

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: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 7/17/2020 2:59 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
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 ADVENTIST LAGRANGE MEMORIAL HOSPITAL (14-0065) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 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) YUESHA CHEN
 Officer or Administrator of Provider(s)

REGIONAL CFO
 Title

(Dated when report is electronically signed.)
 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	408,239	-18,451	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	16,509	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	424,748	-18,451	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: 14-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/17/2020 2:59 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 5101 S. WILLOW SPRINGS ROAD			PO Box:		Date Certified		Payment System (P, T, O, or N)		
2.00	City: LAGRANGE			State: IL		Zip Code: 60525-		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		ADVENTIST LAGRANGE MEMORIAL HOSPITAL	140065	16974	1	06/30/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		ADVENTIST LA GRANGE REHAB SUBPROV.	14T065	16974	5	01/01/2015	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2019		12/31/2019		20.00
21.00	Type of Control (see instructions)					1				21.00
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				N	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	Y		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.				3	N			23.00	

Worksheet S-2
Part I
Date/Time Prepared:
7/17/2020 2:59 pm

MCRIF32 - 16.1.168.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/17/2020 2:59 pm			
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code					
		1.00	2.00	3.00					
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	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	61.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06		
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20		
						1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)									
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01		
Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00		
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
		1.00		2.00	3.00				
64.00	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. 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

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Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
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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)	FAMILY PRACTICE	1350	1.78	16.86	0.095494	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	0.32	19.87	0.015849	67.00
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N N 0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					Y	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					N N 0	76.00

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			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N 80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N 81.00			
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N 85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N 86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N 87.00			
			V	XIX			
			1.00	2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N Y 90.00			
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N N 91.00			
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N 92.00			
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N N 93.00			
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N N 94.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 95.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N N 96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00 0.00 97.00			
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.00			
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.01			
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.02			
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N N 98.03			
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			N N 98.04			
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.05			
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.			Y Y 98.06			
Rural Providers							
105.00	Does this hospital qualify as a CAH?			N 105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00			
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N 108.00			
			Physical	Occupational	Speech	Respiratory	
			1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
			1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00

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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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,632,218	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	Y		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	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HF8013	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 7/17/2020 2:59 pm	
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: ADVENTHEALTH		Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001		141.00		
142.00	Street: 900 HOPE WAY		PO Box:				142.00		
143.00	City: ALTAMONTE SPRINGS		State: FL		Zip Code: 32714		143.00		
								1.00	
144.00 Are provider based physicians' costs included in Worksheet A?								Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		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
								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)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99		169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N		0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 7/17/2020 2:59 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for 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.			Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
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	05/21/2020	Y	05/21/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
7/17/2020 2:59 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARY JO		MACKNISKAS	41.00
42.00	Enter the employer/company name of the cost report preparer.	AMITA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	224-273-0184		MARYJO.MACKNISKAS@AMITAHEALT H.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 7/17/2020 2:59 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/17/2020 2:59 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	132	48,180	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)		132	48,180	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,855	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)		159	58,035	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	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
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)		177				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: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/17/2020 2:59 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)	15,155	375	28,038			1.00
2.00	HMO and other (see instructions)	5,726	1,965				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	580	48				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)	15,155	375	28,038			7.00
8.00	INTENSIVE CARE UNIT	1,567	44	3,183			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)	16,722	419	31,221	20.19	1,012.06	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	3,858	51	5,719	0.00	49.96	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			359			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
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)				20.19	1,062.02	27.00
28.00	Observation Bed Days		66	3,582			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
7/17/2020 2:59 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,647	127	7,421	1.00
2.00 HMO and other (see instructions)			1,156	463		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				10		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,647	127	7,421	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	360	5	534	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					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
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: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/17/2020 2:59 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	49,357,913	294	49,358,207	2,209,004.00	22.34
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		1,514,317	0	1,514,317	14,948.00	101.31
4.01	Physicians - Part A - Teaching		37,552	0	37,552	320.00	117.35
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	1,218,508	0	1,218,508	45,048.00	27.05
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,730,443	294	2,730,737	144,359.00	18.92
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		219,643	0	219,643	3,601.00	61.00
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		246,507	0	246,507	2,726.00	90.43
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		5,155,951	0	5,155,951	103,023.00	50.05
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,059,411	0	10,059,411		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		618,866	0	618,866		
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		268,184	0	268,184		
22.01	Physician Part A - Teaching		9,257	0	9,257		
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)		283,052	0	283,052		
25.50	Home office wage-related (core)		660,290	0	660,290		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
7/17/2020 2:59 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	-96,249	96,249	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,534,323	-96,249	2,438,074	32,716.00	74.52	27.00
28.00	Administrative & General under contract (see inst.)		45,001	0	45,001	228.00	197.37	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,495,856	0	1,495,856	86,426.00	17.31	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,253,927	0	2,253,927	97,235.00	23.18	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		2,089,903	0	2,089,903	71,589.00	29.19	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,432,141	0	1,432,141	39,677.00	36.09	38.00
39.00	Central Services and Supply	14.00	297,680	-290	297,390	23,289.00	12.77	39.00
40.00	Pharmacy	15.00	2,252,610	0	2,252,610	83,201.00	27.07	40.00
41.00	Medical Records & Medical Records Library	16.00	126,078	0	126,078	4,982.00	25.31	41.00
42.00	Social Service	17.00	449,698	0	449,698	12,724.00	35.34	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
7/17/2020 2:59 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)	52,490,684	294	52,490,978	2,332,688.00	22.50	1.00
2.00	Excluded area salaries (see instructions)	2,730,443	294	2,730,737	144,359.00	18.92	2.00
3.00	Subtotal salaries (line 1 minus line 2)	49,760,241	0	49,760,241	2,188,329.00	22.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,622,101	0	5,622,101	109,350.00	51.41	4.00
5.00	Subtotal wage-related costs (see inst.)	10,987,885	0	10,987,885	0.00	22.08	5.00
6.00	Total (sum of lines 3 thru 5)	66,370,227	0	66,370,227	2,297,679.00	28.89	6.00
7.00	Total overhead cost (see instructions)	12,880,968	-290	12,880,678	452,067.00	28.49	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
7/17/2020 2:59 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,431,931	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	5,754,610	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	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-85,165	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	490,078	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	3,595,785	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	71,343	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	93,764	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,352,346	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
7/17/2020 2:59 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	219,643	11,352,346	1.00
2.00	Hospital	219,643	11,352,346	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-10

Date/Time Prepared:
7/17/2020 2:59 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)		0.225545	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		5,840,175	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		57,740,428	6.00
7.00	Medicaid cost (line 1 times line 6)		13,023,065	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)		7,182,890	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		25,249	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		7,182,890	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	6,114,280	2,776,796	8,891,076
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,379,045	2,776,796	4,155,841
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,379,045	2,776,796	4,155,841
			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)		5,260,353	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		376,082	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		578,588	27.01
28.00	Non-Medicare bad debt expense (see instructions)		4,681,765	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,258,455	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,414,296	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,597,186	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
7/17/2020 2:59 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	0	0	12,025,887	12,025,887	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2,828,487	2,828,487	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-96,249	7,688,402	7,592,153	96,249	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,534,323	35,647,920	38,182,243	1,270	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,495,856	5,615,284	7,111,140	-51,470	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	503,572	8.00
9.00	00900	HOUSEKEEPING	0	3,514,296	3,514,296	-520,398	9.00
10.00	01000	DIETARY	0	3,114,416	3,114,416	-2,042,630	10.00
11.00	01100	CAFETERIA	0	0	0	2,029,361	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,432,141	375,141	1,807,282	-132,457	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	297,680	1,247,875	1,545,555	-807,211	14.00
15.00	01500	PHARMACY	2,252,610	4,296,130	6,548,740	-4,081,347	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	126,078	88,572	214,650	0	16.00
17.00	01700	SOCIAL SERVICE	449,698	42,396	492,094	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,218,508	84,147	1,302,655	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,843,605	834,610	2,678,215	-4,570	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	11,983,974	2,353,928	14,337,902	-735,257	30.00
31.00	03100	INTENSIVE CARE UNIT	2,621,573	1,530,800	4,152,373	-383,527	31.00
41.00	04100	SUBPROVIDER - IRF	1,918,396	1,103,760	3,022,156	-83,061	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	25,101	25,101	-25,101	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,726,604	16,077,112	20,803,716	-10,326,138	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	543,142	87,788	630,930	-32,125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,142,748	583,157	2,725,905	-1,128,837	54.00
54.01	05401	NUCLEAR MEDICINE	199,420	23,389	222,809	21,764	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	540,829	153,273	694,102	171,661	57.00
58.00	05800	MRI	316,686	61,399	378,085	59,106	58.00
59.00	05900	CARDIAC CATHETERIZATION	576,475	1,652,334	2,228,809	-1,567,247	59.00
60.00	06000	LABORATORY	2,048,766	2,622,569	4,671,335	-743,857	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,399,490	609,362	2,008,852	-226,252	65.00
66.00	06600	PHYSICAL THERAPY	1,373,106	2,762,649	4,135,755	-243,733	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	843,301	61,762	905,063	0	67.00
68.00	06800	SPEECH PATHOLOGY	250,151	23,535	273,686	0	68.00
69.00	06900	ELECTROCARDIOLOGY	721,303	691,007	1,412,310	-68,797	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	426,104	46,957	473,061	-11,614	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	29,126	8,017	37,143	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,953,265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,377,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,134,657	73.00
76.00	03020	HEMODIALYSIS	0	659,020	659,020	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	531,565	786,451	1,318,016	-725,441	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	226,277	23,413	249,690	-3,405	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,572,580	1,667,253	5,239,833	-577,483	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
7/17/2020 2:59 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	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		11,311,257	11,311,257	-13,055,607	-1,744,350	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,545,866	107,474,482	156,020,348	625,434	156,645,782	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	166,530	78,485	245,015	0	245,015	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	483,324	483,324	0	483,324	192.00
192.01	19201	CFPC CLINIC	616,847	455,959	1,072,806	-249,787	823,019	192.01
194.00	07950	OFFICE BUILDINGS	-294	826,413	826,119	-375,647	450,472	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	28,964	7,975	36,939	0	36,939	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	49,357,913	109,326,638	158,684,551	0	158,684,551	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,823,850	10,202,037	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	726,544	3,555,031	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,682,194	9,370,596	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,690,538	35,492,975	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-119,094	6,940,576	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	503,572	8.00
9.00	00900	HOUSEKEEPING	0	2,993,898	9.00
10.00	01000	DIETARY	0	1,071,786	10.00
11.00	01100	CAFETERIA	-437,713	1,591,648	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-6,536	1,668,289	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	738,344	14.00
15.00	01500	PHARMACY	154,733	2,622,126	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	266,378	481,028	16.00
17.00	01700	SOCIAL SERVICE	425,198	917,292	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,302,655	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-244,968	2,428,677	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-699,563	12,903,082	30.00
31.00	03100	INTENSIVE CARE UNIT	-4,245	3,764,601	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,939,095	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,658,953	7,818,625	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	598,805	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-9,483	1,587,585	54.00
54.01	05401	NUCLEAR MEDICINE	0	244,573	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	-129	865,634	57.00
58.00	05800	MRI	0	437,191	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	661,562	59.00
60.00	06000	LABORATORY	-3,085	3,924,393	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-9,571	1,773,029	65.00
66.00	06600	PHYSICAL THERAPY	-209	3,891,813	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	-33	905,030	67.00
68.00	06800	SPEECH PATHOLOGY	0	273,686	68.00
69.00	06900	ELECTROCARDIOLOGY	-401,165	942,348	69.00
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	-530	460,917	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	37,143	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,953,265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,377,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-97,643	4,037,014	73.00
76.00	03020	HEMODIALYSIS	0	659,020	76.00
76.01	03952	LITHOTRIPSY	0	0	76.01
76.02	03950	WOUND CARE	-1,938	590,637	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	246,285	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	-523,227	4,139,123	91.00
91.01	09101	OP DEPARTMENT	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	1,744,350	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-4,733,076	151,912,706	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	245,015	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	483,324	192.00
192.01	19201	CFPC CLINIC	0	823,019	192.01
194.00	07950	OFFICE BUILDINGS	0	450,472	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	FOUNDATION	0	36,939	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-4,733,076	153,951,475	200.00

RECLASSIFICATIONS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
7/17/2020 2:59 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	189,851		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	659,058		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	6,008		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
9.00		0.00	0	0		9.00
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
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
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	TOTALS		0	854,917		
	B - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	540,469		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	540,469		
	C - MEDICAL SUPPLIES					
1.00		0.00	0	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,953,265		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
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
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
	TOTALS		0	7,953,265		
	D - DRUGS CHARGED TO PATIENTS					
1.00		0.00	0	0		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,134,657		4.00
5.00		0.00	0	0		5.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
	TOTALS		0	4,134,657		
	E - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,788,355		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,703,626		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00

RECLASSIFICATIONS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
7/17/2020 2:59 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
	TOTALS		0	8,491,981		
	F - RECRUITMENT					
1.00		0.00	0	0		1.00
	TOTALS		0	0		
	G - MISC NON SUPPLY RELATED EXPENSES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	61,510		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	290	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		290	61,510		
	H - RADIOLOGY SALARIES					
1.00	OPERATING ROOM	50.00	39,051	11,327		1.00
2.00	NUCLEAR MEDICINE	54.01	18,904	5,483		2.00
3.00	CT SCAN	57.00	217,972	63,221		3.00
4.00	MRI	58.00	58,314	16,914		4.00
	TOTALS		334,241	96,945		
	I - NURSERY					
1.00	ADULTS & PEDIATRICS	30.00	0	25,101		1.00
	TOTALS		0	25,101		
	J - CAFETERIA					
1.00	CAFETERIA	11.00	0	2,029,361		1.00
	TOTALS		0	2,029,361		
	K - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,507,212		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	465,803		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	2,547		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	103,126		4.00
	TOTALS		0	5,078,688		
	M - IMPLANTIBLES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	51,307		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,377,720		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
	TOTALS		0	8,429,027		
	N - LAUNDRY SERVICES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	503,572		1.00
	TOTALS		0	503,572		
	O - CLEAR NEGATIVE SALARIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	96,249	0		1.00
2.00	OFFICE BUILDINGS	194.00	294	0		2.00
	TOTALS		96,543	0		
500.00	Grand Total: Increases		431,074	38,199,493		500.00

RECLASSIFICATIONS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet A-6
Date/Time Prepared:
7/17/2020 2:59 pm

Decreases					Wkst. A-7 Ref.		
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - RENT AND LEASES							
1.00		0.00	0	0	10		1.00
2.00	OPERATION OF PLANT	7.00	0	4,025	10		2.00
3.00	HOUSEKEEPING	9.00	0	2,130	0		3.00
4.00	DIETARY	10.00	0	470	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	132,457	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,198	0		6.00
7.00	PHARMACY	15.00	0	255,905	0		7.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4,570	0		9.00
11.00	INTENSIVE CARE UNIT	31.00	0	9,800	0		11.00
12.00	OPERATING ROOM	50.00	0	69,589	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,960	0		13.00
14.00	NUCLEAR MEDICINE	54.01	0	70	0		14.00
17.00	CARDIAC CATHETERIZATION	59.00	0	5,420	0		17.00
18.00	LABORATORY	60.00	0	110,888	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	23,577	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	195,136	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	1,175	0		21.00
22.00	CARDIAC REHAB	69.02	0	120	0		22.00
24.00	EMERGENCY	91.00	0	300	0		24.00
25.00	CFPC CLINIC	192.01	0	110	0		25.00
26.00	OFFICE BUILDINGS	194.00	0	17	0		26.00
TOTALS			0	854,917			
B - PROPERTY TAXES							
1.00	INTEREST EXPENSE	113.00	0	155,353	13		1.00
2.00	PHYSICAL THERAPY	66.00	0	13,798	0		2.00
3.00	OFFICE BUILDINGS	194.00	0	371,318	0		3.00
TOTALS			0	540,469			
C - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	902,186	0		1.00
2.00	PHARMACY	15.00	0	54,381	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	695,384	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	340,159	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	71,317	0		5.00
7.00	OPERATING ROOM	50.00	0	3,176,420	0		7.00
8.00	RECOVERY ROOM	51.00	0	29,943	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	194,726	0		9.00
10.00	NUCLEAR MEDICINE	54.01	0	2,553	0		10.00
11.00	CT SCAN	57.00	0	107,261	0		11.00
12.00	MRI	58.00	0	11,854	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	737,027	0		13.00
14.00	LABORATORY	60.00	0	630,274	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	199,879	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	31,869	0		16.00
18.00	ELECTROCARDIOLOGY	69.00	0	29,631	0		18.00
19.00	CARDIAC REHAB	69.02	0	11,494	0		19.00
20.00	WOUND CARE	76.02	0	162,198	0		20.00
21.00	CLINIC	90.00	0	3,405	0		21.00
22.00	EMERGENCY	91.00	0	556,255	0		22.00
23.00	CFPC CLINIC	192.01	0	5,049	0		23.00
TOTALS			0	7,953,265			
D - DRUGS CHARGED TO PATIENTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	354	0		1.00
2.00	PHARMACY	15.00	0	3,771,061	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	19,297	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	7,868	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	658	0		5.00
7.00	OPERATING ROOM	50.00	0	80,362	0		7.00
8.00	RECOVERY ROOM	51.00	0	812	0		8.00
9.00	CT SCAN	57.00	0	2,271	0		9.00
10.00	MRI	58.00	0	128	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	775	0		11.00
12.00	EMERGENCY	91.00	0	5,590	0		12.00
13.00	CFPC CLINIC	192.01	0	244,628	0		13.00
14.00	WOUND CARE	76.02	0	853	0		14.00
TOTALS			0	4,134,657			
E - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,162	9		1.00
2.00	OPERATION OF PLANT	7.00	0	47,445	9		2.00
3.00	HOUSEKEEPING	9.00	0	14,696	0		3.00
4.00	DIETARY	10.00	0	12,799	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	45,623	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	24,135	0		6.00

RECLASSIFICATIONS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
7/17/2020 2:59 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
7.00	SUBPROVIDER - IRF	41.00	0	11,050	0	7.00
8.00	OPERATING ROOM	50.00	0	293,319	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	103,101	0	9.00
10.00	MRI	58.00	0	4,140	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	28,722	0	11.00
12.00	LABORATORY	60.00	0	2,695	0	12.00
13.00	PHYSICAL THERAPY	66.00	0	2,155	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	37,991	0	14.00
15.00	WOUND CARE	76.02	0	7,886	0	15.00
16.00	EMERGENCY	91.00	0	13,388	0	16.00
17.00	INTEREST EXPENSE	113.00	0	7,821,566	0	17.00
18.00	OFFICE BUILDINGS	194.00	0	4,312	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	2,796	0	19.00
	TOTALS		0	8,491,981		
F - RECRUITMENT						
1.00		0.00	0	0	0	1.00
	TOTALS		0	0		
G - MISC NON SUPPLY RELATED EXPENSES						
1.00	OPERATING ROOM	50.00	0	59,154	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	231	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	2,125	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	290	0	0	4.00
	TOTALS		290	61,510		
H - RADIOLOGY SALARIES						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	334,241	96,945	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		334,241	96,945		
I - NURSERY						
1.00	NURSERY	43.00	0	25,101	0	1.00
	TOTALS		0	25,101		
J - CAFETERIA						
1.00	DIETARY	10.00	0	2,029,361	0	1.00
	TOTALS		0	2,029,361		
K - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	4,975,562	11	1.00
2.00	INTEREST EXPENSE	113.00	0	103,126	11	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		0	5,078,688		
M - IMPLANTIBLES						
1.00	ADULTS & PEDIATRICS	30.00	0	54	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,565	0	2.00
3.00	SUBPROVIDER - IRF	41.00	0	36	0	3.00
4.00	OPERATING ROOM	50.00	0	6,697,672	0	4.00
5.00	RECOVERY ROOM	51.00	0	1,370	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	793,953	0	6.00
7.00	WOUND CARE	76.02	0	554,504	0	7.00
8.00	EMERGENCY	91.00	0	1,950	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	377,923	0	9.00
	TOTALS		0	8,429,027		
N - LAUNDRY SERVICES						
1.00	HOUSEKEEPING	9.00	0	503,572	0	1.00
	TOTALS		0	503,572		
O - CLEAR NEGATIVE SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	96,249	0	0	1.00
2.00	OFFICE BUILDINGS	194.00	0	294	0	2.00
	TOTALS		96,249	294		
500.00	Grand Total: Decreases		430,780	38,199,787		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
7/17/2020 2:59 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	9,779,429	0	0	0	0	1.00	
2.00	Land Improvements	6,813,116	0	0	0	0	2.00	
3.00	Buildings and Fixtures	219,930,363	0	0	0	36,396	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	32,923,482	0	0	0	102,849	5.00	
6.00	Movable Equipment	54,956,265	1,076,998	0	1,076,998	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	324,402,655	1,076,998	0	1,076,998	139,245	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	324,402,655	1,076,998	0	1,076,998	139,245	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,779,429	0				1.00	
2.00	Land Improvements	6,813,116	0				2.00	
3.00	Buildings and Fixtures	219,893,967	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	32,820,633	0				5.00	
6.00	Movable Equipment	56,033,263	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	325,340,408	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	325,340,408	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
7/17/2020 2:59 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
7/17/2020 2:59 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	259,527,717	0	259,527,717	0.825249	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	54,956,265	0	54,956,265	0.174751	0	2.00
3.00	Total (sum of lines 1-2)	314,483,982	0	314,483,982	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	7,162,381	189,851	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,430,170	659,058	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,592,551	848,909	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	4,507,212	0	0	-1,657,407	10,202,037	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	465,803	0	0	0	3,555,031	2.00
3.00	Total (sum of lines 1-2)	4,973,015	0	0	-1,657,407	13,757,068	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
7/17/2020 2:59 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	-56,113	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-47,200	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,828,126			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	10,400,758			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - 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	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	COMMUNITY BENEFIT	A	-1,250	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	COMMUNITY BENEFIT	A	-3,415	SOCIAL SERVICE	17.00	0	33.01
33.02	ENTERTAINMENT	A	-1,351	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	ENTERTAINMENT	A	-550	NURSING ADMINISTRATION	13.00	0	33.03
33.04	ENTERTAINMENT	A	-72	PHARMACY	15.00	0	33.04
33.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.05
33.06	ENTERTAINMENT	A	-400	ADULTS & PEDIATRICS	30.00	0	33.06
33.08	ENTERTAINMENT	A	-211	OPERATING ROOM	50.00	0	33.08
33.09	ENTERTAINMENT	A	-65	WOUND CARE	76.02	0	33.09
36.00	ENTERTAINMENT	A	-503	EMERGENCY	91.00	0	36.00
37.00	NON ALLOWABLE BORROWING	A	-11,466	INTEREST EXPENSE	113.00	0	37.00
38.00	OTHER OPERATING REVENUE	B	-1,657,407	CAP REL COSTS-BLDG & FIXT	1.00	14	38.00
38.01	OTHER OPERATING REVENUE	B	-241,772	ADMINISTRATIVE & GENERAL	5.00	0	38.01
41.00	OTHER OPERATING REVENUE	B	-71,894	OPERATION OF PLANT	7.00	0	41.00
42.00	OTHER OPERATING REVENUE	B	-437,713	CAFETERIA	11.00	0	42.00
43.00	OTHER OPERATING REVENUE	B	-1,125	MEDICAL RECORDS & LIBRARY	16.00	0	43.00
43.01	OTHER OPERATING REVENUE	B	-19,195	I&R SERVICES-OTHER PRGM	22.00	0	43.01
				COSTS APPRV			
43.02	OTHER OPERATING REVENUE	B	-892	ADULTS & PEDIATRICS	30.00	0	43.02
44.00	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	44.00
44.01	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	44.01
44.02	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	44.02
44.03	OTHER OPERATING REVENUE	B	-5,900	RADIOLOGY-DIAGNOSTIC	54.00	0	44.03
44.04	LOSS ON SALE DISPOSAL PPI	B	-584	INTEREST EXPENSE	113.00	0	44.04
44.07	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	44.07
44.08	OTHER OPERATING REVENUE	B	-530	CARDIAC REHAB	69.02	0	44.08
44.09	OTHER OPERATING REVENUE	B	-20,211	DRUGS CHARGED TO PATIENTS	73.00	0	44.09
45.00	OTHER OPERATING REVENUE	B	0	EMERGENCY	91.00	0	45.00
45.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.01
45.02	PROPERTY TAX	A	-540,469	CAP REL COSTS-BLDG & FIXT	1.00	13	45.02
45.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.03
45.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.04
45.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.05
45.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.06
45.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.07
45.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.08
45.09	LOBBYING	A	-43,857	ADMINISTRATIVE & GENERAL	5.00	0	45.09
45.10	LOBBYING	A	-551	PHARMACY	15.00	0	45.10
45.11	LOBBYING	A	-5,986	NURSING ADMINISTRATION	13.00	0	45.11
45.12	LOBBYING	A	-121	MEDICAL RECORDS & LIBRARY	16.00	0	45.12
45.13	LOBBYING	A	-3,743	I&R SERVICES-OTHER PRGM	22.00	0	45.13
				COSTS APPRV			
45.14	LOBBYING	A	-7,420	ELECTROCARDIOLOGY	69.00	0	45.14
45.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.15
45.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.16
45.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.17
45.18	PROVIDER TAX	A	-6,637,040	ADMINISTRATIVE & GENERAL	5.00	0	45.18
45.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.19
45.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.20
45.21	HOSPICE	A	-512	RADIOLOGY-DIAGNOSTIC	54.00	0	45.21
45.22	HOSPICE	A	-129	CT SCAN	57.00	0	45.22
45.23	HOSPICE	A	-5,377	LABORATORY	60.00	0	45.23
45.24	HOSPICE	A	-9,571	RESPIRATORY THERAPY	65.00	0	45.24
45.25	HOSPICE	A	-209	PHYSICAL THERAPY	66.00	0	45.25

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
7/17/2020 2:59 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	
45.26	HOSPICE	A	-33	OCCUPATIONAL THERAPY	67.00	0	45.26
45.27	HOSPICE	A	-77,432	DRUGS CHARGED TO PATIENTS	73.00	0	45.27
45.28	HOSPICE	A	-1,634	EMERGENCY	91.00	0	45.28
45.29	HOSPICE	A	-387,560	ADULTS & PEDIATRICS	30.00	0	45.29
45.30	HOSPICE	A	-4,245	INTENSIVE CARE UNIT	31.00	0	45.30
45.31	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.31
	(3)						
45.32	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.32
	(3)						
45.33	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.33
	(3)						
45.34	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.34
	(3)						
45.35	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.35
	(3)						
45.36	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.36
	(3)						
45.37	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.37
	(3)						
45.38	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.38
	(3)						
45.39	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.39
	(3)						
45.40	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.40
	(3)						
45.41	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.41
	(3)						
45.42	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.42
	(3)						
45.43	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.43
	(3)						
45.44	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.44
	(3)						
45.45	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.45
	(3)						
45.46	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.46
	(3)						
45.47	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.47
	(3)						
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,733,076				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: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
7/17/2020 2:59 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	AHS HOME OFFICE	176,781	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	707,696	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	30,972	27,559	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	7,289,946	6,785,938	3.01
3.02	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	307	32,336	3.02
4.00	113.00	INTEREST EXPENSE	AHS HOME OFFICE	4,987,028	3,230,628	4.00
4.03	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	191,664	0	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	AMITA HOME OFFICE	754,920	2,043,682	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	MIDWEST REGIONAL SHARED SERV	23,481,528	17,678,225	4.05
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE FROM AMITA	13,219	0	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE FROM AMITA	4,021,940	4,032,780	4.08
4.09	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE FROM AMITA	1,549	927	4.09
4.10	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST REGIONAL SHARED SERV	5,581	0	4.10
4.11	2.00	CAP REL COSTS-MVBLE EQUIP	MIDWEST REGIONAL SHARED SERV	18,848	0	4.11
4.12	4.00	EMPLOYEE BENEFITS DEPARTMENT	MIDWEST REGIONAL SHARED SERV	1,665,562	0	4.12
4.13	15.00	PHARMACY	MIDWEST REGIONAL SHARED SERV	155,356	0	4.13
4.14	16.00	MEDICAL RECORDS & LIBRARY	MIDWEST REGIONAL SHARED SERV	299,031	0	4.14
4.15	17.00	SOCIAL SERVICE	MIDWEST REGIONAL SHARED SERV	428,613	0	4.15
4.16	60.00	LABORATORY	MIDWEST REGIONAL SHARED SERV	2,292	0	4.16
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			44,232,833	33,832,075	5.00

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

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

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

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

6.00	B		0.00	ADVENTHEALTH	100.00	6.00
7.00	B		0.00	AMITA HEALTH	100.00	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: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
7/17/2020 2:59 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	176,781	9		1.00
2.00	707,696	9		2.00
3.00	3,413	0		3.00
3.01	504,008	0		3.01
3.02	-32,029	0		3.02
4.00	1,756,400	0		4.00
4.03	191,664	9		4.03
4.04	-1,288,762	0		4.04
4.05	5,803,303	0		4.05
4.07	13,219	0		4.07
4.08	-10,840	0		4.08
4.09	622	0		4.09
4.10	5,581	9		4.10
4.11	18,848	9		4.11
4.12	1,665,562	0		4.12
4.13	155,356	0		4.13
4.14	299,031	0		4.14
4.15	428,613	0		4.15
4.16	2,292	0		4.16
5.00	10,400,758			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	HOME OFFICE		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: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
7/17/2020 2:59 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	717,684	707,684	10,000	211,500	36	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,531,708	0	1,531,708	179,000	15,268	2.00
3.00	30.00	ADULTS & PEDIATRICS	313,080	308,080	5,000	246,400	20	3.00
4.00	50.00	OPERATING ROOM	2,659,892	2,658,742	1,150	246,400	12	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	14,313	0	14,313	271,900	86	5.00
6.00	69.00	ELECTROCARDIOLOGY	393,745	393,745	0	0	0	6.00
7.00	76.02	WOUND CARE	10,313	0	10,313	211,500	83	7.00
8.00	91.00	EMERGENCY	538,407	521,090	17,317	211,500	175	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	4,875	0	4,875	211,500	20	9.00
10.00	91.00	EMERGENCY	15,286	0	15,286	211,500	154	10.00
11.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	188,414	0	188,414	179,000	2,140	11.00
200.00			6,387,717	4,589,341	1,798,376		17,994	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	3,661	183	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,313,929	65,696	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,369	118	0	0	0	3.00
4.00	50.00	OPERATING ROOM	1,421	71	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	11,242	562	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	76.02	WOUND CARE	8,440	422	0	0	0	7.00
8.00	91.00	EMERGENCY	17,795	890	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	2,034	102	0	0	0	9.00
10.00	91.00	EMERGENCY	15,659	783	0	0	0	10.00
11.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	184,163	9,208	0	0	0	11.00
200.00			1,560,713	78,035	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	3,661	6,339	714,023		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,313,929	217,779	217,779		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	2,369	2,631	310,711		3.00
4.00	50.00	OPERATING ROOM	0	1,421	0	2,658,742		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	11,242	3,071	3,071		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	393,745		6.00
7.00	76.02	WOUND CARE	0	8,440	1,873	1,873		7.00
8.00	91.00	EMERGENCY	0	17,795	0	521,090		8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	2,034	2,841	2,841		9.00
10.00	91.00	EMERGENCY	0	15,659	0	0		10.00
11.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	184,163	4,251	4,251		11.00
200.00			0	1,560,713	238,785	4,828,126		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,202,037	10,202,037				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,555,031		3,555,031			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,370,596	0	0	9,370,596		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,492,975	135,862	47,343	462,866	36,139,046	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,940,576	4,272,001	1,488,633	283,987	12,985,197	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	503,572	18,384	6,406	0	528,362	8.00
9.00	00900	HOUSEKEEPING	2,993,898	171,972	59,926	0	3,225,796	9.00
10.00	01000	DIETARY	1,071,786	48,441	16,880	0	1,137,107	10.00
11.00	01100	CAFETERIA	1,591,648	123,008	42,864	0	1,757,520	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,668,289	14,946	5,208	271,891	1,960,334	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	738,344	179,923	62,697	56,459	1,037,423	14.00
15.00	01500	PHARMACY	2,622,126	55,301	19,270	427,656	3,124,353	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	481,028	81,158	28,281	23,936	614,403	16.00
17.00	01700	SOCIAL SERVICE	917,292	39,548	13,781	85,375	1,055,996	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,302,655	0	0	231,333	1,533,988	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,428,677	561,068	195,511	350,007	3,535,263	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	12,903,082	1,676,523	584,206	2,275,131	17,438,942	30.00
31.00	03100	INTENSIVE CARE UNIT	3,764,601	158,430	55,207	497,703	4,475,941	31.00
41.00	04100	SUBPROVIDER - IRF	2,939,095	215,226	74,998	364,206	3,593,525	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,818,625	517,245	180,241	904,755	9,420,866	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	598,805	48,575	16,927	103,115	767,422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,587,585	456,100	158,934	343,398	2,546,017	54.00
54.01	05401	NUCLEAR MEDICINE	244,573	16,441	5,729	41,449	308,192	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	865,634	25,409	8,854	144,058	1,043,955	57.00
58.00	05800	MRI	437,191	22,419	7,812	71,193	538,615	58.00
59.00	05900	CARDIAC CATHETERIZATION	661,562	137,506	47,916	109,443	956,427	59.00
60.00	06000	LABORATORY	3,924,393	124,054	43,228	388,956	4,480,631	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,773,029	44,839	15,625	265,692	2,099,185	65.00
66.00	06600	PHYSICAL THERAPY	3,891,813	149,463	52,082	260,683	4,354,041	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	905,030	12,376	4,312	160,100	1,081,818	67.00
68.00	06800	SPEECH PATHOLOGY	273,686	0	0	47,491	321,177	68.00
69.00	06900	ELECTROCARDIOLOGY	942,348	40,355	14,062	136,939	1,133,704	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	460,917	56,796	19,791	80,895	618,399	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	37,143	0	0	5,530	42,673	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,953,265	0	0	0	7,953,265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,377,720	0	0	0	8,377,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,037,014	0	0	0	4,037,014	73.00
76.00	03020	HEMODIALYSIS	659,020	0	0	0	659,020	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	590,637	0	0	100,917	691,554	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	246,285	127,043	44,270	42,958	460,556	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	4,139,123	279,719	97,472	678,251	5,194,565	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	151,912,706	9,810,131	3,418,466	9,216,373	151,230,012	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	245,015	27,651	9,635	31,616	313,917	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	483,324	0	0	0	483,324	192.00
192.01	19201	CFPC CLINIC	823,019	216,721	75,519	117,108	1,232,367	192.01
194.00	07950	OFFICE BUILDINGS	450,472	32,448	11,307	0	494,227	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	36,939	10,462	3,646	5,499	56,546	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	104,624	36,458	0	141,082	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	153,951,475	10,202,037	3,555,031	9,370,596	153,951,475	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	36,139,046					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	3,987,988	0	16,973,185			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	162,269	0	53,853	744,484		8.00
9.00	00900	HOUSEKEEPING	990,700	0	503,766	0	4,720,262	9.00
10.00	01000	DIETARY	349,226	0	141,900	0	40,803	10.00
11.00	01100	CAFETERIA	539,766	0	360,333	0	103,613	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	602,054	0	43,783	0	12,590	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	318,611	0	527,059	0	151,555	14.00
15.00	01500	PHARMACY	959,545	0	161,997	0	46,582	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	188,694	0	237,741	0	68,362	16.00
17.00	01700	SOCIAL SERVICE	324,315	0	115,850	0	33,312	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	471,115	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,085,743	0	1,643,566	0	472,604	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	5,355,872	0	4,911,127	565,074	1,412,185	30.00
31.00	03100	INTENSIVE CARE UNIT	1,374,642	0	464,099	64,150	133,451	31.00
41.00	04100	SUBPROVIDER - IRF	1,103,636	0	630,474	115,260	181,291	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,893,318	0	1,515,195	0	435,691	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	235,689	0	142,294	0	40,916	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	781,928	0	1,336,079	0	384,187	54.00
54.01	05401	NUCLEAR MEDICINE	94,651	0	48,161	0	13,849	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	320,617	0	74,431	0	21,402	57.00
58.00	05800	MRI	165,418	0	65,674	0	18,885	58.00
59.00	05900	CARDIAC CATHETERIZATION	293,736	0	402,803	0	115,825	59.00
60.00	06000	LABORATORY	1,376,082	0	363,398	0	104,494	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	644,697	0	131,349	0	37,769	65.00
66.00	06600	PHYSICAL THERAPY	1,337,204	0	437,829	0	125,897	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	332,246	0	36,252	0	10,424	67.00
68.00	06800	SPEECH PATHOLOGY	98,639	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	348,181	0	118,214	0	33,992	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	189,921	0	166,375	0	47,841	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	13,106	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,442,591	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,572,949	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,239,840	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	202,397	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	212,389	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	141,445	0	372,155	0	107,012	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,595,344	0	819,397	0	235,616	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,346,564	0	15,825,154	744,484	4,390,148	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	96,410	0	80,998	0	23,291	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	148,438	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	378,482	0	634,852	0	182,550	192.01
194.00	07950	OFFICE BUILDINGS	151,786	0	95,053	0	27,332	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	17,366	0	30,648	0	8,813	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	306,480	0	88,128	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	36,139,046	0	16,973,185	744,484	4,720,262	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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	1,669,036					10.00
11.00	01100	CAFETERIA	0	2,761,232				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	87,057	0	2,705,818		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,078	0	0	2,052,726	14.00
15.00	01500	PHARMACY	0	136,932	0	0	14,023	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,664	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	27,336	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	74,071	0	0	236	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	112,069	0	0	1,605	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	1,266,823	728,461	0	2,053,755	179,310	30.00
31.00	03100	INTENSIVE CARE UNIT	143,815	159,360	0	233,152	87,712	31.00
41.00	04100	SUBPROVIDER - IRF	258,398	116,615	0	418,911	18,390	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	289,695	0	0	819,063	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	33,017	0	0	7,721	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	109,953	0	0	50,211	54.00
54.01	05401	NUCLEAR MEDICINE	0	13,271	0	0	658	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	46,126	0	0	27,658	57.00
58.00	05800	MRI	0	22,796	0	0	3,057	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	35,043	0	0	190,048	59.00
60.00	06000	LABORATORY	0	124,540	0	0	162,521	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	85,072	0	0	51,540	65.00
66.00	06600	PHYSICAL THERAPY	0	83,468	0	0	8,218	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	51,263	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,206	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,847	0	0	7,641	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	25,902	0	0	2,964	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,771	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	232,635	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
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	32,313	0	0	41,824	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	13,755	0	0	878	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	217,170	0	0	143,434	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

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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	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,669,036	2,711,851	0	2,705,818	2,051,347	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,123	0	0	30	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	37,497	0	0	1,302	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	47	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	1,761	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	1,669,036	2,761,232	0	2,705,818	2,052,726	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	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	4,443,432					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,116,864				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,556,809			17.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		2,079,410	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	19,699	83,078	1,181,641	0	1,476,740	30.00
31.00	03100	INTENSIVE CARE UNIT	8,452	13,531	134,145	0	59,868	31.00
41.00	04100	SUBPROVIDER - IRF	707	17,313	241,023	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	86,319	154,530	0	0	163,639	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	872	14,881	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,669	60,632	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	11,385	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	2,440	131,263	0	0	0	57.00
58.00	05800	MRI	137	35,119	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,287	0	0	0	59.00
60.00	06000	LABORATORY	0	122,722	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	29,619	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	29,707	0	0	63,859	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	7,420	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,726	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	37,091	0	0	107,762	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	3,363	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	679	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	636	29,416	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	74,275	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,050,898	80,627	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	3,970	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	837	17,714	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	654	0	0	63,859	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	5,990	131,862	0	0	143,683	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,180,656	1,116,864	1,556,809	0	2,079,410	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	CFPC CLINIC	262,776	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	4,443,432	1,116,864	1,556,809	0	2,079,410	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
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
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	6,850,850					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,865,288	0	41,537,995	-6,342,028	35,195,967	30.00
31.00	03100	INTENSIVE CARE UNIT	197,241	0	7,549,559	-257,109	7,292,450	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,695,543	0	6,695,543	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	539,126	0	16,317,442	-702,765	15,614,677	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	1,242,812	0	1,242,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,272,676	0	5,272,676	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	490,167	0	490,167	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	1,667,892	0	1,667,892	57.00
58.00	05800	MRI	0	0	849,701	0	849,701	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,017,169	0	2,017,169	59.00
60.00	06000	LABORATORY	0	0	6,734,388	0	6,734,388	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	3,079,231	0	3,079,231	65.00
66.00	06600	PHYSICAL THERAPY	210,391	0	6,650,614	-274,250	6,376,364	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,519,423	0	1,519,423	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	437,748	0	437,748	68.00
69.00	06900	ELECTROCARDIOLOGY	355,034	0	2,185,466	-462,796	1,722,670	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	1,054,765	0	1,054,765	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	58,229	0	58,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,658,543	0	10,658,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	11,024,944	0	11,024,944	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,408,379	0	9,408,379	73.00
76.00	03020	HEMODIALYSIS	0	0	865,387	0	865,387	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	996,631	0	996,631	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	210,391	0	1,370,705	-274,250	1,096,455	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	473,379	0	8,960,440	-617,062	8,343,378	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,850,850	0	148,645,849	-8,930,260	139,715,589	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	524,769	0	524,769	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	631,762	0	631,762	192.00
192.01	19201	CFPC CLINIC	0	0	2,729,826	0	2,729,826	192.01
194.00	07950	OFFICE BUILDINGS	0	0	768,445	0	768,445	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	115,134	0	115,134	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	535,690	0	535,690	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	6,850,850	0	153,951,475	-8,930,260	145,021,215	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	135,862	47,343	183,205	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	4,272,001	1,488,633	5,760,634	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,384	6,406	24,790	8.00
9.00	00900	HOUSEKEEPING	0	171,972	59,926	231,898	9.00
10.00	01000	DIETARY	0	48,441	16,880	65,321	10.00
11.00	01100	CAFETERIA	0	123,008	42,864	165,872	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	14,946	5,208	20,154	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	179,923	62,697	242,620	14.00
15.00	01500	PHARMACY	0	55,301	19,270	74,571	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	81,158	28,281	109,439	16.00
17.00	01700	SOCIAL SERVICE	0	39,548	13,781	53,329	17.00
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	561,068	195,511	756,579	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	1,676,523	584,206	2,260,729	30.00
31.00	03100	INTENSIVE CARE UNIT	0	158,430	55,207	213,637	31.00
41.00	04100	SUBPROVIDER - IRF	0	215,226	74,998	290,224	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	517,245	180,241	697,486	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	48,575	16,927	65,502	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	456,100	158,934	615,034	54.00
54.01	05401	NUCLEAR MEDICINE	0	16,441	5,729	22,170	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	25,409	8,854	34,263	57.00
58.00	05800	MRI	0	22,419	7,812	30,231	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	137,506	47,916	185,422	59.00
60.00	06000	LABORATORY	0	124,054	43,228	167,282	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	44,839	15,625	60,464	65.00
66.00	06600	PHYSICAL THERAPY	0	149,463	52,082	201,545	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	12,376	4,312	16,688	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,355	14,062	54,417	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	56,796	19,791	76,587	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	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
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	127,043	44,270	171,313	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	279,719	97,472	377,191	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/17/2020 2:59 pm

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	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,810,131	3,418,466	13,228,597	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,651	9,635	37,286	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	216,721	75,519	292,240	0	192.01
194.00	07950	OFFICE BUILDINGS	0	32,448	11,307	43,755	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	10,462	3,646	14,108	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	104,624	36,458	141,082	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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	10,202,037	3,555,031	13,757,068	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	183,205					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	20,218	0	5,780,852			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	823	0	18,342	43,955		8.00
9.00	00900	HOUSEKEEPING	5,023	0	171,576	0	408,497	9.00
10.00	01000	DIETARY	1,770	0	48,329	0	3,531	10.00
11.00	01100	CAFETERIA	2,736	0	122,725	0	8,967	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,052	0	14,912	0	1,090	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,615	0	179,509	0	13,116	14.00
15.00	01500	PHARMACY	4,865	0	55,174	0	4,031	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	957	0	80,972	0	5,916	16.00
17.00	01700	SOCIAL SERVICE	1,644	0	39,457	0	2,883	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,388	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,504	0	559,778	0	40,900	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	27,145	0	1,672,669	33,363	122,212	30.00
31.00	03100	INTENSIVE CARE UNIT	6,969	0	158,066	3,787	11,549	31.00
41.00	04100	SUBPROVIDER - IRF	5,595	0	214,731	6,805	15,689	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,668	0	516,056	0	37,705	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,195	0	48,464	0	3,541	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,964	0	455,052	0	33,248	54.00
54.01	05401	NUCLEAR MEDICINE	480	0	16,403	0	1,198	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	1,625	0	25,350	0	1,852	57.00
58.00	05800	MRI	839	0	22,368	0	1,634	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,489	0	137,189	0	10,024	59.00
60.00	06000	LABORATORY	6,976	0	123,769	0	9,043	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,268	0	44,736	0	3,269	65.00
66.00	06600	PHYSICAL THERAPY	6,779	0	149,119	0	10,895	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,684	0	12,347	0	902	67.00
68.00	06800	SPEECH PATHOLOGY	500	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,765	0	40,262	0	2,942	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	963	0	56,665	0	4,140	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	66	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,383	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,044	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,286	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	1,026	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	1,077	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	717	0	126,751	0	9,261	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	8,088	0	279,076	0	20,390	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	179,186	0	5,389,847	43,955	379,928	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	489	0	27,587	0	2,016	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	753	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	1,919	0	216,223	0	15,798	192.01
194.00	07950	OFFICE BUILDINGS	770	0	32,374	0	2,365	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	88	0	10,438	0	763	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	104,383	0	7,627	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	183,205	0	5,780,852	43,955	408,497	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/17/2020 2:59 pm

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	118,951					10.00
11.00	01100	CAFETERIA	0	300,300				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	9,468	0	48,676		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,966	0	0	438,826	14.00
15.00	01500	PHARMACY	0	14,892	0	0	2,998	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	834	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,973	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	8,056	0	0	50	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	12,188	0	0	343	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	90,285	79,225	0	36,946	38,332	30.00
31.00	03100	INTENSIVE CARE UNIT	10,250	17,331	0	4,194	18,751	31.00
41.00	04100	SUBPROVIDER - IRF	18,416	12,683	0	7,536	3,931	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	31,506	0	0	175,098	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	3,591	0	0	1,651	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,958	0	0	10,734	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,443	0	0	141	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	5,016	0	0	5,913	57.00
58.00	05800	MRI	0	2,479	0	0	653	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,811	0	0	40,628	59.00
60.00	06000	LABORATORY	0	13,544	0	0	34,743	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	9,252	0	0	11,018	65.00
66.00	06600	PHYSICAL THERAPY	0	9,078	0	0	1,757	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	5,575	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,654	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,769	0	0	1,633	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	2,817	0	0	634	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	193	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	49,732	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
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	3,514	0	0	8,941	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,496	0	0	188	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	23,618	0	0	30,663	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet 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	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,951	294,930	0	48,676	438,532	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,101	0	0	6	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	4,078	0	0	278	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	10	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	191	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	118,951	300,300	0	48,676	438,826	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
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Part II
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	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	156,531					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	198,118				16.00
17.00	01700	SOCIAL SERVICE	0	0	100,286			17.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		10,494	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	694	14,745	76,119			30.00
31.00	03100	INTENSIVE CARE UNIT	298	2,402	8,641			31.00
41.00	04100	SUBPROVIDER - IRF	25	3,073	15,526			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
43.00	04300	NURSERY	0	0	0			43.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,041	27,320	0			50.00
50.01	05001	ENDOSCOPY	0	0	0			50.01
50.02	05002	DAY SURGERY	0	0	0			50.02
51.00	05100	RECOVERY ROOM	31	2,641	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	129	10,761	0			54.00
54.01	05401	NUCLEAR MEDICINE	0	2,021	0			54.01
54.02	05402	ULTRASOUND	0	0	0			54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0			54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0			54.04
54.05	05407	PET SCAN	0	0	0			54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
57.00	05700	CT SCAN	86	23,297	0			57.00
58.00	05800	MRI	5	6,233	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,133	0			59.00
60.00	06000	LABORATORY	0	21,781	0			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01
65.00	06500	RESPIRATORY THERAPY	0	5,257	0			65.00
66.00	06600	PHYSICAL THERAPY	0	5,272	0			66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0			66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0			66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0			66.03
67.00	06700	OCCUPATIONAL THERAPY	0	1,317	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	484	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,583	0			69.00
69.01	06901	VASCULAR LAB	0	0	0			69.01
69.02	06902	CARDIAC REHAB	0	597	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	120	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22	5,221	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,182	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	142,703	14,310	0			73.00
76.00	03020	HEMODIALYSIS	0	705	0			76.00
76.01	03952	LITHOTRIPSY	0	0	0			76.01
76.02	03950	WOUND CARE	29	3,144	0			76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	116	0			90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0			90.01
91.00	09100	EMERGENCY	211	23,403	0			91.00
91.01	09101	OP DEPARTMENT	0	0	0			91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0			91.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0			92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	147,274	198,118	100,286	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	CFPC CLINIC	9,257	0	0			192.01
194.00	07950	OFFICE BUILDINGS	0	0	0			194.00
194.01	07951	MARKETING	0	0	0			194.01
194.02	07952	FOUNDATION	0	0	0			194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0			194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0			194.04
200.00		Cross Foot Adjustments				0	10,494	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	156,531	198,118	100,286	0	10,494	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
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
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	1,375,292					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			4,452,464	0	4,452,464	30.00
31.00	03100	INTENSIVE CARE UNIT			455,875	0	455,875	31.00
41.00	04100	SUBPROVIDER - IRF			594,234	0	594,234	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
43.00	04300	NURSERY			0	0	0	43.00
45.00	04500	NURSING FACILITY			0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			1,502,880	0	1,502,880	50.00
50.01	05001	ENDOSCOPY			0	0	0	50.01
50.02	05002	DAY SURGERY			0	0	0	50.02
51.00	05100	RECOVERY ROOM			126,616	0	126,616	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,140,880	0	1,140,880	54.00
54.01	05401	NUCLEAR MEDICINE			43,856	0	43,856	54.01
54.02	05402	ULTRASOUND			0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING			0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY			0	0	0	54.04
54.05	05407	PET SCAN			0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0	0	55.00
57.00	05700	CT SCAN			97,402	0	97,402	57.00
58.00	05800	MRI			64,442	0	64,442	58.00
59.00	05900	CARDIAC CATHETERIZATION			382,696	0	382,696	59.00
60.00	06000	LABORATORY			377,138	0	377,138	60.00
60.01	06001	BLOOD LABORATORY			0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY			137,264	0	137,264	65.00
66.00	06600	PHYSICAL THERAPY			384,445	0	384,445	66.00
66.01	06601	FAIRVIEW REHAB CTR			0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR			0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR			0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY			38,513	0	38,513	67.00
68.00	06800	SPEECH PATHOLOGY			2,638	0	2,638	68.00
69.00	06900	ELECTROCARDIOLOGY			112,371	0	112,371	69.00
69.01	06901	VASCULAR LAB			0	0	0	69.01
69.02	06902	CARDIAC REHAB			142,403	0	142,403	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY			379	0	379	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			67,358	0	67,358	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			26,226	0	26,226	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			163,299	0	163,299	73.00
76.00	03020	HEMODIALYSIS			1,731	0	1,731	76.00
76.01	03952	LITHOTRIPSY			0	0	0	76.01
76.02	03950	WOUND CARE			16,705	0	16,705	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY			0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			309,842	0	309,842	90.00
90.01	09001	PAIN MGMT CLINIC			0	0	0	90.01
91.00	09100	EMERGENCY			762,640	0	762,640	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
91.01	09101	OP DEPARTMENT			0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY			0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF			0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	11,404,297	0	11,404,297	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			68,485	0	68,485	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			753	0	753	192.00
192.01	19201	CFPC CLINIC			539,793	0	539,793	192.01
194.00	07950	OFFICE BUILDINGS			79,274	0	79,274	194.00
194.01	07951	MARKETING			0	0	0	194.01
194.02	07952	FOUNDATION			25,588	0	25,588	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA			253,092	0	253,092	194.03
194.04	07954	HHA TRANSITIONAL CARE			0	0	0	194.04
200.00		Cross Foot Adjustments	1,375,292	0	1,385,786	0	1,385,786	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,375,292	0	13,757,068	0	13,757,068	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQ. FEET)	MOVABLE EQUIP (SQ. FT)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	682,581					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		682,581				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	49,358,207			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,090	9,090	2,438,074	-36,139,046	117,671,347	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	285,824	285,824	1,495,856	0	12,985,197	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,230	1,230	0	0	528,362	8.00
9.00	00900	HOUSEKEEPING	11,506	11,506	0	0	3,225,796	9.00
10.00	01000	DIETARY	3,241	3,241	0	0	1,137,107	10.00
11.00	01100	CAFETERIA	8,230	8,230	0	0	1,757,520	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,000	1,000	1,432,141	0	1,960,334	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,038	12,038	297,390	0	1,037,423	14.00
15.00	01500	PHARMACY	3,700	3,700	2,252,610	0	3,124,353	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,430	5,430	126,078	0	614,403	16.00
17.00	01700	SOCIAL SERVICE	2,646	2,646	449,698	0	1,055,996	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,218,508	0	1,533,988	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	37,539	37,539	1,843,605	0	3,535,263	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	112,170	112,170	11,983,974	0	17,438,942	30.00
31.00	03100	INTENSIVE CARE UNIT	10,600	10,600	2,621,573	0	4,475,941	31.00
41.00	04100	SUBPROVIDER - IRF	14,400	14,400	1,918,396	0	3,593,525	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,607	34,607	4,765,655	0	9,420,866	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	3,250	3,250	543,142	0	767,422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,516	30,516	1,808,797	0	2,546,017	54.00
54.01	05401	NUCLEAR MEDICINE	1,100	1,100	218,324	0	308,192	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	1,700	1,700	758,801	0	1,043,955	57.00
58.00	05800	MRI	1,500	1,500	375,000	0	538,615	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,200	9,200	576,475	0	956,427	59.00
60.00	06000	LABORATORY	8,300	8,300	2,048,766	0	4,480,631	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,000	3,000	1,399,490	0	2,099,185	65.00
66.00	06600	PHYSICAL THERAPY	10,000	10,000	1,373,106	0	4,354,041	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	828	828	843,301	0	1,081,818	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	250,151	0	321,177	68.00
69.00	06900	ELECTROCARDIOLOGY	2,700	2,700	721,303	0	1,133,704	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	3,800	3,800	426,104	0	618,399	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	29,126	0	42,673	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,953,265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,377,720	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,037,014	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	659,020	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	531,565	0	691,554	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	8,500	8,500	226,277	0	460,556	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	18,715	18,715	3,572,580	0	5,194,565	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQ FT)				
			1.00	2.00	4.00	5A	5.00	
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	656,360	656,360	48,545,866	-36,139,046	115,090,966	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,850	1,850	166,530	0	313,917	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	483,324	192.00
192.01	19201	CFPC CLINIC	14,500	14,500	616,847	0	1,232,367	192.01
194.00	07950	OFFICE BUILDINGS	2,171	2,171	0	0	494,227	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	700	700	28,964	0	56,546	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	7,000	7,000	0	-141,082	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,202,037	3,555,031	9,370,596		36,139,046	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.946266	5.208219	0.189849		0.307118	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		183,205	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.001557	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: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQ FT)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQ FT)	DIETARY (PATIENT DA YS)	
			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	0					6.00
7.00	00700	OPERATION OF PLANT	0	387,667				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,230	36,940			8.00
9.00	00900	HOUSEKEEPING	0	11,506	0	374,931		9.00
10.00	01000	DIETARY	0	3,241	0	3,241	36,940	10.00
11.00	01100	CAFETERIA	0	8,230	0	8,230	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,000	0	1,000	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,038	0	12,038	0	14.00
15.00	01500	PHARMACY	0	3,700	0	3,700	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,430	0	5,430	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,646	0	2,646	0	17.00
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	37,539	0	37,539	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	0	112,170	28,038	112,170	28,038	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,600	3,183	10,600	3,183	31.00
41.00	04100	SUBPROVIDER - IRF	0	14,400	5,719	14,400	5,719	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,607	0	34,607	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	3,250	0	3,250	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,516	0	30,516	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,100	0	1,100	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	1,700	0	1,700	0	57.00
58.00	05800	MRI	0	1,500	0	1,500	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,200	0	9,200	0	59.00
60.00	06000	LABORATORY	0	8,300	0	8,300	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,000	0	3,000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,000	0	10,000	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	828	0	828	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,700	0	2,700	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	3,800	0	3,800	0	69.02
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
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	8,500	0	8,500	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	18,715	0	18,715	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQ FT)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQ FT)	DIETARY (PATIENT DA YS)	
		6.00	7.00	8.00	9.00	10.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	361,446	36,940	348,710	36,940	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,850	0	1,850	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	14,500	0	14,500	0	192.01
194.00	07950 OFFICE BUILDINGS	0	2,171	0	2,171	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	700	0	700	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	7,000	0	7,000	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	16,973,185	744,484	4,720,262	1,669,036	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	43.782899	20.153871	12.589682	45.182350	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	5,780,852	43,955	408,497	118,951	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	14.911901	1.189903	1.089526	3.220114	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: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			CAFETERIA (GROSS SALARY)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	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	45,424,277					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,432,141	0	36,940			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	297,390	0	0	7,960,704		14.00
15.00	01500	PHARMACY	2,252,610	0	0	54,381	4,136,478	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	126,078	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	449,698	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,218,508	0	0	914	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,843,605	0	0	6,226	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	11,983,974	0	28,038	695,384	18,338	30.00
31.00	03100	INTENSIVE CARE UNIT	2,621,573	0	3,183	340,159	7,868	31.00
41.00	04100	SUBPROVIDER - IRF	1,918,396	0	5,719	71,317	658	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,765,655	0	0	3,176,420	80,356	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	543,142	0	0	29,943	812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,808,797	0	0	194,726	3,416	54.00
54.01	05401	NUCLEAR MEDICINE	218,324	0	0	2,553	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	758,801	0	0	107,261	2,271	57.00
58.00	05800	MRI	375,000	0	0	11,854	128	58.00
59.00	05900	CARDIAC CATHETERIZATION	576,475	0	0	737,027	0	59.00
60.00	06000	LABORATORY	2,048,766	0	0	630,274	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,399,490	0	0	199,879	0	65.00
66.00	06600	PHYSICAL THERAPY	1,373,106	0	0	31,869	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	843,301	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	250,151	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	721,303	0	0	29,631	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	426,104	0	0	11,494	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	29,126	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	902,186	592	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	3,771,061	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	531,565	0	0	162,198	779	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	226,277	0	0	3,405	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,572,580	0	0	556,255	5,576	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			CAFETERIA (GROSS SALA RIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DA YS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,611,936	0	36,940	7,955,356	3,891,855	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	166,530	0	0	116	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	616,847	0	0	5,049	244,623	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	183	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	28,964	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	2,761,232	0	2,705,818	2,052,726	4,443,432	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.060788	0.000000	73.248998	0.257857	1.074207	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	300,300	0	48,676	438,826	156,531	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006611	0.000000	1.317704	0.055124	0.037842	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: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	20.00
			21.00	22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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	619,458,229		16.00
17.00	01700	SOCIAL SERVICE	0	36,940	17.00
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	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	46,077,924	28,038	0
31.00	03100	INTENSIVE CARE UNIT	7,504,729	3,183	0
41.00	04100	SUBPROVIDER - IRF	9,602,425	5,719	0
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	0	0	0
45.00	04500	NURSING FACILITY	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	85,718,327	0	0
50.01	05001	ENDOSCOPY	0	0	0
50.02	05002	DAY SURGERY	0	0	0
51.00	05100	RECOVERY ROOM	8,253,692	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,628,137	0	0
54.01	05401	NUCLEAR MEDICINE	6,314,240	0	0
54.02	05402	ULTRASOUND	0	0	0
54.03	05403	GRANT SQUARE IMAGING	0	0	0
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0
54.05	05405	PET SCAN	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0
57.00	05700	CT SCAN	72,802,539	0	0
58.00	05800	MRI	19,478,272	0	0
59.00	05900	CARDIAC CATHETERIZATION	12,915,973	0	0
60.00	06000	LABORATORY	68,065,422	0	0
60.01	06001	BLOOD LABORATORY	0	0	0
65.00	06500	RESPIRATORY THERAPY	16,427,523	0	0
66.00	06600	PHYSICAL THERAPY	16,476,236	0	0
66.01	06601	FAIRVIEW REHAB CTR	0	0	0
66.02	06602	WESTCHESTER REHAB CTR	0	0	0
66.03	06603	LAGRANGE REHAB CTR	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	4,115,281	0	0
68.00	06800	SPEECH PATHOLOGY	1,511,662	0	0
69.00	06900	ELECTROCARDIOLOGY	20,572,071	0	0
69.01	06901	VASCULAR LAB	0	0	0
69.02	06902	CARDIAC REHAB	1,865,241	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	376,509	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,314,933	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,195,100	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	44,718,409	0	0
76.00	03020	HEMODIALYSIS	2,201,697	0	0
76.01	03952	LITHOTRIPSY	0	0	0
76.02	03950	WOUND CARE	9,824,560	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
90.00	09000	CLINIC	362,698	0	0
90.01	09001	PAIN MGMT CLINIC	0	0	0
91.00	09100	EMERGENCY	73,134,629	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	20.00	21.00	22.00	
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	619,458,229	36,940	0	41,680	41,680	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	CFPC CLINIC	0	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	1,116,864	1,556,809	0	2,079,410	6,850,850	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001803	42.144261	0.000000	49.889875	164.367802	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	198,118	100,286	0	10,494	1,375,292	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000320	2.714835	0.000000	0.251775	32.996449	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: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		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
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	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
50.02	05002	DAY SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE	54.01
54.02	05402	ULTRASOUND	54.02
54.03	05405	GRANT SQUARE IMAGING	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	54.04
54.05	05407	PET SCAN	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	FAIRVIEW REHAB CTR	66.01
66.02	06602	WESTCHESTER REHAB CTR	66.02
66.03	06603	LAGRANGE REHAB CTR	66.03
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	VASCULAR LAB	69.01
69.02	06902	CARDIAC REHAB	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	HEMODIALYSIS	76.00
76.01	03952	LITHOTRIPSY	76.01
76.02	03950	WOUND CARE	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	PAIN MGMT CLINIC	90.01
91.00	09100	EMERGENCY	91.00
91.01	09101	OP DEPARTMENT	91.01
91.02	09102	MEDICAL ONCOLOGY	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 CFPC CLINIC	0	192.01
194.00	07950 OFFICE BUILDINGS	0	194.00
194.01	07951 MARKETING	0	194.01
194.02	07952 FOUNDATION	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	194.04
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	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: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/17/2020 2:59 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE		Total Costs
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,195,967		35,195,967	2,631	35,198,598	30.00
31.00	03100	INTENSIVE CARE UNIT	7,292,450		7,292,450	0	7,292,450	31.00
41.00	04100	SUBPROVIDER - IRF	6,695,543		6,695,543	0	6,695,543	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,614,677		15,614,677	0	15,614,677	50.00
50.01	05001	ENDOSCOPY	0		0	0	0	50.01
50.02	05002	DAY SURGERY	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,242,812		1,242,812	0	1,242,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,272,676		5,272,676	3,071	5,275,747	54.00
54.01	05401	NUCLEAR MEDICINE	490,167		490,167	0	490,167	54.01
54.02	05402	ULTRASOUND	0		0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407	PET SCAN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700	CT SCAN	1,667,892		1,667,892	0	1,667,892	57.00
58.00	05800	MRI	849,701		849,701	0	849,701	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,017,169		2,017,169	0	2,017,169	59.00
60.00	06000	LABORATORY	6,734,388		6,734,388	0	6,734,388	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,079,231	0	3,079,231	0	3,079,231	65.00
66.00	06600	PHYSICAL THERAPY	6,376,364	0	6,376,364	0	6,376,364	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,519,423	0	1,519,423	0	1,519,423	67.00
68.00	06800	SPEECH PATHOLOGY	437,748	0	437,748	0	437,748	68.00
69.00	06900	ELECTROCARDIOLOGY	1,722,670		1,722,670	0	1,722,670	69.00
69.01	06901	VASCULAR LAB	0		0	0	0	69.01
69.02	06902	CARDIAC REHAB	1,054,765		1,054,765	0	1,054,765	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	58,229		58,229	0	58,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,658,543		10,658,543	0	10,658,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,024,944		11,024,944	0	11,024,944	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,408,379		9,408,379	0	9,408,379	73.00
76.00	03020	HEMODIALYSIS	865,387		865,387	0	865,387	76.00
76.01	03952	LITHOTRIPSY	0		0	0	0	76.01
76.02	03950	WOUND CARE	996,631		996,631	1,873	998,504	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,096,455		1,096,455	0	1,096,455	90.00
90.01	09001	PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	8,343,378		8,343,378	0	8,343,378	91.00
91.01	09101	OP DEPARTMENT	0		0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,987,411		3,987,411	0	3,987,411	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	143,703,000	0	143,703,000	7,575	143,710,575	200.00
201.00		Less Observation Beds	3,987,411		3,987,411		3,987,411	201.00
202.00		Total (see instructions)	139,715,589	0	139,715,589	7,575	139,723,164	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 7/17/2020 2:59 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	37,809,163		37,809,163			30.00	
31.00	03100	INTENSIVE CARE UNIT	7,504,729		7,504,729			31.00	
41.00	04100	SUBPROVIDER - IRF	9,602,425		9,602,425			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	0		0			43.00	
45.00	04500	NURSING FACILITY	0		0			45.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	43,427,861	42,290,466	85,718,327	0.182163	0.000000	50.00	
50.01	05001	ENDOSCOPY	0	0	0	0.000000	0.000000	50.01	
50.02	05002	DAY SURGERY	0	0	0	0.000000	0.000000	50.02	
51.00	05100	RECOVERY ROOM	4,216,622	4,037,070	8,253,692	0.150576	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,259,294	23,368,843	33,628,137	0.156794	0.000000	54.00	
54.01	05401	NUCLEAR MEDICINE	2,243,803	4,070,437	6,314,240	0.077629	0.000000	54.01	
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.02	
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000	54.03	
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000	54.04	
54.05	05407	PET SCAN	0	0	0	0.000000	0.000000	54.05	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
57.00	05700	CT SCAN	22,463,123	50,339,416	72,802,539	0.022910	0.000000	57.00	
58.00	05800	MRI	5,293,301	14,184,971	19,478,272	0.043623	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	7,833,637	5,082,336	12,915,973	0.156176	0.000000	59.00	
60.00	06000	LABORATORY	38,771,069	29,294,353	68,065,422	0.098940	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	15,315,990	1,111,533	16,427,523	0.187443	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	5,816,621	10,659,615	16,476,236	0.387004	0.000000	66.00	
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000	66.01	
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000	66.02	
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000	66.03	
67.00	06700	OCCUPATIONAL THERAPY	3,949,319	165,962	4,115,281	0.369215	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,449,729	61,933	1,511,662	0.289581	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	9,313,068	11,259,003	20,572,071	0.083738	0.000000	69.00	
69.01	06901	VASCULAR LAB	0	0	0	0.000000	0.000000	69.01	
69.02	06902	CARDIAC REHAB	79,895	1,785,346	1,865,241	0.565485	0.000000	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	295,331	81,178	376,509	0.154655	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,103,627	8,211,306	16,314,933	0.653300	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,237,003	13,958,097	41,195,100	0.267628	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	35,168,230	9,550,179	44,718,409	0.210392	0.000000	73.00	
76.00	03020	HEMODIALYSIS	2,186,418	15,279	2,201,697	0.393055	0.000000	76.00	
76.01	03952	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.01	
76.02	03950	WOUND CARE	62,250	9,762,310	9,824,560	0.101443	0.000000	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
90.00	09000	CLINIC	7,172	355,526	362,698	3.023052	0.000000	90.00	
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	0.000000	90.01	
91.00	09100	EMERGENCY	20,390,940	52,743,689	73,134,629	0.114082	0.000000	91.00	
91.01	09101	OP DEPARTMENT	0	0	0	0.000000	0.000000	91.01	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000	91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,040,926	6,227,835	8,268,761	0.482226	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0			99.10	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	320,841,546	298,616,683	619,458,229			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	320,841,546	298,616,683	619,458,229			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 7/17/2020 2:59 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182163		50.00
50.01	05001	ENDOSCOPY	0.000000		50.01
50.02	05002	DAY SURGERY	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.150576		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156885		54.00
54.01	05401	NUCLEAR MEDICINE	0.077629		54.01
54.02	05402	ULTRASOUND	0.000000		54.02
54.03	05403	GRANT SQUARE IMAGING	0.000000		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000		54.04
54.05	05407	PET SCAN	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.022910		57.00
58.00	05800	MRI	0.043623		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.156176		59.00
60.00	06000	LABORATORY	0.098940		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.187443		65.00
66.00	06600	PHYSICAL THERAPY	0.387004		66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000		66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000		66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000		66.03
67.00	06700	OCCUPATIONAL THERAPY	0.369215		67.00
68.00	06800	SPEECH PATHOLOGY	0.289581		68.00
69.00	06900	ELECTROCARDIOLOGY	0.083738		69.00
69.01	06901	VASCULAR LAB	0.000000		69.01
69.02	06902	CARDIAC REHAB	0.565485		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154655		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.653300		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.267628		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210392		73.00
76.00	03020	HEMODIALYSIS	0.393055		76.00
76.01	03952	LITHOTRIPSY	0.000000		76.01
76.02	03950	WOUND CARE	0.101633		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	3.023052		90.00
90.01	09001	PAIN MGMT CLINIC	0.000000		90.01
91.00	09100	EMERGENCY	0.114082		91.00
91.01	09101	OP DEPARTMENT	0.000000		91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.482226		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/17/2020 2:59 pm

				Title XIX	Hospital	Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE		Total Costs
						Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,195,967		35,195,967	2,631	35,198,598	30.00
31.00	03100	INTENSIVE CARE UNIT	7,292,450		7,292,450	0	7,292,450	31.00
41.00	04100	SUBPROVIDER - IRF	6,695,543		6,695,543	0	6,695,543	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,614,677		15,614,677	0	15,614,677	50.00
50.01	05001	ENDOSCOPY	0		0	0	0	50.01
50.02	05002	DAY SURGERY	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,242,812		1,242,812	0	1,242,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,272,676		5,272,676	3,071	5,275,747	54.00
54.01	05401	NUCLEAR MEDICINE	490,167		490,167	0	490,167	54.01
54.02	05402	ULTRASOUND	0		0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407	PET SCAN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700	CT SCAN	1,667,892		1,667,892	0	1,667,892	57.00
58.00	05800	MRI	849,701		849,701	0	849,701	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,017,169		2,017,169	0	2,017,169	59.00
60.00	06000	LABORATORY	6,734,388		6,734,388	0	6,734,388	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,079,231	0	3,079,231	0	3,079,231	65.00
66.00	06600	PHYSICAL THERAPY	6,376,364	0	6,376,364	0	6,376,364	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,519,423	0	1,519,423	0	1,519,423	67.00
68.00	06800	SPEECH PATHOLOGY	437,748	0	437,748	0	437,748	68.00
69.00	06900	ELECTROCARDIOLOGY	1,722,670		1,722,670	0	1,722,670	69.00
69.01	06901	VASCULAR LAB	0		0	0	0	69.01
69.02	06902	CARDIAC REHAB	1,054,765		1,054,765	0	1,054,765	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	58,229		58,229	0	58,229	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,658,543		10,658,543	0	10,658,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,024,944		11,024,944	0	11,024,944	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,408,379		9,408,379	0	9,408,379	73.00
76.00	03020	HEMODIALYSIS	865,387		865,387	0	865,387	76.00
76.01	03952	LITHOTRIPSY	0		0	0	0	76.01
76.02	03950	WOUND CARE	996,631		996,631	1,873	998,504	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,096,455		1,096,455	0	1,096,455	90.00
90.01	09001	PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	8,343,378		8,343,378	0	8,343,378	91.00
91.01	09101	OP DEPARTMENT	0		0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,987,411		3,987,411	0	3,987,411	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	143,703,000	0	143,703,000	7,575	143,710,575	200.00
201.00		Less Observation Beds	3,987,411		3,987,411		3,987,411	201.00
202.00		Total (see instructions)	139,715,589	0	139,715,589	7,575	139,723,164	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/17/2020 2:59 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	37,809,163		37,809,163		30.00
31.00	03100	INTENSIVE CARE UNIT	7,504,729		7,504,729		31.00
41.00	04100	SUBPROVIDER - IRF	9,602,425		9,602,425		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	43,427,861	42,290,466	85,718,327	0.182163	0.000000
50.01	05001	ENDOSCOPY	0	0	0	0.000000	0.000000
50.02	05002	DAY SURGERY	0	0	0	0.000000	0.000000
51.00	05100	RECOVERY ROOM	4,216,622	4,037,070	8,253,692	0.150576	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,259,294	23,368,843	33,628,137	0.156794	0.000000
54.01	05401	NUCLEAR MEDICINE	2,243,803	4,070,437	6,314,240	0.077629	0.000000
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000
54.05	05405	PET SCAN	0	0	0	0.000000	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	22,463,123	50,339,416	72,802,539	0.022910	0.000000
58.00	05800	MRI	5,293,301	14,184,971	19,478,272	0.043623	0.000000
59.00	05900	CARDIAC CATHETERIZATION	7,833,637	5,082,336	12,915,973	0.156176	0.000000
60.00	06000	LABORATORY	38,771,069	29,294,353	68,065,422	0.098940	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	15,315,990	1,111,533	16,427,523	0.187443	0.000000
66.00	06600	PHYSICAL THERAPY	5,816,621	10,659,615	16,476,236	0.387004	0.000000
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,949,319	165,962	4,115,281	0.369215	0.000000
68.00	06800	SPEECH PATHOLOGY	1,449,729	61,933	1,511,662	0.289581	0.000000
69.00	06900	ELECTROCARDIOLOGY	9,313,068	11,259,003	20,572,071	0.083738	0.000000
69.01	06901	VASCULAR LAB	0	0	0	0.000000	0.000000
69.02	06902	CARDIAC REHAB	79,895	1,785,346	1,865,241	0.565485	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	295,331	81,178	376,509	0.154655	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,103,627	8,211,306	16,314,933	0.653300	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,237,003	13,958,097	41,195,100	0.267628	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	35,168,230	9,550,179	44,718,409	0.210392	0.000000
76.00	03020	HEMODIALYSIS	2,186,418	15,279	2,201,697	0.393055	0.000000
76.01	03952	LITHOTRIPSY	0	0	0	0.000000	0.000000
76.02	03950	WOUND CARE	62,250	9,762,310	9,824,560	0.101443	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	7,172	355,526	362,698	3.023052	0.000000
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	20,390,940	52,743,689	73,134,629	0.114082	0.000000
91.01	09101	OP DEPARTMENT	0	0	0	0.000000	0.000000
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,040,926	6,227,835	8,268,761	0.482226	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	320,841,546	298,616,683	619,458,229		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	320,841,546	298,616,683	619,458,229		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
50.02	05002	DAY SURGERY	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	NUCLEAR MEDICINE	0.000000			54.01
54.02	05402	ULTRASOUND	0.000000			54.02
54.03	05403	GRANT SQUARE IMAGING	0.000000			54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000			54.04
54.05	05407	PET SCAN	0.000000			54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000			66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000			66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000			66.03
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	VASCULAR LAB	0.000000			69.01
69.02	06902	CARDIAC REHAB	0.000000			69.02
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
76.00	03020	HEMODIALYSIS	0.000000			76.00
76.01	03952	LITHOTRIPSY	0.000000			76.01
76.02	03950	WOUND CARE	0.000000			76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PAIN MGMT CLINIC	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	OP DEPARTMENT	0.000000			91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
7/17/2020 2:59 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	4,452,464	0	4,452,464	31,620	140.81	30.00
31.00	INTENSIVE CARE UNIT	455,875		455,875	3,183	143.22	31.00
41.00	SUBPROVIDER - IRF	594,234	0	594,234	5,719	103.91	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	5,502,573		5,502,573	40,522		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	15,155	2,133,976				30.00
31.00	INTENSIVE CARE UNIT	1,567	224,426				31.00
41.00	SUBPROVIDER - IRF	3,858	400,885				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	20,580	2,759,287				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,502,880	85,718,327	0.017533	21,609,456	378,879	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	126,616	8,253,692	0.015341	287,540	4,411	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,140,880	33,628,137	0.033926	5,282,508	179,214	54.00
54.01	05401	NUCLEAR MEDICINE	43,856	6,314,240	0.006946	1,222,020	8,488	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700	CT SCAN	97,402	72,802,539	0.001338	11,081,946	14,828	57.00
58.00	05800	MRI	64,442	19,478,272	0.003308	2,324,723	7,690	58.00
59.00	05900	CARDIAC CATHETERIZATION	382,696	12,915,973	0.029630	3,586,862	106,279	59.00
60.00	06000	LABORATORY	377,138	68,065,422	0.005541	17,704,610	98,101	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	137,264	16,427,523	0.008356	8,157,891	68,167	65.00
66.00	06600	PHYSICAL THERAPY	384,445	16,476,236	0.023333	1,945,029	45,383	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	38,513	4,115,281	0.009359	897,072	8,396	67.00
68.00	06800	SPEECH PATHOLOGY	2,638	1,511,662	0.001745	469,804	820	68.00
69.00	06900	ELECTROCARDIOLOGY	112,371	20,572,071	0.005462	4,991,062	27,261	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	142,403	1,865,241	0.076346	33,516	2,559	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	379	376,509	0.001007	135,372	136	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	67,358	16,314,933	0.004129	4,054,269	16,740	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,226	41,195,100	0.000637	13,598,777	8,662	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	163,299	44,718,409	0.003652	16,733,026	61,109	73.00
76.00	03020	HEMODIALYSIS	1,731	2,201,697	0.000786	1,307,780	1,028	76.00
76.01	03952	LITHOTRIPSY	0	0	0.000000	0	0	76.01
76.02	03950	WOUND CARE	16,705	9,824,560	0.001700	62,111	106	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	309,842	362,698	0.854270	4,690	4,007	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	762,640	73,134,629	0.010428	11,314,728	117,990	91.00
91.01	09101	OP DEPARTMENT	0	0	0.000000	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	504,388	8,268,761	0.060999	1,213,796	74,040	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	6,406,112	564,541,912		128,018,588	1,234,294	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 7/17/2020 2:59 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	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00		
200.00		Total (lines 30 through 199)	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	31,620	0.00	15,155	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	3,183	0.00	1,567	31.00			
41.00	04100	SUBPROVIDER - IRF	0	0	5,719	0.00	3,858	41.00			
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00			
43.00	04300	NURSERY	0	0	0	0.00	0	43.00			
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00			
200.00		Total (lines 30 through 199)	0	0	40,522	0.00	20,580	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
42.00	04200	SUBPROVIDER	0								42.00
43.00	04300	NURSERY	0								43.00
45.00	04500	NURSING FACILITY	0								45.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/17/2020 2:59 pm
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Cost Center Description		Title XVIII		Hospital		PPS	
		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	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	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
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description			All Other Medical Education Cost	Title XVIII		Hospital	PPS	
				Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	85,718,327	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	8,253,692	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	33,628,137	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	6,314,240	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	72,802,539	0.000000	57.00
58.00	05800	MRI	0	0	0	19,478,272	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,915,973	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	68,065,422	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,427,523	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,476,236	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,115,281	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,511,662	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	20,572,071	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	0	0	0	1,865,241	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	376,509	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,314,933	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	41,195,100	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	44,718,409	0.000000	73.00
76.00	03020	HEMODIALYSIS	0	0	0	2,201,697	0.000000	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0.000000	76.01
76.02	03950	WOUND CARE	0	0	0	9,824,560	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	362,698	0.000000	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	73,134,629	0.000000	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,268,761	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	564,541,912		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification	
		9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	21,609,456	0	14,669,741	0 50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0 50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0.000000	287,540	0	31,117	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,282,508	0	5,541,660	0 54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	1,222,020	0	1,836,955	0 54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0 54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0 54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0 54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
57.00	05700	CT SCAN	0.000000	11,081,946	0	15,741,218	0 57.00
58.00	05800	MRI	0.000000	2,324,723	0	4,483,814	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,586,862	0	2,465,930	0 59.00
60.00	06000	LABORATORY	0.000000	17,704,610	0	4,946,401	0 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	8,157,891	0	407,965	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,945,029	0	95,369	0 66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0 66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0 66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0 66.03
67.00	06700	OCCUPATIONAL THERAPY	0.000000	897,072	0	23,763	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	469,804	0	7,443	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,991,062	0	3,746,851	0 69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0 69.01
69.02	06902	CARDIAC REHAB	0.000000	33,516	0	863,056	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	135,372	0	35,560	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,054,269	0	3,245,601	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,598,777	0	6,272,342	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	16,733,026	0	3,135,125	0 73.00
76.00	03020	HEMODIALYSIS	0.000000	1,307,780	0	15,279	0 76.00
76.01	03952	LITHOTRIPSY	0.000000	0	0	0	0 76.01
76.02	03950	WOUND CARE	0.000000	62,111	0	5,090,057	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00	09000	CLINIC	0.000000	4,690	0	211,817	0 90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0 90.01
91.00	09100	EMERGENCY	0.000000	11,314,728	0	10,781,940	0 91.00
91.01	09101	OP DEPARTMENT	0.000000	0	0	0	0 91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,213,796	0	2,288,197	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
200.00		Total (lines 50 through 199)		128,018,588	0	85,937,201	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/17/2020 2:59 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on				
				13.00	13.01				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0			50.00		
50.01	05001	ENDOSCOPY	0	0			50.01		
50.02	05002	DAY SURGERY	0	0			50.02		
51.00	05100	RECOVERY ROOM	0	0			51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00		
54.01	05401	NUCLEAR MEDICINE	0	0			54.01		
54.02	05402	ULTRASOUND	0	0			54.02		
54.03	05405	GRANT SQUARE IMAGING	0	0			54.03		
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0			54.04		
54.05	05407	PET SCAN	0	0			54.05		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00		
57.00	05700	CT SCAN	0	0			57.00		
58.00	05800	MRI	0	0			58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00		
60.00	06000	LABORATORY	0	0			60.00		
60.01	06001	BLOOD LABORATORY	0	0			60.01		
65.00	06500	RESPIRATORY THERAPY	0	0			65.00		
66.00	06600	PHYSICAL THERAPY	0	0			66.00		
66.01	06601	FAIRVIEW REHAB CTR	0	0			66.01		
66.02	06602	WESTCHESTER REHAB CTR	0	0			66.02		
66.03	06603	LAGRANGE REHAB CTR	0	0			66.03		
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00		
68.00	06800	SPEECH PATHOLOGY	0	0			68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00		
69.01	06901	VASCULAR LAB	0	0			69.01		
69.02	06902	CARDIAC REHAB	0	0			69.02		
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		
76.00	03020	HEMODIALYSIS	0	0			76.00		
76.01	03952	LITHOTRIPSY	0	0			76.01		
76.02	03950	WOUND CARE	0	0			76.02		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98		
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00		
90.00	09000	CLINIC	0	0			90.00		
90.01	09001	PAIN MGMT CLINIC	0	0			90.01		
91.00	09100	EMERGENCY	0	0			91.00		
91.01	09101	OP DEPARTMENT	0	0			91.01		
91.02	09102	MEDICAL ONCOLOGY	0	0			91.02		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0			92.01		
200.00		Total (lines 50 through 199)	0	0			200.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0065		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 7/17/2020 2:59 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		0.182163	14,669,741	0	0	2,672,284	50.00
50.01	05001	ENDOSCOPY		0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.150576	31,117	0	0	4,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.156794	5,541,660	0	0	868,899	54.00
54.01	05401	NUCLEAR MEDICINE		0.077629	1,836,955	0	0	142,601	54.01
54.02	05402	ULTRASOUND		0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING		0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY		0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN		0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN		0.022910	15,741,218	0	0	360,631	57.00
58.00	05800	MRI		0.043623	4,483,814	0	0	195,597	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.156176	2,465,930	0	0	385,119	59.00
60.00	06000	LABORATORY		0.098940	4,946,401	0	0	489,397	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.187443	407,965	0	0	76,470	65.00
66.00	06600	PHYSICAL THERAPY		0.387004	95,369	0	0	36,908	66.00
66.01	06601	FAIRVIEW REHAB CTR		0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR		0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR		0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY		0.369215	23,763	0	0	8,774	67.00
68.00	06800	SPEECH PATHOLOGY		0.289581	7,443	0	0	2,155	68.00
69.00	06900	ELECTROCARDIOLOGY		0.083738	3,746,851	0	0	313,754	69.00
69.01	06901	VASCULAR LAB		0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB		0.565485	863,056	0	0	488,045	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.154655	35,560	0	0	5,500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.653300	3,245,601	0	7,177	2,120,351	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.267628	6,272,342	0	7,720	1,678,654	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.210392	3,135,125	137	74,303	659,605	73.00
76.00	03020	HEMODIALYSIS		0.393055	15,279	0	0	6,005	76.00
76.01	03952	LITHOTRIPSY		0.000000	0	0	0	0	76.01
76.02	03950	WOUND CARE		0.101443	5,090,057	0	0	516,351	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000				0	89.00
90.00	09000	CLINIC		3.023052	211,817	0	0	640,334	90.00
90.01	09001	PAIN MGMT CLINIC		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.114082	10,781,940	0	0	1,230,025	91.00
91.01	09101	OP DEPARTMENT		0.000000	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY		0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.482226	2,288,197	0	0	1,103,428	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)			85,937,201	137	89,200	14,005,572	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			85,937,201	137	89,200	14,005,572	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
7/17/2020 2:59 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
50.02	05002	DAY SURGERY	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NUCLEAR MEDICINE	0	0		54.01
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05405	GRANT SQUARE IMAGING	0	0		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0		54.04
54.05	05407	PET SCAN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0		66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0		66.02
66.03	06603	LAGRANGE REHAB CTR	0	0		66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	VASCULAR LAB	0	0		69.01
69.02	06902	CARDIAC REHAB	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,689		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,066		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29	15,633		73.00
76.00	03020	HEMODIALYSIS	0	0		76.00
76.01	03952	LITHOTRIPSY	0	0		76.01
76.02	03950	WOUND CARE	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PAIN MGMT CLINIC	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	OP DEPARTMENT	0	0		91.01
91.02	09102	MEDICAL ONCOLOGY	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	29	22,388		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	29	22,388		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0065

Period:

Worksheet D

Component CCN: 14-T065

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:
7/17/2020 2:59 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	1,502,880	85,718,327	0.017533	32,590	571
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0
50.02	05002	DAY SURGERY	0	0	0.000000	0	0
51.00	05100	RECOVERY ROOM	126,616	8,253,692	0.015341	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,140,880	33,628,137	0.033926	169,910	5,764
54.01	05401	NUCLEAR MEDICINE	43,856	6,314,240	0.006946	1,590	11
54.02	05402	ULTRASOUND	0	0	0.000000	0	0
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0
54.05	05407	PET SCAN	0	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
57.00	05700	CT SCAN	97,402	72,802,539	0.001338	294,826	394
58.00	05800	MRI	64,442	19,478,272	0.003308	95,584	316
59.00	05900	CARDIAC CATHETERIZATION	382,696	12,915,973	0.029630	1,076	32
60.00	06000	LABORATORY	377,138	68,065,422	0.005541	959,590	5,317
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	137,264	16,427,523	0.008356	332,237	2,776
66.00	06600	PHYSICAL THERAPY	384,445	16,476,236	0.023333	1,726,146	40,276
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0
67.00	06700	OCCUPATIONAL THERAPY	38,513	4,115,281	0.009359	1,660,987	15,545
68.00	06800	SPEECH PATHOLOGY	2,638	1,511,662	0.001745	466,892	815
69.00	06900	ELECTROCARDIOLOGY	112,371	20,572,071	0.005462	51,408	281
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0
69.02	06902	CARDIAC REHAB	142,403	1,865,241	0.076346	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	379	376,509	0.001007	10,160	10
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	67,358	16,314,933	0.004129	17,686	73
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,226	41,195,100	0.000637	5,355	3
73.00	07300	DRUGS CHARGED TO PATIENTS	163,299	44,718,409	0.003652	1,383,918	5,054
76.00	03020	HEMODIALYSIS	1,731	2,201,697	0.000786	145,992	115
76.01	03952	LITHOTRIPSY	0	0	0.000000	0	0
76.02	03950	WOUND CARE	16,705	9,824,560	0.001700	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	309,842	362,698	0.854270	0	0
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0
91.00	09100	EMERGENCY	762,640	73,134,629	0.010428	57,102	595
91.01	09101	OP DEPARTMENT	0	0	0.000000	0	0
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,268,761	0.000000	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	5,901,724	564,541,912		7,413,049	77,948

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0065 Component CCN: 14-T065		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/17/2020 2:59 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
50.01	05001	ENDOSCOPY		0	0	0	0	0	50.01
50.02	05002	DAY SURGERY		0	0	0	0	0	50.02
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
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE		0	0	0	0	0	54.01
54.02	05402	ULTRASOUND		0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING		0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY		0	0	0	0	0	54.04
54.05	05407	PET SCAN		0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR		0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR		0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR		0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	VASCULAR LAB		0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB		0	0	0	0	0	69.02
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
76.00	03020	HEMODIALYSIS		0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY		0	0	0	0	0	76.01
76.02	03950	WOUND CARE		0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC		0	0	0	0	0	90.01
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT		0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY		0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
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: 14-0065 Component CCN: 14-T065		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/17/2020 2:59 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	85,718,327	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	8,253,692	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	33,628,137	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	6,314,240	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	72,802,539	0.000000	57.00
58.00	05800	MRI	0	0	0	19,478,272	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	12,915,973	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	68,065,422	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	16,427,523	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,476,236	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,115,281	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,511,662	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	20,572,071	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	0	0	0	1,865,241	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	376,509	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	16,314,933	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	41,195,100	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	44,718,409	0.000000	73.00
76.00	03020	HEMODIALYSIS	0	0	0	2,201,697	0.000000	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0.000000	76.01
76.02	03950	WOUND CARE	0	0	0	9,824,560	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	362,698	0.000000	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	73,134,629	0.000000	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,268,761	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	564,541,912		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0065 Component CCN: 14-T065		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 7/17/2020 2:59 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 before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
				9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	32,590	0	0	0	50.00
50.01	05001	ENDOSCOPY		0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY		0.000000	0	0	0	0	50.02
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
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	169,910	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE		0.000000	1,590	0	0	0	54.01
54.02	05402	ULTRASOUND		0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING		0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY		0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN		0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	294,826	0	0	0	57.00
58.00	05800	MRI		0.000000	95,584	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	1,076	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	959,590	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.000000	332,237	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,726,146	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR		0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR		0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR		0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,660,987	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	466,892	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	51,408	0	0	0	69.00
69.01	06901	VASCULAR LAB		0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB		0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	10,160	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	17,686	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	5,355	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,383,918	0	0	0	73.00
76.00	03020	HEMODIALYSIS		0.000000	145,992	0	0	0	76.00
76.01	03952	LITHOTRIPSY		0.000000	0	0	0	0	76.01
76.02	03950	WOUND CARE		0.000000	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.000000	57,102	0	0	0	91.00
91.01	09101	OP DEPARTMENT		0.000000	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY		0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			7,413,049	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0065 Component CCN: 14-T065		Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 7/17/2020 2:59 pm
			Title XVIII		Subprovider - IRF	PPS
	Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 13.01		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
50.02	05002	DAY SURGERY	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NUCLEAR MEDICINE	0	0		54.01
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05405	GRANT SQUARE IMAGING	0	0		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0		54.04
54.05	05407	PET SCAN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0		66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0		66.02
66.03	06603	LAGRANGE REHAB CTR	0	0		66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	VASCULAR LAB	0	0		69.01
69.02	06902	CARDIAC REHAB	0	0		69.02
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
76.00	03020	HEMODIALYSIS	0	0		76.00
76.01	03952	LITHOTRIPSY	0	0		76.01
76.02	03950	WOUND CARE	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PAIN MGMT CLINIC	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	OP DEPARTMENT	0	0		91.01
91.02	09102	MEDICAL ONCOLOGY	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Total (lines 50 through 199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/17/2020 2:59 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)		31,620	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,620	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)		28,038	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		15,155	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)		35,198,598	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)		35,198,598	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)		35,198,598	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)		1,113.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,870,243	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)		16,870,243	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	7,292,450	3,183	2,291.06	1,567	3,590,091
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)					22,996,700
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,457,034
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,358,402
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,234,294
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,592,696
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,864,338
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)					3,582
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,113.18
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,987,411

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
7/17/2020 2:59 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	4,452,464	35,198,598	0.126495	3,987,411	504,388	90.00
91.00 Nursing School cost	0	35,198,598	0.000000	3,987,411	0	91.00
92.00 Allied health cost	0	35,198,598	0.000000	3,987,411	0	92.00
93.00 All other Medical Education	0	35,198,598	0.000000	3,987,411	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/17/2020 2:59 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)		5,719	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,719	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)		5,719	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,858	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)		6,695,543	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)		6,695,543	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)		6,695,543	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)		1,170.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,516,754	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)		4,516,754	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 7/17/2020 2:59 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)					1,991,439	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,508,193	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)					400,885	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					77,948	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					478,833	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,029,360	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: 14-0065 Component CCN: 14-T065		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 7/17/2020 2:59 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	594,234	6,695,543	0.088751	0	0	90.00
91.00	Nursing School cost	0	6,695,543	0.000000	0	0	91.00
92.00	Allied health cost	0	6,695,543	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,695,543	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/17/2020 2:59 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		23,517,181	30.00
31.00	03100	INTENSIVE CARE UNIT		404,636	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182163	21,609,456	50.00
50.01	05001	ENDOSCOPY	0.000000	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.150576	287,540	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156885	5,282,508	54.00
54.01	05401	NUCLEAR MEDICINE	0.077629	1,222,020	54.01
54.02	05402	ULTRASOUND	0.000000	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	54.04
54.05	05407	PET SCAN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
57.00	05700	CT SCAN	0.022910	11,081,946	57.00
58.00	05800	MRI	0.043623	2,324,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.156176	3,586,862	59.00
60.00	06000	LABORATORY	0.098940	17,704,610	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.187443	8,157,891	65.00
66.00	06600	PHYSICAL THERAPY	0.387004	1,945,029	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.369215	897,072	67.00
68.00	06800	SPEECH PATHOLOGY	0.289581	469,804	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083738	4,991,062	69.00
69.01	06901	VASCULAR LAB	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0.565485	33,516	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154655	135,372	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.653300	4,054,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.267628	13,598,777	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210392	16,733,026	73.00
76.00	03020	HEMODIALYSIS	0.393055	1,307,780	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	76.01
76.02	03950	WOUND CARE	0.101633	62,111	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	3.023052	4,690	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.114082	11,314,728	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.482226	1,213,796	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		128,018,588	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)		128,018,588	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 7/17/2020 2:59 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		11,425		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		6,513,282		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.182163	32,590	5,937	50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	50.01
50.02	05002 DAY SURGERY	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	0.150576	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.156885	169,910	26,656	54.00
54.01	05401 NUCLEAR MEDICINE	0.077629	1,590	123	54.01
54.02	05402 ULTRASOUND	0.000000	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	54.04
54.05	05407 PET SCAN	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
57.00	05700 CT SCAN	0.022910	294,826	6,754	57.00
58.00	05800 MRI	0.043623	95,584	4,170	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.156176	1,076	168	59.00
60.00	06000 LABORATORY	0.098940	959,590	94,942	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.187443	332,237	62,275	65.00
66.00	06600 PHYSICAL THERAPY	0.387004	1,726,146	668,025	66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0.369215	1,660,987	613,261	67.00
68.00	06800 SPEECH PATHOLOGY	0.289581	466,892	135,203	68.00
69.00	06900 ELECTROCARDIOLOGY	0.083738	51,408	4,305	69.00
69.01	06901 VASCULAR LAB	0.000000	0	0	69.01
69.02	06902 CARDIAC REHAB	0.565485	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.154655	10,160	1,571	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.653300	17,686	11,554	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.267628	5,355	1,433	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210392	1,383,918	291,165	73.00
76.00	03020 HEMODIALYSIS	0.393055	145,992	57,383	76.00
76.01	03952 LITHOTRIPSY	0.000000	0	0	76.01
76.02	03950 WOUND CARE	0.101633	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	3.023052	0	0	90.00
90.01	09001 PAIN MGMT CLINIC	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.114082	57,102	6,514	91.00
91.01	09101 OP DEPARTMENT	0.000000	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.482226	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,413,049	1,991,439	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)		7,413,049		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/17/2020 2:59 pm
		Title XVIII	Hospital	PPS
			Before GEO Reclass	On/After GEO Reclass
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	25,341,835	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	2,589,288	6,939,293	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	259,614	0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	38,180	102,323	2.04
3.00	Managed Care Simulated Payments	8,848,088	1,989,335	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	148.20		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)	19.00		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)	0.35		7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	1.54		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)	20.19		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	20.19		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	20.19		12.00
13.00	Total allowable FTE count for the prior year.	18.65		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.	18.65		14.00
15.00	Sum of lines 12 through 14 divided by 3.	19.16		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	19.16		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.129285		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.134789		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.129285		21.00
22.00	IME payment adjustment (see instructions)	1,903,227	472,843	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	602,909	135,553	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		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	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	1,903,227	472,843	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	602,909	135,553	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	1.47		30.00
31.00	Percentage of Medicaid patient days (see instructions)	7.64		31.00
32.00	Sum of lines 30 and 31	9.11		32.00
33.00	Allowable disproportionate share percentage (see instructions)	0.00	0.00	33.00
34.00	Disproportionate share adjustment (see instructions)	0	0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/17/2020 2:59 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0		36.00
40.00	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
	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 GEO Reclass	On/After GEO Reclass	
		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)	30,132,144	7,514,459	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	0	48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		38,385,065	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,099,039	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,611,779	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)		43,095,883	59.00
60.00	Primary payer payments		27,509	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,068,374	61.00
62.00	Deductibles billed to program beneficiaries		3,556,265	62.00
63.00	Coinurance billed to program beneficiaries		81,816	63.00
64.00	Allowable bad debts (see instructions)		387,846	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		252,100	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		273,108	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		39,682,393	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		335,306	70.93
70.94	HRR adjustment amount (see instructions)		-31,404	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 7/17/2020 2:59 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)		39,986,295	71.00
71.01	Sequestration adjustment (see instructions)		799,726	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		38,778,330	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		408,239	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		50,420	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/17/2020 2:59 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01	Urban	Rural
		0	1.00	2.00	3.00	4.00	4.01	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,341,835	0	25,341,835			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,528,581	0		9,528,581	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	259,614	0	259,614			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	140,503	0		140,503	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,837,423	0	8,194,894	2,642,529	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.129285	0.129285	0.129285	0.129285	0.129285	5.00
6.00	IME payment adjustment (see instructions)	22.00	2,376,070	0	1,726,792	649,278	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	738,462	0	558,400	180,062	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,376,070	0	1,726,792	649,278	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	738,462	0	558,400	180,062	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	0.0000	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	37,646,603	0	27,328,241	10,318,362	0	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	38,385,065	0	27,886,641	10,498,424	0	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,099,039	0	2,257,025	842,014	0	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/17/2020 2:59 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	On/After 10/01	Urban	Rural
		0	1.00	2.00	3.00	4.00	4.01	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	30,143,666	11,340,438	0	19.00
		W/S L, line	(Amounts from L)			Urban	Rural	
		0	1.00	2.00	3.00	4.00	4.01	
20.00	Capital DRG other than outlier	1.00	2,303,666	0	1,543,734	759,932	0	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	50,618	0	32,219	18,399	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0652	0.0652	0.0652	0.0652	0.0652	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	183,969	0	134,421	49,548	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0186	0.0186	0.0186	0.0186	0.0000	24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	42,848	0	28,713	14,135	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,099,039	0	2,257,025	842,014	0	26.00
		W/S E, Part A line	(Amounts to E, Part A)			Urban	Rural	
		0	1.00	2.00	3.00	4.00	4.01	
27.00	Low volume adjustment factor				0.000000	0.000000	0.000000	27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/17/2020 2:59 pm

		Title XVIII		Hospital	PPS
		Total (Col 2 through 4)			
		5.00			
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	25,341,835			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	9,528,581			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0			1.04
2.00	Outlier payments for discharges (see instructions)				2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0			2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	259,614			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	140,503			2.03
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	10,837,423			4.00
Indirect Medical Education Adjustment					
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	2,376,070			6.00
6.01	IME payment adjustment for managed care (see instructions)	738,462			6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
7.00	IME payment adjustment factor (see instructions)				7.00
8.00	IME adjustment (see instructions)	0			8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0			8.01
9.00	Total IME payment (sum of lines 6 and 8)	2,376,070			9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	738,462			9.01
Disproportionate Share Adjustment					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	0			11.00
11.01	Uncompensated care payments	0			11.01
Additional payment for high percentage of ESRD beneficiary discharges					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	37,646,603			13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0			14.00
15.00	Total payment for inpatient operating costs (see instructions)	38,385,065			15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	3,099,039			16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/17/2020 2:59 pm

		Title XVIII		Hospital	PPS
		Total (Col 2 through 4)			
		5.00			
17.00	Special add-on payments for new technologies	0			
17.01	Net organ aquisition cost				
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0			
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			
19.00	SUBTOTAL	41,484,104			
		5.00			
20.00	Capital DRG other than outlier	2,303,666			
20.01	Model 4 BPCI Capital DRG other than outlier	0			
21.00	Capital DRG outlier payments	50,618			
21.01	Model 4 BPCI Capital DRG outlier payments	0			
22.00	Indirect medical education percentage (see instructions)				
23.00	Indirect medical education adjustment (see instructions)	183,969			
24.00	Allowable disproportionate share percentage (see instructions)				
25.00	Disproportionate share adjustment (see instructions)	42,848			
26.00	Total prospective capital payments (see instructions)	3,099,039			
		5.00			
27.00	Low volume adjustment factor				
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	0			
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 Provider CCN: 14-0065 Period: From 01/01/2019 To 12/31/2019 Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/17/2020 2:59 pm

						From 01/01/2019 To 12/31/2019	Part A Exhibit 5 Date/Time Prepared: 7/17/2020 2:59 pm
				Title XVIII		Hospital	PPS
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	On/After 10/01		
					Urban	Rural	
					0	1.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,341,835	25,341,835		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,528,581		9,528,581	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	259,614	259,614			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	140,503		140,503	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,837,423	8,194,894	2,642,529	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.129285	0.129285	0.129285	0.129285	5.00
6.00	IME payment adjustment (see instructions)	22.00	2,376,070	1,726,792	649,278	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	738,462	558,400	180,062	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,376,070	1,726,792	649,278	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	738,462	558,400	180,062	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	37,646,603	27,328,241	10,318,362	0	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	38,385,065	27,886,641	10,498,424	0	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,099,039	2,257,025	842,014	0	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			30,143,666	11,340,438	0	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/17/2020 2:59 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)		Urban	Rural	
		0	1.00	2.00	3.00	3.01	
20.00	Capital DRG other than outlier	1.00	2,821,604	2,061,672	759,932	0	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	50,618	32,219	18,399	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0652	0.0652	0.0652	0.0652	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	183,969	134,421	49,548	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0186	0.0186	0.0186	0.0000	24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	42,848	28,713	14,135	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,099,039	2,257,025	842,014	0	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)		Urban	Rural	
		0	1.00	2.00	3.00	3.01	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	335,306	243,991	91,315	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-31,404	-15,205	-16,199	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
		0	1.00	2.00	Urban 3.00	Rural 3.01	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/17/2020 2:59 pm

		Title XVIII		Hospital	PPS
		Total (cols. 2 and 3)			
		4.00			
1.00	DRG amounts other than outlier payments				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	25,341,835			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	9,528,581			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	0			1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	0			1.04
2.00	Outlier payments for discharges (see instructions)				2.00
2.01	Outlier payments for discharges for Model 4 BPCI	0			2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	259,614			2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	140,503			2.03
3.00	Operating outlier reconciliation	0			3.00
4.00	Managed care simulated payments	10,837,423			4.00
Indirect Medical Education Adjustment					
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)				5.00
6.00	IME payment adjustment (see instructions)	2,376,070			6.00
6.01	IME payment adjustment for managed care (see instructions)	738,462			6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
7.00	IME payment adjustment factor (see instructions)				7.00
8.00	IME adjustment (see instructions)	0			8.00
8.01	IME payment adjustment add on for managed care (see instructions)	0			8.01
9.00	Total IME payment (sum of lines 6 and 8)	2,376,070			9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	738,462			9.01
Disproportionate Share Adjustment					
10.00	Allowable disproportionate share percentage (see instructions)				10.00
11.00	Disproportionate share adjustment (see instructions)	0			11.00
11.01	Uncompensated care payments	0			11.01
Additional payment for high percentage of ESRD beneficiary discharges					
12.00	Total ESRD additional payment (see instructions)	0			12.00
13.00	Subtotal (see instructions)	37,646,603			13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	0			14.00
15.00	Total payment for inpatient operating costs (see instructions)	38,385,065			15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	3,099,039			16.00
17.00	Special add-on payments for new technologies	0			17.00
17.01	Net organ acquisition cost	0			17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	0			17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0			18.00
19.00	SUBTOTAL	41,484,104			19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/17/2020 2:59 pm

		Title XVIII		Hospital	PPS
		4.00			
20.00	Capital DRG other than outlier	2,821,604			
20.01	Model 4 BPCI Capital DRG other than outlier	0			
21.00	Capital DRG outlier payments	50,618			
21.01	Model 4 BPCI Capital DRG outlier payments	0			
22.00	Indirect medical education percentage (see instructions)				
23.00	Indirect medical education adjustment (see instructions)	183,969			
24.00	Allowable disproportionate share percentage (see instructions)				
25.00	Disproportionate share adjustment (see instructions)	42,848			
26.00	Total prospective capital payments (see instructions)	3,099,039			
		4.00			
27.00					
28.00	Low volume adjustment prior to October 1	0			
29.00	Low volume adjustment on or after October 1	0			
30.00	HVBP payment adjustment (see instructions)	335,306			
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	0			
31.00	HRR adjustment (see instructions)	-31,404			
31.01	HRR adjustment for HSP bonus payment (see instructions)	0			
		(Amt. to Wkst. E, Pt. A)			
		4.00			
32.00	HAC Reduction Program adjustment (see instructions)	0			
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.				

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 7/17/2020 2:59 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,417	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,005,572	2.00
3.00	OPPS payments		14,015,281	3.00
4.00	Outlier payment (see instructions)		8,457	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)		22,417	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		89,337	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)		89,337	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)		89,337	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		66,920	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)		22,417	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)		14,023,738	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		27	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,625,048	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)		11,421,080	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		452,529	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)		11,873,609	30.00
31.00	Primary payer payments		7,260	31.00
32.00	Subtotal (line 30 minus line 31)		11,866,349	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)		190,742	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		123,982	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		146,564	36.00
37.00	Subtotal (see instructions)		11,990,331	37.00
38.00	MSP-LCC reconciliation amount from PS&R		69	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)		11,990,262	40.00
40.01	Sequestration adjustment (see instructions)		239,805	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		11,768,908	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-18,451	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		24,796	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: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
7/17/2020 2:59 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		37,060,970		11,182,006	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		1,630,342		574,067	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	08/29/2019	87,018	08/29/2019	12,835	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)		87,018		12,835	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)		38,778,330		11,768,908	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		408,239		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		18,451	6.02
7.00	Total Medicare program liability (see instructions)		39,186,569		11,750,457	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: 14-0065
 Component CCN: 14-T065

 Period:
 From 01/01/2019
 To 12/31/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 7/17/2020 2:59 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		7,119,539		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		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	11/22/2019	4,838		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)		-4,838		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)		7,114,701		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		16,509		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		7,131,210		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: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
7/17/2020 2:59 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: 14-0065 Component CCN: 14-T065	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 7/17/2020 2:59 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		7,164,604	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0069	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		54,451	3.00
4.00	Outlier Payments		100,997	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)		15.668493	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)		7,320,052	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)		7,320,052	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		7,320,052	19.00
20.00	Deductibles		20,460	20.00
21.00	Subtotal (line 19 minus line 20)		7,299,592	21.00
22.00	Coinsurance		22,847	22.00
23.00	Subtotal (line 21 minus line 22)		7,276,745	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		7,276,745	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)		7,276,745	32.00
32.01	Sequestration adjustment (see instructions)		145,535	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		7,114,701	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)		16,509	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		100,997	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/17/2020 2:59 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.			19.00	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			0.35	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.54	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)			20.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.19	6.00
7.00	Enter the lesser of line 5 or line 6			20.19	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.	20.19	0.00	20.19	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.	20.19	0.00	20.19	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	20.19	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	18.65	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.65	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	19.16	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	19.16	0.00		17.00
18.00	Per resident amount	153,104.09	0.00		18.00
19.00	Approved amount for resident costs	2,933,474	0	2,933,474	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	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)			2,933,474	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	20,580	6,306		26.00
27.00	Total Inpatient Days (see instructions)	36,940	36,940		27.00
28.00	Ratio of inpatient days to total inpatient days	0.557120	0.170709		28.00
29.00	Program direct GME amount	1,634,297	500,770	2,135,067	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		70,759	70,759	30.00
31.00	Net Program direct GME amount			2,064,308	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 7/17/2020 2:59 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)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			49,965,227	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)			27,509	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			49,937,718	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			14,027,989	42.00
43.00	Primary payer payments (see instructions)			7,260	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			14,020,729	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			63,958,447	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.780784	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.219216	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,064,308	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,611,779	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			452,529	50.00

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

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
7/17/2020 2:59 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	-14,346,692	0	0	0	1.00
2.00 Temporary investments	320	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	66,617,433	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-45,161,500	0	0	0	6.00
7.00 Inventory	3,920,204	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	380,705	0	0	0	9.00
10.00 Due from other funds	967,318	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	12,377,788	0	0	0	11.00
FIXED ASSETS					
12.00 Land	9,779,429	0	0	0	12.00
13.00 Land improvements	6,813,116	0	0	0	13.00
14.00 Accumulated depreciation	-6,592,727	0	0	0	14.00
15.00 Buildings	252,714,600	0	0	0	15.00
16.00 Accumulated depreciation	-168,558,640	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	56,033,263	0	0	0	23.00
24.00 Accumulated depreciation	-51,009,929	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	37,568,999	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	136,748,111	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	523,395	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	5,989,366	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	6,512,761	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	155,638,660	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	6,876,858	0	0	0	37.00
38.00 Salaries, wages, and fees payable	4,314,356	0	0	0	38.00
39.00 Payroll taxes payable	389,937	0	0	0	39.00
40.00 Notes and loans payable (short term)	5,861,516	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	12,809,131	0	0	0	43.00
44.00 Other current liabilities	11,058,815	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	41,310,613	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	110,486,960	0	0	0	47.00
48.00 Unsecured loans	89,668	0	0	0	48.00
49.00 Other long term liabilities	103,657	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	110,680,285	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	151,990,898	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	3,647,762	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	3,647,762	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	155,638,660	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
7/17/2020 2:59 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		722,107		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		5,161,755				2.00
3.00	Total (sum of line 1 and line 2)		5,883,862		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)		5,883,862		0		11.00
12.00	UNRESTRICTED NET ASSETS	2,236,100		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)		2,236,100		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,647,762		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	UNRESTRICTED NET ASSETS		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: 14-0065

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
7/17/2020 2:59 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	37,809,163		37,809,163	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	9,602,425		9,602,425	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	47,411,588		47,411,588	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,504,729		7,504,729	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)	7,504,729		7,504,729	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	54,916,317		54,916,317	17.00
18.00	Ancillary services	243,486,190	239,274,354	482,760,544	18.00
19.00	Outpatient services	22,439,038	59,327,050	81,766,088	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	905,924	1	905,925	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	5,673,274	5,673,274	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	321,747,469	304,274,679	626,022,148	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		158,684,551		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)		158,684,551		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
7/17/2020 2:59 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	626,022,148	1.00
2.00	Less contractual allowances and discounts on patients' accounts	464,937,050	2.00
3.00	Net patient revenues (line 1 minus line 2)	161,085,098	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	158,684,551	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,400,547	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	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR REVENUE, OTHER OPER, NON OPER	2,761,208	24.00
25.00	Total other income (sum of lines 6-24)	2,761,208	25.00
26.00	Total (line 5 plus line 25)	5,161,755	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)	5,161,755	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0065	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 7/17/2020 2:59 pm
		Title XVIII	Hospital	PPS
			Urban	Rural
			1.00	1.01
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier	2,303,666	517,938	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	0	1.01
2.00	Capital DRG outlier payments	50,618		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)	85.54		3.00
4.00	Number of interns & residents (see instructions)	19.16		4.00
5.00	Indirect medical education percentage (see instructions)	6.52		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)	183,969		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	1.47		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	7.64		8.00
9.00	Sum of lines 7 and 8	9.11		9.00
10.00	Allowable disproportionate share percentage (see instructions)	1.86		10.00
11.00	Disproportionate share adjustment (see instructions)	42,848		11.00
12.00	Total prospective capital payments (see instructions)	3,099,039		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