGY	0.042016	33,089	1,390	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115130	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.267115	38,314	48,548	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498261	1,229	612	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235480	452,799	106,625	73.00
73.01	07301 OUTPATIENT PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.754324	0	0	74.00
76.00	03950 LITHOTRIPSY	0.000000	0	0	76.00
76.01	03951 CARDIAC REHABILITATION	0.303221	0	0	76.01
76.02	03020 GASTROINTESTINAL SERVICES	0.093322	1,628	152	76.02
76.03	03030 ANGIOCARDIOGRAPHY	0.000000	0	0	76.03
76.05	03954 INPATIENT RENAL DIALYSIS	0.000000	0	0	76.05
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.004213	0	0	90.00
90.01	09001 OUTPATIENT INFUSION PROCEDURES	0.000000	0	0	90.01
90.02	04950 WOUND CARE	0.209316	0	0	90.02
90.03	09003 RIVER FOREST	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.099454	6,931	689	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.225836	17,449	3,941	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,414,209	521,694	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)		2,414,209	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0008 Component CCN: 14-5526	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 3:08 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.307587	3,303	1,016	50.00
51.00	05100 RECOVERY ROOM	0.062192	1,490	93	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.007496	22,016	165	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.180582	87,743	15,845	54.00
56.00	05600 RADIOISOTOPE	0.086410	11,373	983	56.00
56.01	03630 ULTRASOUND	0.082382	64,578	5,320	56.01
57.00	05700 CT SCAN	0.025658	11,047	283	57.00
58.00	05800 MRI	0.043751	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.076388	31,004	2,368	59.00
60.00	06000 LABORATORY	0.155146	700,029	108,607	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.173877	695,875	120,997	65.00
66.00	06600 PHYSICAL THERAPY	0.166602	842,097	140,295	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.193087	435,232	84,038	67.00
68.00	06800 SPEECH PATHOLOGY	0.612390	143,007	87,576	68.00
69.00	06900 ELECTROCARDIOLOGY	0.042016	84,902	3,567	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115130	3,552	409	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.267115	141,817	179,698	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498261	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235480	706,868	166,453	73.00
73.01	07301 OUTPATIENT PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.754324	0	0	74.00
76.00	03950 LITHOTRIPSY	0.000000	0	0	76.00
76.01	03951 CARDIAC REHABILITATION	0.303221	0	0	76.01
76.02	03020 GASTROINTESTINAL SERVICES	0.093322	30,397	2,837	76.02
76.03	03030 ANGIOCARDIOGRAPHY	0.000000	0	0	76.03
76.05	03954 INPATIENT RENAL DIALYSIS	0.000000	0	0	76.05
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.004213	0	0	90.00
90.01	09001 OUTPATIENT INFUSION PROCEDURES	0.000000	0	0	90.01
90.02	04950 WOUND CARE	0.209316	0	0	90.02
90.03	09003 RIVER FOREST	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.099454	6,351	632	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.225836	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,022,681	921,182	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		4,022,681		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 3:08 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)			22,264,962	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			0	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)			166,263	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
3.00	Managed Care Simulated Payments			7,245,775	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			115.11	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)			3.30	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.			0.57	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).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			2.73	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			4.24	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.14	11.00
12.00	Current year allowable FTE (see instructions)			2.87	12.00
13.00	Total allowable FTE count for the prior year.			2.78	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.			1.97	14.00
15.00	Sum of lines 12 through 14 divided by 3.			2.54	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			2.54	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.022066	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.017724	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.017724	21.00
22.00	IME payment adjustment (see instructions)			214,634	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			69,849	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)			1.51	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)			214,634	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			69,849	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.52	30.00
31.00	Percentage of Medicaid patient days (see instructions)			11.71	31.00
32.00	Sum of lines 30 and 31			15.23	32.00
33.00	Allowable disproportionate share percentage (see instructions)			2.65	33.00
34.00	Disproportionate share adjustment (see instructions)			147,505	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 3:08 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,083,320	1,485,897		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	273,056	1,111,369		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,384,425			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	24,177,789			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		24,247,638		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,869,397		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).		65,742		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		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)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		26,182,777		59.00
60.00	Primary payer payments		6,654		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		26,176,123		61.00
62.00	Deductibles billed to program beneficiaries		2,265,016		62.00
63.00	Coinsurance billed to program beneficiaries		214,945		63.00
64.00	Allowable bad debts (see instructions)		578,202		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		375,831		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		476,153		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,071,993		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		-874,258		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)		50,021		70.93
70.94	HRR adjustment amount (see instructions)		-31,883		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 3:08 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		23,215,873	71.00	
71.01	Sequestration adjustment (see instructions)		464,317	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		22,481,073	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		270,483	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,080,966	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparision of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/2/2019 3:08 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,399	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,664,180	2.00
3.00	OPPS payments		10,820,564	3.00
4.00	Outlier payment (see instructions)		5,455	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,399	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		19,954	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)		19,954	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)		19,954	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		14,555	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)		5,399	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)		10,826,019	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		1,957	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,133,988	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)		8,695,473	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		15,647	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)		8,711,120	30.00
31.00	Primary payer payments		829	31.00
32.00	Subtotal (line 30 minus line 31)		8,710,291	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)		317,799	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		206,569	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		259,333	36.00
37.00	Subtotal (see instructions)		8,916,860	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,916,860	40.00
40.01	Sequestration adjustment (see instructions)		178,337	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		8,698,772	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		39,751	43.00
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: 14-0008 Component CCN: 14-S008	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/2/2019 3:08 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPSS (see instructions)		285	2.00
3.00	OPPS payments		410	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		410	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)		82	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)		328	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)		328	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		328	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)		328	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)		328	40.00
40.01	Sequestration adjustment (see instructions)		7	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		322	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1	43.00
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: 14-0008 Component CCN: 14-T008	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/2/2019 3:08 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)		412	2.00
3.00	OPPS payments		616	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		616	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)		144	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)		472	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)		472	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		472	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)		472	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)		472	40.00
40.01	Sequestration adjustment (see instructions)		9	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		462	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
12/2/2019 3:08 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		22,582,088		8,763,026	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	02/14/2019	101,015	02/14/2019	64,254	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)		-101,015		-64,254	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)		22,481,073		8,698,772	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		270,483		39,751	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		22,751,556		8,738,523	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: 14-0008 Component CCN: 14-S008		Period: From 07/01/2018 To 06/30/2019		Worksheet E-1 Part I Date/Time Prepared: 12/2/2019 3:08 pm	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		2,830,954		322		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)		2,830,954		322		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		17,254		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		1		6.02
7.00	Total Medicare program liability (see instructions)		2,848,208		321		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: 14-0008 Component CCN: 14-T008	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part I Date/Time Prepared: 12/2/2019 3:08 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				
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,894,455		462
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)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	02/14/2019	22,061		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-22,061		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,872,394		462
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		13,018		1
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		3,885,412		463
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0008
 Component CCN: 14-5526

 Period:
 From 07/01/2018
 To 06/30/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 12/2/2019 3:08 pm

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,261,639			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)		3,261,639			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		2,677			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		3,264,316			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 12/2/2019 3:08 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			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: 14-0008 Component CCN: 14-S008	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 12/2/2019 3:08 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,051,171	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		8.432877	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,051,171	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		3,051,171	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		3,051,171	18.00
19.00	Deductibles		139,244	19.00
20.00	Subtotal (line 18 minus line 19)		2,911,927	20.00
21.00	Coinurance		23,193	21.00
22.00	Subtotal (line 20 minus line 21)		2,888,734	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		27,078	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		17,601	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		24,216	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,906,335	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		2,906,335	31.00
31.01	Sequestration adjustment (see instructions)		58,127	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		2,830,954	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		17,254	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0008 Component CCN: 14-T008	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 12/2/2019 3:08 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
1.00	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)			3,862,712 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0215 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			150,646 3.00
4.00	Outlier Payments			27,248 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)			13.994521 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)			4,040,606 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)			4,040,606 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,040,606 19.00
20.00	Deductibles			29,672 20.00
21.00	Subtotal (line 19 minus line 20)			4,010,934 21.00
22.00	Coinsurance			68,766 22.00
23.00	Subtotal (line 21 minus line 22)			3,942,168 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			34,674 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			22,538 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			34,016 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,964,706 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)			0 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
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,964,706 32.00
32.01	Sequestration adjustment (see instructions)			79,294 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,872,394 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)			13,018 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			27,248 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0008 Component CCN: 14-5526	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 12/2/2019 3:08 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,460,698	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,460,698	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		132,496	7.00
8.00	Allowable bad debts (see instructions)		4,205	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		2,067	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		2,733	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		3,330,935	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		3,330,935	15.00
15.01	Sequestration adjustment (see instructions)		66,619	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		3,261,639	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		2,677	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0008		Period: From 07/01/2018 To 06/30/2019		Worksheet E-4 Date/Time Prepared: 12/2/2019 3:08 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.					1.54	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)					0.23	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)					1.31	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					4.24	6.00
7.00	Enter the lesser of line 5 or line 6					1.31	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	3.41	3.41		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	1.05	1.05		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		0.14			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	1.19			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	1.16			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.47	0.84			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.16	1.06			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	0.16	1.06			17.00	
18.00	Per resident amount	97,436.84	97,436.84			18.00	
19.00	Approved amount for resident costs	15,590	103,283	118,873		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)			2.93		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)			118,873		25.00	
		Inpatient Part	Managed care				
		A					
		1.00	2.00	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	16,813	4,295			26.00	
27.00	Total Inpatient Days (see instructions)	29,943	29,943			27.00	
28.00	Ratio of inpatient days to total inpatient days	0.561500	0.143439			28.00	
29.00	Program direct GME amount	66,747	17,051			29.00	
30.00	Reduction for direct GME payments for Medicare Advantage		2,409			30.00	
31.00	Net Program direct GME amount			81,389		31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 12/2/2019 3:08 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL 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)			1,063,076	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)			40,633,504	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)			6,654	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			40,626,850	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			9,670,276	42.00
43.00	Primary payer payments (see instructions)			829	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			9,669,447	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			50,296,297	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.807750	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.192250	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			81,389	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			65,742	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			15,647	50.00

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

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet G

Date/Time Prepared:
12/2/2019 3:08 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,596,400	0	0	0	1.00
2.00	Temporary investments	22,241,968	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	23,786,107	0	0	0	4.00
5.00	Other receivable	84,564,036	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,174,957	0	0	0	6.00
7.00	Inventory	3,066,718	0	0	0	7.00
8.00	Prepaid expenses	338,822	0	0	0	8.00
9.00	Other current assets	6,726,917	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)	129,146,011	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,500,000	0	0	0	12.00
13.00	Land improvements	1,249,191	0	0	0	13.00
14.00	Accumulated depreciation	-496,964	0	0	0	14.00
15.00	Buildings	72,058,765	0	0	0	15.00
16.00	Accumulated depreciation	-32,651,849	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	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	48,329,609	0	0	0	23.00
24.00	Accumulated depreciation	-34,799,745	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)	66,189,007	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	16,061,304	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	16,061,304	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	211,396,322	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	76,586,587	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,476,520	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	10,638,607	0	0	0	43.00
44.00	Other current liabilities	465,804	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	92,167,518	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	18,941,282	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,941,282	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	111,108,800	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	100,287,522				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	100,287,522	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	211,396,322	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
12/2/2019 3:08 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		97,485,749		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		2,801,773				2.00
3.00	Total (sum of line 1 and line 2)		100,287,522		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		100,287,522		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)		100,287,522		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
12/2/2019 3:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	69,250,792		69,250,792	1.00
2.00	SUBPROVIDER - IPF	9,244,607		9,244,607	2.00
3.00	SUBPROVIDER - IRF	16,203,135		16,203,135	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	19,068,281		19,068,281	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	113,766,815		113,766,815	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,023,665		18,023,665	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)	18,023,665		18,023,665	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	131,790,480		131,790,480	17.00
18.00	Ancillary services	160,741,700	0	160,741,700	18.00
19.00	Outpatient services	0	268,606,526	268,606,526	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	Other (specify)	0	0	0	27.00
27.02	OTHER PATIENT REVENUES	0	1,563,686	1,563,686	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	292,532,180	270,170,212	562,702,392	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		122,794,048		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		122,794,048		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0008

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
12/2/2019 3:08 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	562,702,392	1.00
2.00	Less contractual allowances and discounts on patients' accounts	447,835,214	2.00
3.00	Net patient revenues (line 1 minus line 2)	114,867,178	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	122,794,048	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,926,870	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	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	0	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	29,199	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	1,577,333	23.00
24.00	DAY CARE	1,129,660	24.00
24.01	OTHER (SPECIFY)	0	24.01
24.02	REFERENCE LAB	1,312,422	24.02
24.03	OTHER (SPECIFY)	0	24.03
24.04	OTHER INCOME	6,680,029	24.04
25.00	Total other income (sum of lines 6-24)	10,728,643	25.00
26.00	Total (line 5 plus line 25)	2,801,773	26.00
27.00	Other expenses specify	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,801,773	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0008	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 12/2/2019 3:08 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,811,867	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		35,606	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)		59.91	3.00
4.00	Number of interns & residents (see instructions)		2.54	4.00
5.00	Indirect medical education percentage (see instructions)		1.21	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)		21,924	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,869,397	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