

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: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/26/2019 3:02 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/26/2019	Time: 3:02 pm
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNIVERSITY OF CHICAGO HOSPITALS (14-0088) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) RICHARD SILVERIA
Officer or Administrator of Provider(s)

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	9,956,488	552,628	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	9,956,488	552,628	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: 14-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 3:02 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 5841 SOUTH MARYLAND AVENUE			PO Box:				1.00				
2.00	City: CHICAGO			State: IL		Zip Code: 60637		County: COOK				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			UNIVERSITY OF CHICAGO HOSPITALS	140088	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
17.20	Hospital-Based (OPT) I											17.20
17.30	Hospital-Based (OOT) I											17.30
17.40	Hospital-Based (OSP) I											17.40
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019		20.00		
21.00	Type of Control (see instructions)						2			21.00		
							1.00	2.00		3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00		

Worksheet S-2
Part I
Date/Time Prepared:
11/26/2019 3:02 pm

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 3:02 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1	60.01	
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
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	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			4.00	568.46	0.007143	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/26/2019 3:02 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
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)	GERIATRIC MEDICINE	1408	0.03	0.75	0.038462	65.00
65.01		PATHOLOGY	1950	0.51	22.56	0.022107	65.01
65.02		PEDIATRICS	2000	3.43	44.23	0.071968	65.02
65.03		DEVELOPMENTAL BEHAVIORAL PEDIATRICS	2015	0.12	3.35	0.034582	65.03
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			7.85	689.66	0.011254	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)	PEDIATRICS	2000	7.85	63.25	0.110408	67.00
67.01				0.00	0.00	0.000000	67.01
67.02				0.00	0.00	0.000000	67.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 3:02 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y		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	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				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

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N	110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.					N	111.00
						1.00	2.00
						1.00	2.00
						1.00	2.00
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.					N	0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.					Y	116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.					N	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.					0	118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		0		0	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.					N	118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.					N	N
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.					Y	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					01/02/1970	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.					05/01/2000	127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					03/08/1990	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.					03/28/2008	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.					01/02/1970	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.					01/02/1970	132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)					Y	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/26/2019 3:02 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:	Contractor's Name:		Contractor's Number:				141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:		Zip Code:				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y	N	145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146.00		
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							Y	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	155.00			
156.00	Subprovider - IPF	N	N	N	N	156.00			
157.00	Subprovider - IRF	N	N	N	N	157.00			
158.00	SUBPROVIDER					158.00			
159.00	SNF	N	N	N	N	159.00			
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00			
161.00	CMHC		N	N	N	161.00			
161.10	CORF		N	N	N	161.10			
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N	161.20			
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30			
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40			
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								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)					10/01/2018	09/30/2019	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)					Y	1,223	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/26/2019 3:02 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for 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.	Y			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.	Y			15.00
			Part A		Part B
			Y/N	Date	Y/N
			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	11/15/2019	Y	11/15/2019
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: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 3:02 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SANDRA	COSLER		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNIVERSITY OF CHICAGO			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	MEDICAL CENTER 773-834-5209	SANDRA.COSLER@UCHOSPITALS.EDU		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/26/2019 3:02 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.	EXECUTIVE 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: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 3:02 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	505	178,711	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)		505	178,711	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	79	28,835	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	37	13,505	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	8	2,920	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NURSERY ICU	35.00	53	19,345	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		682	243,316	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		682				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)		9	3,285			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: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 3:02 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)	44,966	7,459	151,332			1.00
2.00	HMO and other (see instructions)	23,860	63,228				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	44,966	7,459	151,332			7.00
8.00	INTENSIVE CARE UNIT	7,963	3,929	24,114			8.00
9.00	CORONARY CARE UNIT	955	197	11,584			9.00
10.00	BURN INTENSIVE CARE UNIT	431	514	2,709			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NURSERY ICU	0	6,501	16,076			12.00
13.00	NURSERY		4,930	9,549			13.00
14.00	Total (see instructions)	54,315	23,530	215,364	637.47	7,969.06	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				637.47	7,969.06	27.00
28.00	Observation Bed Days		5,379	16,286			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			2,516			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	717	1,220			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: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/26/2019 3:02 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	8,035	4,101	33,060	1.00
2.00 HMO and other (see instructions)			3,406	9,975		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NURSERY ICU						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	8,035	4,101	33,060	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 3:02 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	629,188,268	52,555,493	681,743,761	16,313,716.00	41.79
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		5,726,590	0	5,726,590	63,209.70	90.60
4.00	Physician-Part A - Administrative		41,220,196	0	41,220,196	248,988.87	165.55
4.01	Physicians - Part A - Teaching		13,603,371	0	13,603,371	103,170.60	131.85
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	39,415,940	-281,476	39,134,464	1,255,185.54	31.18
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)		9,543,664	7,969,549	17,513,213	456,791.02	38.34
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		9,750,717	0	9,750,717	163,600.26	59.60
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		150,743,841	0	150,743,841		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,105,224	0	2,105,224		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		1,372,604	0	1,372,604		
22.00	Physician Part A - Administrative		15,653,671	0	15,653,671		
22.01	Physician Part A - Teaching		5,742,649	0	5,742,649		
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)		7,031,593	0	7,031,593		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	7,396,399	0	7,396,399	111,795.00	66.16
27.00	Administrative & General	5.00	110,034,971	12,956,674	122,991,645	2,223,494.00	55.31

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/26/2019 3:02 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		13,220,643	0	13,220,643	93,138.00	141.95	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	14,760,677	-22,861	14,737,816	569,697.00	25.87	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	18,005,163	-80,964	17,924,199	979,290.00	18.30	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,694,459	-14,079	6,680,380	306,255.00	21.81	34.00
35.00	Dietary under contract (see instructions)		1,831,251	0	1,831,251	75,545.00	24.24	35.00
36.00	Cafeteria	11.00	554,869	-303	554,566	27,127.00	20.44	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	10,502,048	-13,288	10,488,760	237,102.00	44.24	38.00
39.00	Central Services and Supply	14.00	3,103,768	-1,913	3,101,855	132,779.00	23.36	39.00
40.00	Pharmacy	15.00	24,508,028	-4,898,634	19,609,394	529,130.00	37.06	40.00
41.00	Medical Records & Medical Records Library	16.00	4,747,689	-3,353	4,744,336	122,729.00	38.66	41.00
42.00	Social Service	17.00	354,585	0	354,585	11,827.00	29.98	42.00
43.00	Other General Service	18.00	5,384,140	-7,729	5,376,411	241,424.00	22.27	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/26/2019 3:02 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)	585,494,261	52,836,969	638,331,230	15,060,833.16	42.38	1.00
2.00	Excluded area salaries (see instructions)	9,543,664	7,969,549	17,513,213	456,791.02	38.34	2.00
3.00	Subtotal salaries (line 1 minus line 2)	575,950,597	44,867,420	620,818,017	14,604,042.14	42.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,750,717	0	9,750,717	163,600.26	59.60	4.00
5.00	Subtotal wage-related costs (see inst.)	166,397,512	0	166,397,512	0.00	26.80	5.00
6.00	Total (sum of lines 3 thru 5)	752,098,826	44,867,420	796,966,246	14,767,642.40	53.97	6.00
7.00	Total overhead cost (see instructions)	221,098,690	7,913,550	229,012,240	5,661,332.00	40.45	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2019 3:02 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		33,365,888	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		2,500,000	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		292,563	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)		31,298,746	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		30,668,533	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		534,997	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		544,800	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)		932,414	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		3,991,547	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		47,724,637	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		876,828	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))		1,096,661	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		7,425,676	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		161,253,290	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/26/2019 3:02 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	9,750,717	182,649,591	1.00
2.00	Hospital	9,750,717	182,649,591	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/26/2019 3:02 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)		0.168319	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		348,141,327	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	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		2,245,367,483	6.00
7.00	Medicaid cost (line 1 times line 6)		377,938,009	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)		29,796,682	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		29,796,682	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	82,390,957	49,090,153	131,481,110
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,867,963	49,090,153	62,958,116
22.00	Payments received from patients for amounts previously written off as charity care	151,003	1,375,056	1,526,059
23.00	Cost of charity care (line 21 minus line 22)	13,716,960	47,715,097	61,432,057
				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)		54,418,700	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		4,181,772	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		6,433,495	27.01
28.00	Non-Medicare bad debt expense (see instructions)		47,985,205	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		10,328,545	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		71,760,602	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		101,557,284	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

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

Worksheet A

Date/Time Prepared:
11/26/2019 3:02 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		50,947,913	50,947,913	-4,975,019	45,972,894	1.00
1.01	00101	DCAM CAPITAL		0	0	5,721,978	5,721,978	1.01
1.02	00102	ORLAND PARK CAPITAL		0	0	1,378,935	1,378,935	1.02
1.03	00103	SOUTH LOOP CAPITAL		0	0	405,759	405,759	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP		59,102,283	59,102,283	106,035	59,208,318	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,396,399	162,013,837	169,410,236	0	169,410,236	4.00
5.01	00540	NON-PATIENT PHONES	1,696,175	-143,646	1,552,529	0	1,552,529	5.01
5.02	00550	DATA PROCESSING	27,722,846	32,897,507	60,620,353	-307,150	60,313,203	5.02
5.03	00560	PURCHASING	7,467,140	2,898,796	10,365,936	0	10,365,936	5.03
5.04	00570	ADMITTING	5,130,604	347,793	5,478,397	0	5,478,397	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,692,646	9,348,389	16,041,035	0	16,041,035	5.05
5.06	00590	OTHER ADMIN & GENERAL	61,325,560	111,320,091	172,645,651	-2,810,377	169,835,274	5.06
7.00	00700	OPERATION OF PLANT	14,760,677	29,615,089	44,375,766	745,581	45,121,347	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,710,795	3,710,795	0	3,710,795	8.00
9.00	00900	HOUSEKEEPING	18,005,163	8,236,386	26,241,549	-3,000	26,238,549	9.00
10.00	01000	DIETARY	6,694,459	5,133,904	11,828,363	-1,582	11,826,781	10.00
11.00	01100	CAFETERIA	554,869	2,889,186	3,444,055	0	3,444,055	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,502,048	916,735	11,418,783	0	11,418,783	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,103,768	3,865,667	6,969,435	0	6,969,435	14.00
15.00	01500	PHARMACY	24,508,028	217,146,435	241,654,463	-154,608,319	87,046,144	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,747,689	4,486,466	9,234,155	0	9,234,155	16.00
17.00	01700	SOCIAL SERVICE	354,585	271,607	626,192	0	626,192	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	170,396	130,393	300,789	0	300,789	18.01
18.02	01852	PATIENT TRANSPORT	4,220,450	972,227	5,192,677	0	5,192,677	18.02
18.03	01853	MEDICAL ELECTRONICS	993,294	955,753	1,949,047	0	1,949,047	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	39,415,940	1,716,849	41,132,789	-278,273	40,854,516	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,076,594	117,477	1,194,071	121,676	1,315,747	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	101,995,726	13,205,014	115,200,740	-2,372,752	112,827,988	30.00
31.00	03100	INTENSIVE CARE UNIT	26,941,807	6,014,749	32,956,556	-96,586	32,859,970	31.00
32.00	03200	CORONARY CARE UNIT	10,645,147	1,860,759	12,505,906	-617	12,505,289	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,708,349	463,269	3,171,618	-101	3,171,517	33.00
35.00	02080	NURSERY ICU	15,533,918	1,503,568	17,037,486	-12,729	17,024,757	35.00
43.00	04300	NURSERY	3,509,625	177,417	3,687,042	2,128,367	5,815,409	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,363,539	81,279,736	106,643,275	-63,134,880	43,508,395	50.00
51.00	05100	RECOVERY ROOM	13,149,292	3,160,856	16,310,148	0	16,310,148	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,701,148	1,893,357	6,594,505	-165,783	6,428,722	52.00
53.00	05300	ANESTHESIOLOGY	7,986,807	3,381,683	11,368,490	-904,055	10,464,435	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,598,985	13,648,265	24,247,250	-6,930,586	17,316,664	54.00
54.01	03630	ULTRA SOUND	957,658	129,358	1,087,016	-182,157	904,859	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,862,477	3,775,424	8,637,901	-182,102	8,455,799	55.00
56.00	05600	RADIOISOTOPE	982,547	6,394,111	7,376,658	-81,763	7,294,895	56.00
57.00	05700	CT SCAN	3,153,309	1,033,608	4,186,917	37,759	4,224,676	57.00
58.00	05800	MRI	2,867,754	1,345,127	4,212,881	-40,475	4,172,406	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,910,902	10,041,590	11,952,492	-7,980,841	3,971,651	59.00
60.00	06000	LABORATORY	18,536,045	25,539,035	44,075,080	0	44,075,080	60.00
60.01	06001	LABORATORY - TRANSPLANT	522,681	896,115	1,418,796	0	1,418,796	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,955,192	11,553,202	14,508,394	0	14,508,394	63.00
65.00	06500	RESPIRATORY THERAPY	6,838,960	5,819,581	12,658,541	-22,278	12,636,263	65.00
66.00	06600	PHYSICAL THERAPY	6,067,343	952,148	7,019,491	-171,798	6,847,693	66.00
69.00	06900	ELECTROCARDIOLOGY	6,626,272	13,165,549	19,791,821	-7,982,084	11,809,737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,958,502	420,432	3,378,934	0	3,378,934	70.00
70.01	07001	BRACE AND PLASTER ROOM	166,500	199,499	365,999	-144,594	221,405	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,682,860	36,682,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	55,389,665	55,389,665	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	787	787	148,531,566	148,532,353	73.00
74.00	07400	RENAL DIALYSIS	2,744,079	909,031	3,653,110	0	3,653,110	74.00
76.97	07697	CARDIAC REHABILITATION	123,206	21,468	144,674	0	144,674	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,709,506	1,709,506	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	59,278,037	289,415,210	348,693,247	-5,597,537	343,095,710	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

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

Worksheet A

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	09001	TRANSPLANT CLINIC	43,592	31,319	74,911	2,058,256	2,133,167	90.01
90.02	09002	SILVER CROSS CLINIC	3,029,725	2,960,492	5,990,217	-46,364	5,943,853	90.02
90.03	09003	ORLAND PARK CLINIC	5,798,258	26,416,727	32,214,985	-12,461,009	19,753,976	90.03
91.00	09100	EMERGENCY	20,624,486	6,442,533	27,067,019	0	27,067,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	1,660,792	261,331	1,922,123	-23,973	1,898,150	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	278,273	278,273	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,160,992	4,069,476	7,230,468	-2,381,218	4,849,250	105.00
106.00	10600	HEART ACQUISITION	144,327	2,461,132	2,605,459	257,143	2,862,602	106.00
107.00	10700	LIVER ACQUISITION	891,449	2,093,878	2,985,327	-267,500	2,717,827	107.00
108.00	10800	LUNG ACQUISITION	538,592	2,101,327	2,639,919	-228,727	2,411,192	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	600,870	600,870	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	59,200	59,200	111.00
113.00	11300	INTEREST EXPENSE		38,515,945	38,515,945	0	38,515,945	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	627,117,350	1,292,452,040	1,919,569,390	-18,182,800	1,901,386,590	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,717	3,717	0	3,717	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	12,261,174	12,261,174	190.01
191.01	19101	OTHER NONREIMBURSABLE	869,972	2,664,060	3,534,032	5,921,626	9,455,658	191.01
191.02	19102	SOUTH LOOP CLINIC	1,200,946	3,068,119	4,269,065	0	4,269,065	191.02
200.00		TOTAL (SUM OF LINES 118 through 199)	629,188,268	1,298,187,936	1,927,376,204	0	1,927,376,204	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

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

Worksheet A

Date/Time Prepared:
11/26/2019 3:02 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	-4,841,991	41,130,903	1.00
1.01	00101	DCAM CAPITAL	0	5,721,978	1.01
1.02	00102	ORLAND PARK CAPITAL	0	1,378,935	1.02
1.03	00103	SOUTH LOOP CAPITAL	0	405,759	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	59,208,318	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-73,802	169,336,434	4.00
5.01	00540	NON-PATIENT PHONES	0	1,552,529	5.01
5.02	00550	DATA PROCESSING	-4,925,257	55,387,946	5.02
5.03	00560	PURCHASING	-116,653	10,249,283	5.03
5.04	00570	ADMITTING	0	5,478,397	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,229	16,042,264	5.05
5.06	00590	OTHER ADMIN & GENERAL	-26,161,434	143,673,840	5.06
7.00	00700	OPERATION OF PLANT	-1,515,811	43,605,536	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,710,795	8.00
9.00	00900	HOUSEKEEPING	-754,559	25,483,990	9.00
10.00	01000	DIETARY	-3,870	11,822,911	10.00
11.00	01100	CAFETERIA	-3,080,196	363,859	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-7,412	11,411,371	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,969,435	14.00
15.00	01500	PHARMACY	-66,718,284	20,327,860	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,234,155	16.00
17.00	01700	SOCIAL SERVICE	0	626,192	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	18.00
18.01	01851	VOLUNTEERS	0	300,789	18.01
18.02	01852	PATIENT TRANSPORT	0	5,192,677	18.02
18.03	01853	MEDICAL ELECTRONICS	0	1,949,047	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-770,256	40,084,260	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	19,346,000	19,346,000	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	1,315,747	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	1,576,843	114,404,831	30.00
31.00	03100	INTENSIVE CARE UNIT	253,119	33,113,089	31.00
32.00	03200	CORONARY CARE UNIT	121,560	12,626,849	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	28,420	3,199,937	33.00
35.00	02080	NURSERY ICU	168,746	17,193,503	35.00
43.00	04300	NURSERY	100,264	5,915,673	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	3,562,382	47,070,777	50.00
51.00	05100	RECOVERY ROOM	1	16,310,149	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	511,452	6,940,174	52.00
53.00	05300	ANESTHESIOLOGY	-5,418,590	5,045,845	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,904,989	19,221,653	54.00
54.01	03630	ULTRA SOUND	-3,507	901,352	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,415,661	10,871,460	55.00
56.00	05600	RADIOISOTOPE	0	7,294,895	56.00
57.00	05700	CT SCAN	0	4,224,676	57.00
58.00	05800	MRI	-6,906	4,165,500	58.00
59.00	05900	CARDIAC CATHETERIZATION	223,535	4,195,186	59.00
60.00	06000	LABORATORY	-6,023,050	38,052,030	60.00
60.01	06001	LABORATORY - TRANSPLANT	-57,189	1,361,607	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	155,369	14,663,763	63.00
65.00	06500	RESPIRATORY THERAPY	439,525	13,075,788	65.00
66.00	06600	PHYSICAL THERAPY	1,065	6,848,758	66.00
69.00	06900	ELECTROCARDIOLOGY	219,555	12,029,292	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	585,079	3,964,013	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	221,405	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	36,682,860	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,389,665	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	148,532,353	73.00
74.00	07400	RENAL DIALYSIS	435,746	4,088,856	74.00
76.97	07697	CARDIAC REHABILITATION	0	144,674	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,709,506	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-252,348,774	90,746,936	90.00
90.01	09001	TRANSPLANT CLINIC	0	2,133,167	90.01
90.02	09002	SILVER CROSS CLINIC	-3,513,132	2,430,721	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

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

Worksheet A

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.03	09003	ORLAND PARK CLINIC	-7,091,474	12,662,502	90.03
91.00	09100	EMERGENCY	625,603	27,692,622	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-1,343,192	554,958	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	278,273	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	286,759	5,136,009	105.00
106.00	10600	HEART ACQUISITION	-117,429	2,745,173	106.00
107.00	10700	LIVER ACQUISITION	-42,255	2,675,572	107.00
108.00	10800	LUNG ACQUISITION	-286,742	2,124,450	108.00
109.00	10900	PANCREAS ACQUISITION	7,350	608,220	109.00
111.00	11100	ISLET ACQUISITION	0	59,200	111.00
113.00	11300	INTEREST EXPENSE	-38,515,945	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-390,767,458	1,510,619,132	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,717	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	12,261,174	190.01
191.01	19101	OTHER NONREIMBURSABLE	-1,424,823	8,030,835	191.01
191.02	19102	SOUTH LOOP CLINIC	-1,628,531	2,640,534	191.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-393,820,812	1,533,555,392	200.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/26/2019 3:02 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - NRCC DIETARY					
1.00	OTHER NONREIMBURSABLE	191.01	895	687		1.00
	TOTALS		895	687		
	B - ST DISABILITY					
1.00	NON-PATIENT PHONES	5.01	0	2,395		1.00
2.00	DATA PROCESSING	5.02	0	6,576		2.00
3.00	PURCHASING	5.03	0	9,220		3.00
4.00	ADMITTING	5.04	0	10,322		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,257		5.00
6.00	OTHER ADMIN & GENERAL	5.06	0	16,226		6.00
7.00	OPERATION OF PLANT	7.00	0	22,861		7.00
8.00	HOUSEKEEPING	9.00	0	80,964		8.00
9.00	DIETARY	10.00	0	13,184		9.00
10.00	CAFETERIA	11.00	0	303		10.00
11.00	NURSING ADMINISTRATION	13.00	0	13,288		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,913		12.00
13.00	PHARMACY	15.00	0	13,939		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,353		14.00
15.00	PATIENT TRANSPORT	18.02	0	7,729		15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	3,203		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	180,135		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	28,051		18.00
19.00	CORONARY CARE UNIT	32.00	0	8,608		19.00
20.00	BURN INTENSIVE CARE UNIT	33.00	0	2,848		20.00
21.00	NURSERY ICU	35.00	0	31,404		21.00
22.00	OPERATING ROOM	50.00	0	65,401		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,953		23.00
24.00	ANESTHESIOLOGY	53.00	0	6,276		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,777		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	31		26.00
27.00	CT SCAN	57.00	0	4,847		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	7,221		28.00
29.00	LABORATORY	60.00	0	14,406		29.00
30.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	5,178		30.00
31.00	RESPIRATORY THERAPY	65.00	0	1,137		31.00
32.00	PHYSICAL THERAPY	66.00	0	1,684		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	7,464		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,656		34.00
35.00	CLINIC	90.00	0	107,012		35.00
36.00	ORLAND PARK CLINIC	90.03	0	4,101		36.00
37.00	EMERGENCY	91.00	0	21,963		37.00
38.00	AMBULANCE SERVICES	95.00	0	3,664		38.00
39.00	KIDNEY ACQUISITION	105.00	0	4,124		39.00
40.00	LIVER ACQUISITION	107.00	0	4,495		40.00
41.00	OTHER NONREIMBURSABLE	191.01	0	2,628		41.00
42.00	SOUTH LOOP CLINIC	191.02	0	3,817		42.00
	TOTALS		0	741,614		
	C - DRUGS CHARGED					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	148,531,566		1.00
	TOTALS		0	148,531,566		
	D - ELECTRICITY RECLASS					
1.00	OPERATION OF PLANT	7.00	0	749,631		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		0	749,631		
	E - NURSERY RECLASS					
1.00	NURSERY	43.00	1,872,202	258,628		1.00
	TOTALS		1,872,202	258,628		
	F - MED SUP & IMP					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	36,682,860		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	55,389,665		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00

RECLASSIFICATIONS

Provider CCN: 14-0088

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 3:02 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
TOTALS			0	92,072,525	
G - TRANSPLANT					
1.00	KIDNEY ACQUISITION	105.00	97,263	0	1.00
2.00	HEART ACQUISITION	106.00	241,291	48,470	2.00
3.00	LIVER ACQUISITION	107.00	193,668	44,222	3.00
4.00	LUNG ACQUISITION	108.00	172,711	45,545	4.00
5.00	PANCREAS ACQUISITION	109.00	335,043	265,827	5.00
6.00	TRANSPLANT CLINIC	90.01	1,538,383	519,873	6.00
7.00	ISLET ACQUISITION	111.00	0	59,200	7.00
TOTALS			2,578,359	983,137	
H - PARAMED PHAR					
1.00	PARAMED ED PRGM-PHARMACY	23.00	676,817	0	1.00
2.00	PHARMACY	15.00	555,141	0	2.00
TOTALS			1,231,958	0	
I - WAGE INDEX					
1.00	CLINIC	90.00	0	4,854,935	1.00
2.00	OTHER ADMIN & GENERAL	5.06	3,328,475	0	2.00
TOTALS			3,328,475	4,854,935	
J - RADIOLOGY					
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	30,121	1.00
2.00	CT SCAN	57.00	0	75,946	2.00
3.00	MRI	58.00	0	28,201	3.00
TOTALS			0	134,268	
K - DCAM DEPR					
1.00	DCAM CAPITAL	1.01	0	5,721,978	1.00
2.00	ORLAND PARK CAPITAL	1.02	0	1,378,935	2.00
3.00	SOUTH LOOP CAPITAL	1.03	0	405,759	3.00
TOTALS			0	7,506,672	
L - INSURANCE					
1.00		0.00	0	0	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,531,653	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	106,035	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
TOTALS			0	2,637,688	
M - PHYSICIAN COMP					
1.00	OTHER ADMIN & GENERAL	5.06	9,737,436	0	1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	13,603,371	0	2.00
COSTS APPRV					
3.00	ADULTS & PEDIATRICS	30.00	1,839,073	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	293,047	0	4.00
5.00	CORONARY CARE UNIT	32.00	140,775	0	5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	32,921	0	6.00
7.00	NURSERY ICU	35.00	195,365	0	7.00
8.00	NURSERY	43.00	116,045	0	8.00
9.00	OPERATING ROOM	50.00	6,144,892	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	682,479	0	10.00
11.00	ANESTHESIOLOGY	53.00	423,784	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	2,617,245	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	3,090,069	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	290,567	0	14.00
15.00	LABORATORY	60.00	991,623	0	15.00
16.00	BLOOD STORING, PROCESSING & TRANS.	63.00	214,520	0	16.00
17.00	RESPIRATORY THERAPY	65.00	434,836	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	290,567	0	18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	604,507	0	19.00
20.00	RENAL DIALYSIS	74.00	430,409	0	20.00
21.00	CLINIC	90.00	10,933,317	0	21.00
22.00	EMERGENCY	91.00	677,968	0	22.00
23.00	KIDNEY ACQUISITION	105.00	460,364	0	23.00

RECLASSIFICATIONS

Provider CCN: 14-0088

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

Worksheet A-6

Date/Time Prepared:
11/26/2019 3:02 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00	HEART ACQUISITION	106.00	63,024	0	24.00
25.00	LIVER ACQUISITION	107.00	337,419	0	25.00
26.00	LUNG ACQUISITION	108.00	177,944	0	26.00
	TOTALS		54,823,567	0	
	N - ORLAND PARK				
1.00	ORLAND PARK PHYSICIAN	190.01	3,260,805	9,000,369	1.00
	TOTALS		3,260,805	9,000,369	
	O - MEDICAL EDUCATION RECLASS				
1.00	I&R SERVICES-NOT APPRVD PRGM	100.00	278,273	0	1.00
	TOTALS		278,273	0	
	P - STEM CELL				
1.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	1,709,506	1.00
	TOTALS		0	1,709,506	
	R - OUTPATIENT PHARMACY				
1.00	OTHER NONREIMBURSABLE	191.01	4,728,236	1,191,808	1.00
	TOTALS		4,728,236	1,191,808	
500.00	Grand Total: Increases		72,102,770	270,373,034	500.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:
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To 06/30/2019Worksheet A-6
Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - NRCC DIETARY						
1.00	DIETARY	10.00	895	687	0		1.00
	TOTALS		895	687			
	B - ST DISABILITY						
1.00	NON-PATIENT PHONES	5.01	2,395	0	0		1.00
2.00	DATA PROCESSING	5.02	6,576	0	0		2.00
3.00	PURCHASING	5.03	9,220	0	0		3.00
4.00	ADMITTING	5.04	10,322	0	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,257	0	0		5.00
6.00	OTHER ADMIN & GENERAL	5.06	16,226	0	0		6.00
7.00	OPERATION OF PLANT	7.00	22,861	0	0		7.00
8.00	HOUSEKEEPING	9.00	80,964	0	0		8.00
9.00	DIETARY	10.00	13,184	0	0		9.00
10.00	CAFETERIA	11.00	303	0	0		10.00
11.00	NURSING ADMINISTRATION	13.00	13,288	0	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	1,913	0	0		12.00
13.00	PHARMACY	15.00	13,939	0	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	3,353	0	0		14.00
15.00	PATIENT TRANSPORT	18.02	7,729	0	0		15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3,203	0	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	180,135	0	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	28,051	0	0		18.00
19.00	CORONARY CARE UNIT	32.00	8,608	0	0		19.00
20.00	BURN INTENSIVE CARE UNIT	33.00	2,848	0	0		20.00
21.00	NURSERY ICU	35.00	31,404	0	0		21.00
22.00	OPERATING ROOM	50.00	65,401	0	0		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	4,953	0	0		23.00
24.00	ANESTHESIOLOGY	53.00	6,276	0	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	9,777	0	0		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	31	0	0		26.00
27.00	CT SCAN	57.00	4,847	0	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	7,221	0	0		28.00
29.00	LABORATORY	60.00	14,406	0	0		29.00
30.00	BLOOD STORING, PROCESSING & TRANS.	63.00	5,178	0	0		30.00
31.00	RESPIRATORY THERAPY	65.00	1,137	0	0		31.00
32.00	PHYSICAL THERAPY	66.00	1,684	0	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	7,464	0	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	3,656	0	0		34.00
35.00	CLINIC	90.00	107,012	0	0		35.00
36.00	ORLAND PARK CLINIC	90.03	4,101	0	0		36.00
37.00	EMERGENCY	91.00	21,963	0	0		37.00
38.00	AMBULANCE SERVICES	95.00	3,664	0	0		38.00
39.00	KIDNEY ACQUISITION	105.00	4,124	0	0		39.00
40.00	LIVER ACQUISITION	107.00	4,495	0	0		40.00
41.00	OTHER NONREIMBURSABLE	191.01	2,628	0	0		41.00
42.00	SOUTH LOOP CLINIC	191.02	3,817	0	0		42.00
	TOTALS		741,614	0			
	C - DRUGS CHARGED						
1.00	PHARMACY	15.00	0	148,531,566	0		1.00
	TOTALS		0	148,531,566			
	D - ELECTRICITY RECLASS						
1.00	DATA PROCESSING	5.02	0	307,150	0		1.00
2.00	OTHER ADMIN & GENERAL	5.06	0	140,721	0		2.00
3.00	CLINIC	90.00	0	55,561	0		3.00
4.00	SILVER CROSS CLINIC	90.02	0	46,364	0		4.00
5.00	ORLAND PARK CLINIC	90.03	0	199,835	0		5.00
	TOTALS		0	749,631			
	E - NURSERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,872,202	258,628	0		1.00
	TOTALS		1,872,202	258,628			
	F - MED SUP & IMP						
1.00	ADULTS & PEDIATRICS	30.00		241,922	0		1.00
2.00	INTENSIVE CARE UNIT	31.00		96,586	0		2.00
3.00	CORONARY CARE UNIT	32.00		617	0		3.00
4.00	BURN INTENSIVE CARE UNIT	33.00		101	0		4.00
5.00	NURSERY ICU	35.00		12,729	0		5.00
6.00	NURSERY	43.00		2,463	0		6.00
7.00	OPERATING ROOM	50.00		63,134,880	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00		165,783	0		8.00
9.00	ANESTHESIOLOGY	53.00		904,055	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		6,796,318	0		10.00

RECLASSIFICATIONS

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Period:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	ULTRA SOUND	54.01		182,157	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00		212,223	0		12.00
13.00	RADIOISOTOPE	56.00		81,763	0		13.00
14.00	CT SCAN	57.00		38,187	0		14.00
15.00	MRI	58.00		68,676	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00		7,980,841	0		16.00
18.00	RESPIRATORY THERAPY	65.00		22,278	0		18.00
19.00	PHYSICAL THERAPY	66.00		171,798	0		19.00
20.00	ELECTROCARDIOLOGY	69.00		7,982,084	0		20.00
21.00	BRACE AND PLASTER ROOM	70.01		144,594	0		21.00
22.00	CLINIC	90.00		3,832,470	0		22.00
TOTALS			0	92,072,525			
G - TRANSPLANT							
1.00	OTHER ADMIN & GENERAL	5.06	63,241	0	0		1.00
2.00	PHARMACY	15.00	34,783	0	0		2.00
3.00	KIDNEY ACQUISITION	105.00	1,776,776	701,705	0		3.00
4.00	HEART ACQUISITION	106.00	32,618	0	0		4.00
5.00	LIVER ACQUISITION	107.00	380,285	125,105	0		5.00
6.00	LUNG ACQUISITION	108.00	290,656	156,327	0		6.00
7.00		0.00	0	0	0		7.00
TOTALS			2,578,359	983,137			
H - PARAMED PHAR							
1.00	PHARMACY	15.00	676,817	0	0		1.00
2.00	PARAMED ED PRGM-PHARMACY	23.00	555,141	0	0		2.00
TOTALS			1,231,958	0			
I - WAGE INDEX							
1.00	CLINIC	90.00	4,854,935	0	0		1.00
2.00	OTHER ADMIN & GENERAL	5.06	0	3,328,475	0		2.00
TOTALS			4,854,935	3,328,475			
J - RADIOLOGY							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	134,268	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			0	134,268			
K - DCAM DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,506,672	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
TOTALS			0	7,506,672			
L - INSURANCE							
1.00	OTHER ADMIN & GENERAL	5.06	0	2,606,415	9		1.00
2.00	OPERATION OF PLANT	7.00	0	4,050	9		2.00
3.00	HOUSEKEEPING	9.00	0	3,000	9		3.00
4.00	PHARMACY	15.00	0	250	0		4.00
5.00	AMBULANCE SERVICES	95.00	0	23,973	0		5.00
TOTALS			0	2,637,688			
M - PHYSICIAN COMP							
1.00	OTHER ADMIN & GENERAL	5.06	0	9,737,436	0		1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	0	13,603,371	0		2.00
COSTS APPRV							
3.00	ADULTS & PEDIATRICS	30.00	0	1,839,073	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	293,047	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	140,775	0		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	0	32,921	0		6.00
7.00	NURSERY ICU	35.00	0	195,365	0		7.00
8.00	NURSERY	43.00	0	116,045	0		8.00
9.00	OPERATING ROOM	50.00	0	6,144,892	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	682,479	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	423,784	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,617,245	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,090,069	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	290,567	0		14.00
15.00	LABORATORY	60.00	0	991,623	0		15.00
16.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	214,520	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	434,836	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	290,567	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	604,507	0		19.00
20.00	RENAL DIALYSIS	74.00	0	430,409	0		20.00
21.00	CLINIC	90.00	0	10,933,317	0		21.00
22.00	EMERGENCY	91.00	0	677,968	0		22.00
23.00	KIDNEY ACQUISITION	105.00	0	460,364	0		23.00
24.00	HEART ACQUISITION	106.00	0	63,024	0		24.00
25.00	LIVER ACQUISITION	107.00	0	337,419	0		25.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:
From 07/01/2018
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Worksheet A-6

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	LUNG ACQUISITION	108.00	0	177,944	0		26.00
	TOTALS		0	54,823,567			
N - ORLAND PARK							
1.00	ORLAND PARK CLINIC	90.03	3,260,805	9,000,369	0		1.00
	TOTALS		3,260,805	9,000,369			
O - MEDICAL EDUCATION RECLASS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	278,273	0	0		1.00
	TOTALS		278,273	0			
P - STEM CELL							
1.00	CLINIC	90.00	0	1,709,506	0		1.00
	TOTALS		0	1,709,506			
R - OUTPATIENT PHARMACY							
1.00	PHARMACY	15.00	4,728,236	1,191,808	0		1.00
	TOTALS		4,728,236	1,191,808			
500.00	Grand Total: Decreases		19,547,277	322,928,527			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
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		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	45,131,924	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	1,693,683,941	113,488,707	0	113,488,707	97,376,682	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	633,400,227	61,787,731	0	61,787,731	47,783,727	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	2,372,216,092	175,276,438	0	175,276,438	145,160,409	8.00	
9.00	Reconciling Items	60,864,686	96,867,398	0	96,867,398	93,531,110	9.00	
10.00	Total (line 8 minus line 9)	2,311,351,406	78,409,040	0	78,409,040	51,629,299	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	45,131,924	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	1,709,795,966	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	647,404,231	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	2,402,332,121	0				8.00	
9.00	Reconciling Items	64,200,974	0				9.00	
10.00	Total (line 8 minus line 9)	2,338,131,147	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
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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	50,947,913	0	0	0	0	1.00
1.01	DCAM CAPITAL	0	0	0	0	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	59,102,283	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	110,050,196	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	50,947,913				1.00
1.01	DCAM CAPITAL	0	0				1.01
1.02	ORLAND PARK CAPITAL	0	0				1.02
1.03	SOUTH LOOP CAPITAL	0	0				1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	59,102,283				2.00
3.00	Total (sum of lines 1-2)	0	110,050,196				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
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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	1,754,927,890	0	1,754,927,890	0.730510	0	1.00
1.01	DCAM CAPITAL	0	0	0	0.000000	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0.000000	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0.000000	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	647,404,231	0	647,404,231	0.269490	0	2.00
3.00	Total (sum of lines 1-2)	2,402,332,121	0	2,402,332,121	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	41,130,903	0	1.00
1.01	DCAM CAPITAL	0	0	0	5,721,978	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	1,378,935	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	405,759	0	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	59,208,318	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	107,845,893	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	41,130,903	1.00
1.01	DCAM CAPITAL	0	0	0	0	5,721,978	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0	1,378,935	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0	405,759	1.03
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	59,208,318	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	107,845,893	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0088

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	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
1.01	Investment income - DCAM CAPITAL (chapter 2)			0DCAM CAPITAL	1.01	0	1.01
1.02	Investment income - ORLAND PARK CAPITAL (chapter 2)			0ORLAND PARK CAPITAL	1.02	0	1.02
1.03	Investment income - SOUTH LOOP CAPITAL (chapter 2)			0SOUTH LOOP CAPITAL	1.03	0	1.03
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)	A	-5,081,504	OTHER ADMIN & GENERAL	5.06	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-18,261,343			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	-168,455,814			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-3,080,196	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients	A	-57,259,966	PHARMACY	15.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - DCAM CAPITAL			0DCAM CAPITAL	1.01	0	26.01
26.02	Depreciation - ORLAND PARK CAPITAL			0ORLAND PARK CAPITAL	1.02	0	26.02
26.03	Depreciation - SOUTH LOOP CAPITAL			0SOUTH LOOP CAPITAL	1.03	0	26.03
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0088

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 3:02 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	
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS REVENUE	B	-252	DATA PROCESSING	5.02	0	33.00
33.01	MISCELLANEOUS REVENUE	B	-5,000	PURCHASING	5.03	0	33.01
33.02	MISCELLANEOUS REVENUE	B	-20	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.02
33.03	MISCELLANEOUS REVENUE	B	-831,888	OTHER ADMIN & GENERAL	5.06	0	33.03
33.05	MISCELLANEOUS REVENUE	B	-16,295	OPERATION OF PLANT	7.00	0	33.05
33.06	MISCELLANEOUS REVENUE	B	-3,020	DIETARY	10.00	0	33.06
33.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.07
33.08	MISCELLANEOUS REVENUE	B	-252,424	PHARMACY	15.00	0	33.08
33.09	MISCELLANEOUS REVENUE	B	-800,004	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.09
33.11	MISCELLANEOUS REVENUE	B	-11,610	ADULTS & PEDIATRICS	30.00	0	33.11
33.12	MISCELLANEOUS REVENUE	B	-584,600	OPERATING ROOM	50.00	0	33.12
33.13	MISCELLANEOUS REVENUE	B	-341,484	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
33.14	MISCELLANEOUS REVENUE	B	0	RADIOLOGY-THERAPEUTIC	55.00	0	33.14
33.15	MISCELLANEOUS REVENUE	B	-6,906	MRI	58.00	0	33.15
34.00	MISCELLANEOUS REVENUE	B	-6,966,087	LABORATORY	60.00	0	34.00
34.01	MISCELLANEOUS REVENUE	B	-57,189	LABORATORY - TRANSPLANT	60.01	0	34.01
34.02	MISCELLANEOUS REVENUE	B	-103,423	BLOOD STORING, PROCESSING & TRANS.	63.00	0	34.02
34.03	MISCELLANEOUS REVENUE	B	417	RESPIRATORY THERAPY	65.00	0	34.03
34.04	MISCELLANEOUS REVENUE	B	1,265	PHYSICAL THERAPY	66.00	0	34.04
34.05	MISCELLANEOUS REVENUE	B	-480	ELECTROCARDIOLOGY	69.00	0	34.05
34.06	MISCELLANEOUS REVENUE	B	-2,422,847	CLINIC	90.00	0	34.06
34.07	MISCELLANEOUS REVENUE	B	-856,150	SILVER CROSS CLINIC	90.02	0	34.07
34.08	MISCELLANEOUS REVENUE	B	-348,598	ORLAND PARK CLINIC	90.03	9	34.08
34.09	MISCELLANEOUS REVENUE	B	-1,312,847	AMBULANCE SERVICES	95.00	0	34.09
34.10	MISCELLANEOUS REVENUE	B	1	RECOVERY ROOM	51.00	0	34.10
34.11	MISCELLANEOUS REVENUE	B	-3,507	ULTRA SOUND	54.01	0	34.11
34.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.12
34.13	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.13
34.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.14
34.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.15
34.16	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.16
34.17	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.17
34.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.18
34.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.19
34.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.20
34.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.21
34.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.22
34.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.23
34.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.24
34.25	INTEREST EXPENSE OFFSET	A	-370,408	ORLAND PARK CLINIC	90.03	0	34.25
35.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	35.01
35.02	GL OFFSET - ADMINISTRATIVE	A	-8,081,289	OTHER ADMIN & GENERAL	5.06	0	35.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0088

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

Worksheet A-8

Date/Time Prepared:
11/26/2019 3:02 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
35.04 PSYCH OFFSET	A	-714,696	CLINIC	90.00	0	35.04
35.06 INTEREST EXPENSE OFFSET	A	-38,515,945	INTEREST EXPENSE	113.00	0	35.06
35.07 NON-ALLOWABLE EXPENSE OFFSET	A	-9,727	OTHER ADMIN & GENERAL	5.06	0	35.07
36.00 APN OFFSET	A	-4,363,969	CLINIC	90.00	0	36.00
36.01 NON-ALLOWABLE PHYSICIAN OFFSET	A	-38,877	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.01
36.02 NON-ALLOWABLE PHYSICIAN OFFSET	A	-760,000	OTHER NONREIMBURSABLE	191.01	0	36.02
37.00 NON-ALLOWABLE PHYSICIAN OFFSET	A	-2,656,982	SILVER CROSS CLINIC	90.02	0	37.00
37.01 ADVERTISING AND OTHER OFFSET	A	-34,925	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.01
37.02 ADVERTISING AND OTHER OFFSET	A	-4,925,005	DATA PROCESSING	5.02	0	37.02
37.03 ADVERTISING AND OTHER OFFSET	A	-111,653	PURCHASING	5.03	0	37.03
37.04 ADVERTISING AND OTHER OFFSET	A	1,249	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	37.04
37.05 ADVERTISING AND OTHER OFFSET	A	-965,852	OTHER ADMIN & GENERAL	5.06	0	37.05
37.06 ADVERTISING AND OTHER OFFSET	A	-2,290	OPERATION OF PLANT	7.00	0	37.06
37.07 ADVERTISING AND OTHER OFFSET	A	-6,736	HOUSEKEEPING	9.00	0	37.07
37.08 ADVERTISING AND OTHER OFFSET	A	-850	DIETARY	10.00	0	37.08
37.09 ADVERTISING AND OTHER OFFSET	A	-7,412	NURSING ADMINISTRATION	13.00	0	37.09
37.10 ADVERTISING AND OTHER OFFSET	A	-6,808	PHARMACY	15.00	0	37.10
37.11 ADVERTISING AND OTHER OFFSET	A	29,748	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	37.11
37.12 ADVERTISING AND OTHER OFFSET	A	-160	RADIOLOGY-DIAGNOSTIC	54.00	0	37.12
37.13 ADVERTISING AND OTHER OFFSET	A	-50,517	RADIOLOGY-THERAPEUTIC	55.00	0	37.13
37.14 ADVERTISING AND OTHER OFFSET	A	3,475	LABORATORY	60.00	0	37.14
37.15 ADVERTISING AND OTHER OFFSET	A	-200	PHYSICAL THERAPY	66.00	0	37.15
37.16 ADVERTISING AND OTHER OFFSET	A	-3,500	ELECTROCARDIOLOGY	69.00	0	37.16
37.17 ADVERTISING AND OTHER OFFSET	A	-804,796	CLINIC	90.00	0	37.17
37.18 ADVERTISING AND OTHER OFFSET	A	-30,345	AMBULANCE SERVICES	95.00	0	37.18
37.19 ADVERTISING AND OTHER OFFSET	A	-21,728	KIDNEY ACQUISITION	105.00	0	37.19
37.20 ADVERTISING AND OTHER OFFSET	A	139	LUNG ACQUISITION	108.00	0	37.20
37.21 ADVERTISING AND OTHER OFFSET	A	44,157	OTHER NONREIMBURSABLE	191.01	0	37.21
37.22 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.22
37.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.23
37.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.24
37.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.25
39.10 PROVIDER TAX OFFSET	A	-49,517,525	OTHER ADMIN & GENERAL	5.06	0	39.10
39.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.11
39.12 NON-EMERGENCY PATIENT TRANS OFFSET	A	-98,390	EMERGENCY	91.00	0	39.12
39.13 NON-PATIENT CARE RELATED COSTS	A	-139,297	OTHER ADMIN & GENERAL	5.06	0	39.13
39.14 SMG SALARY & BENEFITS	A	1,231,913	OTHER ADMIN & GENERAL	5.06	0	39.14
40.00 ORGAN ACQUISITION	A	-57,085	KIDNEY ACQUISITION	105.00	0	40.00
40.01 ORGAN ACQUISITION	A	-151,428	HEART ACQUISITION	106.00	0	40.01
40.02 ORGAN ACQUISITION	A	-253,472	LIVER ACQUISITION	107.00	0	40.02
40.03 ORGAN ACQUISITION	A	-449,529	LUNG ACQUISITION	108.00	0	40.03
40.04 ORGAN ACQUISITION	A	7,350	PANCREAS ACQUISITION	109.00	0	40.04
40.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.05
40.06 CRNA	A	-5,726,590	ANESTHESIOLOGY	53.00	0	40.06
40.07 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.07
40.08 OUTPATIENT PHARMACY DRUGS RELATED CO	A	-9,199,086	PHARMACY	15.00	0	40.08
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-393,820,812				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: 14-0088

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 3:02 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	BSD DEPRECIATION	0	4,841,991	1.00
2.00	5.06	OTHER ADMIN & GENERAL	HOSPITAL MALPRACTICE & OVERH	40,340,216	11,456,087	2.00
3.00	7.00	OPERATION OF PLANT	ELECTRICITY & STEAM	13,179,287	14,676,513	3.00
3.01	9.00	HOUSEKEEPING	HOUSEKEEPING	0	747,823	3.01
3.02	5.06	OTHER ADMIN & GENERAL	PHYSICIAN SERVICES	0	1,894,564	3.02
3.03	5.06	OTHER ADMIN & GENERAL	PHYSICIAN SERVICES	0	2,025,000	3.03
3.04	90.00	CLINIC	PHYSICIAN SERVICES	0	251,843,110	3.04
3.05	90.03	ORLAND PARK CLINIC	PHYSICIAN SERVICES	0	6,372,468	3.05
3.06	191.01	OTHER NONREIMBURSABLE	PHYSICIAN SERVICES	0	708,980	3.06
3.07	191.02	SOUTH LOOP CLINIC	PHYSICIAN SERVICES	0	1,628,531	3.07
3.08	90.00	CLINIC	PHYSICIAN SERVICES	0	2,000,116	3.08
3.09	5.06	OTHER ADMIN & GENERAL	PHYSICIAN SERVICES	12,269,170	0	3.09
3.10	22.00	I&R SERVICES-OTHER PRGM COST	PHYSICIAN SERVICES	19,346,000	0	3.10
3.11	30.00	ADULTS & PEDIATRICS	PHYSICIAN SERVICES	2,615,433	0	3.11
3.12	31.00	INTENSIVE CARE UNIT	PHYSICIAN SERVICES	416,756	0	3.12
3.13	32.00	CORONARY CARE UNIT	PHYSICIAN SERVICES	200,203	0	3.13
3.14	33.00	BURN INTENSIVE CARE UNIT	PHYSICIAN SERVICES	46,819	0	3.14
3.15	35.00	NURSERY ICU	PHYSICIAN SERVICES	277,837	0	3.15
3.16	43.00	NURSERY	PHYSICIAN SERVICES	165,033	0	3.16
3.17	50.00	OPERATING ROOM	PHYSICIAN SERVICES	8,738,943	0	3.17
3.18	52.00	DELIVERY ROOM & LABOR ROOM	PHYSICIAN SERVICES	970,586	0	3.18
3.19	53.00	ANESTHESIOLOGY	PHYSICIAN SERVICES	602,683	0	3.19
3.20	54.00	RADIOLOGY-DIAGNOSTIC	PHYSICIAN SERVICES	3,722,108	0	3.20
3.21	55.00	RADIOLOGY-THERAPEUTIC	PHYSICIAN SERVICES	4,394,533	0	3.21
3.22	59.00	CARDIAC CATHETERIZATION	PHYSICIAN SERVICES	413,229	0	3.22
3.23	60.00	LABORATORY	PHYSICIAN SERVICES	1,410,234	0	3.23
3.24	63.00	BLOOD STORING, PROCESSING &	PHYSICIAN SERVICES	305,079	0	3.24
3.25	65.00	RESPIRATORY THERAPY	PHYSICIAN SERVICES	618,401	0	3.25
3.26	69.00	ELECTROCARDIOLOGY	PHYSICIAN SERVICES	413,229	0	3.26
3.27	70.00	ELECTROENCEPHALOGRAPHY	PHYSICIAN SERVICES	859,699	0	3.27
3.28	74.00	RENAL DIALYSIS	PHYSICIAN SERVICES	612,105	0	3.28
3.29	90.00	CLINIC	PHYSICIAN SERVICES	15,548,789	0	3.29
3.30	91.00	EMERGENCY	PHYSICIAN SERVICES	964,171	0	3.30
3.31	105.00	KIDNEY ACQUISITION	PHYSICIAN SERVICES	580,059	0	3.31
3.32	106.00	HEART ACQUISITION	PHYSICIAN SERVICES	79,410	0	3.32
3.33	107.00	LIVER ACQUISITION	PHYSICIAN SERVICES	425,148	0	3.33
3.34	108.00	LUNG ACQUISITION	PHYSICIAN SERVICES	224,209	0	3.34
3.35	0.00			0	0	3.35
3.36	0.00			0	0	3.36
3.37	0.00			0	0	3.37
3.38	0.00			0	0	3.38
3.39	0.00			0	0	3.39
3.40	0.00			0	0	3.40
4.00	0.00		0	0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			129,739,369	298,195,183	5.00

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

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

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

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

6.00	B	U OF C MEDICAL CENTER	100.00	UNIVERSITY OF CHICAGO	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00

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

Provider CCN: 14-0088

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 3:02 pm

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
				Name	Percentage of Ownership
	1.00	2.00	3.00	4.00	5.00
9.00			0.00		0.00
10.00			0.00		0.00
100.00	G. Other (financial or non-financial) specify:				

(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: 14-0088

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 3:02 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	-4,841,991	9		1.00
2.00	28,884,129	0		2.00
3.00	-1,497,226	0		3.00
3.01	-747,823	0		3.01
3.02	-1,894,564	0		3.02
3.03	-2,025,000	0		3.03
3.04	-251,843,110	0		3.04
3.05	-6,372,468	0		3.05
3.06	-708,980	0		3.06
3.07	-1,628,531	0		3.07
3.08	-2,000,116	0		3.08
3.09	12,269,170	0		3.09
3.10	19,346,000	0		3.10
3.11	2,615,433	0		3.11
3.12	416,756	0		3.12
3.13	200,203	0		3.13
3.14	46,819	0		3.14
3.15	277,837	0		3.15
3.16	165,033	0		3.16
3.17	8,738,943	0		3.17
3.18	970,586	0		3.18
3.19	602,683	0		3.19
3.20	3,722,108	0		3.20
3.21	4,394,533	0		3.21
3.22	413,229	0		3.22
3.23	1,410,234	0		3.23
3.24	305,079	0		3.24
3.25	618,401	0		3.25
3.26	413,229	0		3.26
3.27	859,699	0		3.27
3.28	612,105	0		3.28
3.29	15,548,789	0		3.29
3.30	964,171	0		3.30
3.31	580,059	0		3.31
3.32	79,410	0		3.32
3.33	425,148	0		3.33
3.34	224,209	0		3.34
3.35	0	0		3.35
3.36	0	0		3.36
3.37	0	0		3.37
3.38	0	0		3.38
3.39	0	0		3.39
3.40	0	0		3.40
4.00	0	0		4.00
5.00	-168,455,814			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	UNIVERSITY/MEDICAL SCHOOL		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

Provider CCN: 14-0088

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

Worksheet A-8-1

Date/Time Prepared:
11/26/2019 3:02 pm

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

(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: 14-0088

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

Worksheet A-8-2

Date/Time Prepared:

11/26/2019 3:02 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	0.00		0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,615,433	0	2,615,433	211,500	12,689	3.00
4.00	31.00	INTENSIVE CARE UNIT	416,756	0	416,756	211,500	2,022	4.00
5.00	32.00	CORONARY CARE UNIT	200,203	0	200,203	211,500	971	5.00
6.00	33.00	BURN INTENSIVE CARE UNIT	46,819	0	46,819	211,500	227	6.00
7.00	35.00	NURSERY ICU	277,837	0	277,837	211,500	1,348	7.00
8.00	43.00	NURSERY	165,033	0	165,033	211,500	801	8.00
9.00	50.00	OPERATING ROOM	8,738,943	0	8,738,943	246,400	26,596	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	970,586	0	970,586	237,100	3,516	10.00
11.00	53.00	ANESTHESIOLOGY	602,683	0	602,683	239,400	2,079	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	3,722,108	0	3,722,108	271,900	13,940	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	4,394,533	0	4,394,533	271,900	15,033	13.00
14.00	59.00	CARDIAC CATHETERIZATION	413,229	0	413,229	211,500	1,735	14.00
15.00	60.00	LABORATORY	1,410,234	0	1,410,234	260,300	6,223	15.00
16.00	63.00	BLOOD STORING, PROCESSING & TRANS.	305,079	0	305,079	260,300	1,790	16.00
17.00	65.00	RESPIRATORY THERAPY	618,401	0	618,401	211,500	3,625	17.00
18.00	69.00	ELECTROCARDIOLOGY	413,229	0	413,229	211,500	1,735	18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	859,699	0	859,699	211,500	4,790	19.00
20.00	74.00	RENAL DIALYSIS	612,105	0	612,105	211,500	3,599	20.00
21.00	90.00	CLINIC	15,548,789	0	15,548,789	211,500	78,951	21.00
22.00	91.00	EMERGENCY	964,171	0	964,171	211,500	6,039	22.00
23.00	105.00	KIDNEY ACQUISITION	580,059	0	580,059	246,400	3,086	23.00
24.00	106.00	HEART ACQUISITION	79,410	0	79,410	246,400	287	24.00
25.00	107.00	LIVER ACQUISITION	425,148	0	425,148	246,400	1,783	25.00
26.00	108.00	LUNG ACQUISITION	224,209	0	224,209	246,400	1,373	26.00
200.00			44,604,696	0	44,604,696		194,238	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	0.00		0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,290,252	64,513	0	0	298,201	3.00
4.00	31.00	INTENSIVE CARE UNIT	205,602	10,280	0	0	47,517	4.00
5.00	32.00	CORONARY CARE UNIT	98,734	4,937	0	0	22,826	5.00
6.00	33.00	BURN INTENSIVE CARE UNIT	23,082	1,154	0	0	5,338	6.00
7.00	35.00	NURSERY ICU	137,068	6,853	0	0	31,678	7.00
8.00	43.00	NURSERY	81,448	4,072	0	0	18,816	8.00
9.00	50.00	OPERATING ROOM	3,150,603	157,530	0	0	996,379	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	400,790	20,040	0	0	110,662	10.00
11.00	53.00	ANESTHESIOLOGY	239,285	11,964	0	0	68,715	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	1,822,253	91,113	0	0	424,380	12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	1,965,131	98,257	0	0	501,047	13.00
14.00	59.00	CARDIAC CATHETERIZATION	176,420	8,821	0	0	47,115	14.00
15.00	60.00	LABORATORY	778,773	38,939	0	0	160,789	15.00
16.00	63.00	BLOOD STORING, PROCESSING & TRANS.	224,008	11,200	0	0	34,784	16.00
17.00	65.00	RESPIRATORY THERAPY	368,600	18,430	0	0	70,508	17.00
18.00	69.00	ELECTROCARDIOLOGY	176,420	8,821	0	0	47,115	18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	487,060	24,353	0	0	98,019	19.00
20.00	74.00	RENAL DIALYSIS	365,956	18,298	0	0	69,790	20.00
21.00	90.00	CLINIC	8,027,950	401,398	0	0	1,772,810	21.00
22.00	91.00	EMERGENCY	614,062	30,703	0	0	109,931	22.00
23.00	105.00	KIDNEY ACQUISITION	365,572	18,279	0	0	0	23.00
24.00	106.00	HEART ACQUISITION	33,999	1,700	0	0	0	24.00
25.00	107.00	LIVER ACQUISITION	211,217	10,561	0	0	0	25.00
26.00	108.00	LUNG ACQUISITION	162,648	8,132	0	0	0	26.00
200.00			21,406,933	1,070,348	0	0	4,936,420	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	0.00		0	0	0	0		1.00
2.00	0.00		0	0	0	0		2.00
3.00	30.00	ADULTS & PEDIATRICS	298,201	1,588,453	1,026,980	1,026,980		3.00
4.00	31.00	INTENSIVE CARE UNIT	47,517	253,119	163,637	163,637		4.00
5.00	32.00	CORONARY CARE UNIT	22,826	121,560	78,643	78,643		5.00
6.00	33.00	BURN INTENSIVE CARE UNIT	5,338	28,420	18,399	18,399		6.00
7.00	35.00	NURSERY ICU	31,678	168,746	109,091	109,091		7.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0088

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

Worksheet A-8-2

Date/Time Prepared:
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	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		
8.00	43.00	NURSERY	18,816	100,264	64,769	64,769		8.00
9.00	50.00	OPERATING ROOM	996,379	4,146,982	4,591,961	4,591,961		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	110,662	511,452	459,134	459,134		10.00
11.00	53.00	ANESTHESIOLOGY	68,715	308,000	294,683	294,683		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	424,380	2,246,633	1,475,475	1,475,475		12.00
13.00	55.00	RADIOLOGY-THERAPEUTIC	501,047	2,466,178	1,928,355	1,928,355		13.00
14.00	59.00	CARDIAC CATHETERIZATION	47,115	223,535	189,694	189,694		14.00
15.00	60.00	LABORATORY	160,789	939,562	470,672	470,672		15.00
16.00	63.00	BLOOD STORING, PROCESSING & TRANS.	34,784	258,792	46,287	46,287		16.00
17.00	65.00	RESPIRATORY THERAPY	70,508	439,108	179,293	179,293		17.00
18.00	69.00	ELECTROCARDIOLOGY	47,115	223,535	189,694	189,694		18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	98,019	585,079	274,620	274,620		19.00
20.00	74.00	RENAL DIALYSIS	69,790	435,746	176,359	176,359		20.00
21.00	90.00	CLINIC	1,772,810	9,800,760	5,748,029	5,748,029		21.00
22.00	91.00	EMERGENCY	109,931	723,993	240,178	240,178		22.00
23.00	105.00	KIDNEY ACQUISITION	0	365,572	214,487	214,487		23.00
24.00	106.00	HEART ACQUISITION	0	33,999	45,411	45,411		24.00
25.00	107.00	LIVER ACQUISITION	0	211,217	213,931	213,931		25.00
26.00	108.00	LUNG ACQUISITION	0	162,648	61,561	61,561		26.00
200.00			4,936,420	26,343,353	18,261,343	18,261,343		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	41,130,903	41,130,903			1.00
1.01	00101	DCAM CAPITAL	5,721,978	0	5,721,978		1.01
1.02	00102	ORLAND PARK CAPITAL	1,378,935	0	0	1,378,935	1.02
1.03	00103	SOUTH LOOP CAPITAL	405,759	0	0	0	1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	59,208,318			405,759	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	169,336,434	509,139	0	0	4.00
5.01	00540	NON-PATIENT PHONES	1,552,529	42,760	0	0	5.01
5.02	00550	DATA PROCESSING	55,387,946	2,045,290	21,912	0	5.02
5.03	00560	PURCHASING	10,249,283	2,270,827	0	0	5.03
5.04	00570	ADMITTING	5,478,397	167,125	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	16,042,264	196,519	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	143,673,840	2,849,990	75,544	0	5.06
7.00	00700	OPERATION OF PLANT	43,605,536	497,056	8,032	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,710,795	34,339	0	0	8.00
9.00	00900	HOUSEKEEPING	25,483,990	1,254,645	101,824	1,580	9.00
10.00	01000	DIETARY	11,822,911	411,569	0	0	10.00
11.00	01100	CAFETERIA	363,859	668,376	194,635	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,411,371	144,118	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,969,435	810,053	101,972	0	14.00
15.00	01500	PHARMACY	20,327,860	543,447	90,775	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,234,155	315,782	0	0	16.00
17.00	01700	SOCIAL SERVICE	626,192	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	300,789	36,468	0	0	18.01
18.02	01852	PATIENT TRANSPORT	5,192,677	319,225	10,142	0	18.02
18.03	01853	MEDICAL ELECTRONICS	1,949,047	293,213	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	40,084,260	576,659	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	19,346,000	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,315,747	29,456	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	114,404,831	11,333,473	14,916	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33,113,089	2,356,189	0	0	31.00
32.00	03200	CORONARY CARE UNIT	12,626,849	761,971	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,199,937	244,944	0	0	33.00
35.00	02080	NURSERY ICU	17,193,503	612,000	0	0	35.00
43.00	04300	NURSERY	5,915,673	266,668	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,070,777	1,735,143	278,581	0	50.00
51.00	05100	RECOVERY ROOM	16,310,149	915,605	83,743	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,940,174	517,841	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,045,845	142,866	18,340	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,221,653	1,409,344	503,642	0	54.00
54.01	03630	ULTRA SOUND	901,352	27,108	12,362	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	10,871,460	0	384,680	0	55.00
56.00	05600	RADIOISOTOPE	7,294,895	185,563	1,610	0	56.00
57.00	05700	CT SCAN	4,224,676	82,514	0	0	57.00
58.00	05800	MRI	4,165,500	1,628	80,541	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,195,186	160,145	0	0	59.00
60.00	06000	LABORATORY	38,052,030	1,643,519	57,833	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	1,361,607	50,429	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,663,763	162,618	20,653	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,075,788	101,202	49,653	0	65.00
66.00	06600	PHYSICAL THERAPY	6,848,758	363,143	16,971	0	66.00
69.00	06900	ELECTROCARDIOLOGY	12,029,292	169,442	52,874	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,964,013	129,687	66,291	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	221,405	0	11,770	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,682,860	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,389,665	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	148,532,353	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,088,856	117,417	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	144,674	5,259	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,709,506	0	0	0	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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11/26/2019 3:02 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
				1.00	1.01	1.02	1.03	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	90,746,936	1,187,438	3,412,584	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	2,133,167	42,603	32,720	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	2,430,721	477,023	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	12,662,502	0	0	526,734	0	90.03
91.00	09100	EMERGENCY	27,692,622	1,390,844	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	554,958	23,101	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	278,273	4,320	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,136,009	45,013	0	0	0	105.00
106.00	10600	HEART ACQUISITION	2,745,173	27,046	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,675,572	18,343	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	2,124,450	14,305	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	608,220	6,511	0	0	0	109.00
111.00	11100	ISLET ACQUISITION	59,200	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,510,619,132	40,748,321	5,704,600	528,314	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,717	5,634	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	12,261,174	0	0	850,621	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	8,030,835	376,948	17,378	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	2,640,534	0	0	0	405,759	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,533,555,392	41,130,903	5,721,978	1,378,935	405,759	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP	59,208,318					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	189,085	170,034,658				4.00
5.01	00540	NON-PATIENT PHONES	1,070	463,834	2,060,193			5.01
5.02	00550	DATA PROCESSING	21,720,773	7,581,062	13,644	86,770,627	86,770,627	5.02
5.03	00560	PURCHASING	252,081	2,041,957	13,644	14,827,792	889,297	5.03
5.04	00570	ADMITTING	3,467	1,403,010	13,644	7,065,643	423,762	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,994	1,830,164	13,644	18,085,585	1,084,683	5.05
5.06	00590	OTHER ADMIN & GENERAL	5,610,449	16,752,732	1,364,350	170,326,905	10,215,621	5.06
7.00	00700	OPERATION OF PLANT	477,343	4,036,440	13,644	48,638,051	2,917,067	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,890	0	13,644	3,782,668	226,866	8.00
9.00	00900	HOUSEKEEPING	272,740	4,923,674	13,644	32,052,097	1,922,325	9.00
10.00	01000	DIETARY	21,886	1,830,660	13,644	14,100,670	845,688	10.00
11.00	01100	CAFETERIA	356,530	151,734	13,644	1,748,778	104,883	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	453,503	2,871,880	13,644	14,894,516	893,299	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	217,896	848,753	13,644	8,961,753	537,481	14.00
15.00	01500	PHARMACY	798,798	6,692,429	13,644	28,466,953	1,707,306	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,831	1,298,298	13,644	10,868,710	651,851	16.00
17.00	01700	SOCIAL SERVICE	0	96,964	13,644	736,800	44,190	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	2,857	46,596	13,644	400,354	24,011	18.01
18.02	01852	PATIENT TRANSPORT	128,240	1,154,120	13,644	6,818,048	408,912	18.02
18.03	01853	MEDICAL ELECTRONICS	73,549	271,625	13,644	2,601,078	156,000	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	147,151	10,778,644	0	51,586,714	3,093,913	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	13,644	19,359,644	1,161,095	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	294,404	13,644	1,653,251	99,154	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,305,243	27,891,724	13,644	154,963,831	9,293,956	30.00
31.00	03100	INTENSIVE CARE UNIT	362,779	7,367,480	13,644	43,213,181	2,591,711	31.00
32.00	03200	CORONARY CARE UNIT	67,326	2,911,011	13,644	16,380,801	982,439	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	20,984	740,622	13,644	4,220,131	253,102	33.00
35.00	02080	NURSERY ICU	502,607	4,247,890	13,644	22,569,644	1,353,614	35.00
43.00	04300	NURSERY	81,392	959,739	13,644	7,237,116	434,046	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,015,124	6,935,888	27,287	61,062,800	3,662,241	50.00
51.00	05100	RECOVERY ROOM	188,057	3,595,792	0	21,093,346	1,265,073	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,819	1,285,571	13,644	8,839,049	530,122	52.00
53.00	05300	ANESTHESIOLOGY	903,054	2,184,064	13,644	8,307,813	498,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,662,409	2,898,388	13,644	27,709,080	1,661,852	54.00
54.01	03630	ULTRA SOUND	270,841	261,880	0	1,473,543	88,376	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,136,187	1,329,688	13,644	13,735,659	823,796	55.00
56.00	05600	RADIOISOTOPE	387,847	268,686	0	8,138,601	488,113	56.00
57.00	05700	CT SCAN	970,605	862,301	13,644	6,153,740	369,071	57.00
58.00	05800	MRI	1,972,073	784,213	13,644	7,017,599	420,881	58.00
59.00	05900	CARDIAC CATHETERIZATION	737,689	522,553	13,644	5,629,217	337,612	59.00
60.00	06000	LABORATORY	1,217,165	5,068,848	13,644	46,053,039	2,762,031	60.00
60.01	06001	LABORATORY - TRANSPLANT	54,085	142,932	0	1,609,053	96,503	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	130,760	808,124	13,644	15,799,562	947,579	63.00
65.00	06500	RESPIRATORY THERAPY	567,687	1,870,175	13,644	15,678,149	940,297	65.00
66.00	06600	PHYSICAL THERAPY	50,509	1,659,170	13,644	8,952,195	536,908	66.00
69.00	06900	ELECTROCARDIOLOGY	774,147	1,812,014	13,644	14,851,413	890,713	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	302,552	809,029	13,644	5,285,216	316,981	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	45,531	13,644	292,350	17,534	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,682,860	2,200,055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	55,389,665	3,321,995	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	148,532,353	8,908,228	73.00
74.00	07400	RENAL DIALYSIS	404,840	750,393	13,644	5,375,150	322,375	74.00
76.97	07697	CARDIAC REHABILITATION	855	33,692	0	184,480	11,064	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,709,506	102,528	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,226,854	16,210,113	13,644	114,797,569	6,884,984	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	Subtotal	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	4.00	5.01	5A.01	5.02	
90.01	09001	TRANSPLANT CLINIC	19,769	432,605	13,644	2,674,508	160,404	90.01
90.02	09002	SILVER CROSS CLINIC	184,784	828,506	0	3,921,034	235,164	90.02
90.03	09003	ORLAND PARK CLINIC	1,520,243	1,585,586	0	16,295,065	977,297	90.03
91.00	09100	EMERGENCY	943,045	5,639,951	13,644	35,680,106	2,139,914	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	32,370	454,159	13,644	1,078,232	64,667	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	1,101	0	0	283,694	17,015	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	20,882	405,124	13,644	5,620,672	337,100	105.00
106.00	10600	HEART ACQUISITION	12,554	96,531	13,644	2,894,948	173,625	106.00
107.00	10700	LIVER ACQUISITION	8,509	192,743	13,644	2,908,811	174,456	107.00
108.00	10800	LUNG ACQUISITION	6,637	115,030	13,644	2,274,066	136,387	108.00
109.00	10900	PANCREAS ACQUISITION	3,022	91,621	13,644	723,018	43,363	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	59,200	3,551	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,909,539	169,468,347	2,060,193	1,507,097,702	85,184,388	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	9,351	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	905,945	0	0	14,017,740	840,714	190.01
191.01	19101	OTHER NONREIMBURSABLE	12,807	237,902	0	8,675,870	520,335	191.01
191.02	19102	SOUTH LOOP CLINIC	380,027	328,409	0	3,754,729	225,190	191.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	59,208,318	170,034,658	2,060,193	1,533,555,392	86,770,627	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PURCHASING	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING	15,717,089					5.03
5.04	00570	ADMITTING	1,402	7,490,807				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,958	0	19,174,226			5.05
5.06	00590	OTHER ADMIN & GENERAL	0	0	0	180,542,526	180,542,526	5.06
7.00	00700	OPERATION OF PLANT	66,472	0	0	51,621,590	6,888,282	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,658	0	0	4,012,192	535,379	8.00
9.00	00900	HOUSEKEEPING	88,074	0	0	34,062,496	4,545,231	9.00
10.00	01000	DIETARY	66,396	0	0	15,012,754	2,003,272	10.00
11.00	01100	CAFETERIA	38,006	0	0	1,891,667	252,420	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,709	0	0	15,790,524	2,107,056	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	91,826	0	0	9,591,060	1,279,812	14.00
15.00	01500	PHARMACY	0	0	0	30,174,259	4,026,393	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,251	0	0	11,522,812	1,537,581	16.00
17.00	01700	SOCIAL SERVICE	1	0	0	780,991	104,214	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	55	0	0	424,420	56,634	18.01
18.02	01852	PATIENT TRANSPORT	438	0	0	7,227,398	964,410	18.02
18.03	01853	MEDICAL ELECTRONICS	1,497	0	0	2,758,575	368,099	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	414	0	0	54,681,041	7,296,529	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	20,520,739	2,738,246	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	448	0	0	1,752,853	233,897	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	305,095	1,143,868	1,710,195	167,416,945	22,339,782	30.00
31.00	03100	INTENSIVE CARE UNIT	189,933	443,684	584,427	47,022,936	6,274,647	31.00
32.00	03200	CORONARY CARE UNIT	61,816	198,270	261,164	17,884,490	2,386,471	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	15,576	33,146	43,661	4,565,616	609,227	33.00
35.00	02080	NURSERY ICU	48,934	275,275	362,596	24,610,063	3,283,918	35.00
43.00	04300	NURSERY	5,883	72,587	95,613	7,845,245	1,046,854	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,781,351	650,786	1,371,870	69,529,048	9,277,817	50.00
51.00	05100	RECOVERY ROOM	67,414	99,666	210,041	22,735,540	3,033,785	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,200	55,843	75,711	9,552,925	1,274,723	52.00
53.00	05300	ANESTHESIOLOGY	96,668	244,898	591,279	9,738,919	1,299,542	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	305,732	163,513	588,934	30,429,111	4,060,400	54.00
54.01	03630	ULTRA SOUND	4,534	22,680	67,885	1,657,018	221,109	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	51,981	47,455	404,772	15,063,663	2,010,065	55.00
56.00	05600	RADIOISOTOPE	231,851	10,960	125,389	8,994,914	1,200,263	56.00
57.00	05700	CT SCAN	31,136	293,568	1,028,636	7,876,151	1,050,978	57.00
58.00	05800	MRI	34,309	82,998	373,147	7,928,934	1,058,021	58.00
59.00	05900	CARDIAC CATHETERIZATION	326,274	107,567	252,191	6,652,861	887,744	59.00
60.00	06000	LABORATORY	556,551	910,197	2,241,261	52,523,079	7,008,575	60.00
60.01	06001	LABORATORY - TRANSPLANT	30,286	3,572	23,098	1,762,512	235,186	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	409,940	198,168	327,714	17,682,963	2,359,579	63.00
65.00	06500	RESPIRATORY THERAPY	147,597	240,461	348,039	17,354,543	2,315,756	65.00
66.00	06600	PHYSICAL THERAPY	18,083	47,568	112,615	9,667,369	1,289,994	66.00
69.00	06900	ELECTROCARDIOLOGY	379,786	199,596	567,784	16,889,292	2,253,673	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,724	44,715	102,619	5,759,255	768,503	70.00
70.01	07001	BRACE AND PLASTER ROOM	7,100	11	1,914	318,909	42,555	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	203,983	434,989	39,521,887	5,273,722	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	325,057	676,538	59,713,255	7,968,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,652,816	900,233	3,347,145	169,340,775	22,596,937	73.00
74.00	07400	RENAL DIALYSIS	29,900	64,802	88,883	5,881,110	784,764	74.00
76.97	07697	CARDIAC REHABILITATION	309	10	4,631	200,494	26,754	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	7,592	11,444	1,831,070	244,334	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	709,650	116,258	1,253,357	123,761,818	16,514,529	90.00
90.01	09001	TRANSPLANT CLINIC	6,495	250	6,582	2,848,239	380,063	90.01
90.02	09002	SILVER CROSS CLINIC	9,115	11	56,784	4,222,108	563,390	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PURCHASING	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
90.03	09003	ORLAND PARK CLINIC	555,748	1,275	484,030	18,313,415	2,443,705	90.03
91.00	09100	EMERGENCY	140,914	233,694	875,919	39,070,547	5,213,496	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,554	13	17	1,145,483	152,851	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	3	0	0	300,712	40,126	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	325	16,254	21,410	5,995,761	800,062	105.00
106.00	10600	HEART ACQUISITION	1,253	11,514	15,167	3,096,507	413,192	106.00
107.00	10700	LIVER ACQUISITION	1,012	11,480	15,122	3,110,881	415,110	107.00
108.00	10800	LUNG ACQUISITION	6,782	6,046	7,963	2,431,244	324,420	108.00
109.00	10900	PANCREAS ACQUISITION	20	1,283	1,690	769,374	102,664	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	62,751	8,373	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,653,255	7,490,807	19,174,226	1,505,447,629	176,793,131	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	0	0	9,354	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	46,587	0	0	14,905,041	1,988,899	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	9,196,205	1,227,123	191.01
191.02	19102	SOUTH LOOP CLINIC	17,244	0	0	3,997,163	533,373	191.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,717,089	7,490,807	19,174,226	1,533,555,392	180,542,526	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	58,509,872					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	61,722	4,609,293				8.00
9.00	00900	HOUSEKEEPING	2,255,121	0	40,862,848			9.00
10.00	01000	DIETARY	739,760	0	537,944	18,293,730		10.00
11.00	01100	CAFETERIA	1,201,351	0	873,607	0	4,219,045	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	259,040	0	188,370	0	80,961	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,456,002	0	1,058,786	0	45,339	14.00
15.00	01500	PHARMACY	976,801	0	710,317	0	180,677	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	567,592	0	412,746	0	41,907	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	4,038	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	65,548	0	47,665	0	1,980	18.01
18.02	01852	PATIENT TRANSPORT	573,781	0	417,246	0	71,217	18.02
18.03	01853	MEDICAL ELECTRONICS	527,026	0	383,246	0	9,240	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,036,497	0	753,727	0	691,275	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	52,945	0	38,501	0	16,169	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,370,974	3,238,858	14,813,512	12,854,640	791,502	30.00
31.00	03100	INTENSIVE CARE UNIT	4,235,054	516,096	3,079,677	2,048,323	185,738	31.00
32.00	03200	CORONARY CARE UNIT	1,369,581	247,925	995,941	983,983	65,303	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	440,267	57,979	320,156	230,111	18,304	33.00
35.00	02080	NURSERY ICU	1,100,019	344,064	799,920	1,365,549	96,904	35.00
43.00	04300	NURSERY	479,314	204,371	348,551	811,124	21,530	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,118,775	0	2,267,933	0	174,866	50.00
51.00	05100	RECOVERY ROOM	1,645,725	0	1,196,750	0	89,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	930,777	0	676,849	0	34,011	52.00
53.00	05300	ANESTHESIOLOGY	256,789	0	186,734	0	40,691	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,533,178	0	1,842,095	0	101,922	54.00
54.01	03630	ULTRA SOUND	48,725	0	35,432	0	8,101	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	35,211	55.00
56.00	05600	RADIOISOTOPE	333,534	0	242,541	0	7,151	56.00
57.00	05700	CT SCAN	148,312	0	107,851	0	24,844	57.00
58.00	05800	MRI	2,926	0	2,128	0	23,563	58.00
59.00	05900	CARDIAC CATHETERIZATION	287,847	0	209,319	0	13,448	59.00
60.00	06000	LABORATORY	2,954,090	0	2,148,176	0	199,674	60.00
60.01	06001	LABORATORY - TRANSPLANT	90,641	0	65,913	0	5,236	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	292,292	0	212,551	0	26,948	63.00
65.00	06500	RESPIRATORY THERAPY	181,902	0	132,277	0	71,935	65.00
66.00	06600	PHYSICAL THERAPY	652,720	0	474,649	0	55,039	66.00
69.00	06900	ELECTROCARDIOLOGY	304,558	0	221,470	0	59,674	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	233,102	0	169,509	0	34,313	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	0	2,435	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	211,047	0	153,470	0	19,100	74.00
76.97	07697	CARDIAC REHABILITATION	9,452	0	6,874	0	1,417	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,134,322	0	1,552,052	0	568,156	90.00
90.01	09001	TRANSPLANT CLINIC	76,575	0	55,685	0	11,720	90.01
90.02	09002	SILVER CROSS CLINIC	857,408	0	623,496	0	7,266	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	19,013	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
91.00	09100	EMERGENCY			0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	2,499,926		1,817,914	0	155,655	92.00
95.00	09500	AMBULANCE SERVICES	41,523	0	30,195	0	11,050	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	7,764	0	5,646	0	5,171	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	80,908	0	58,835	0	16,737	105.00
106.00	10600	HEART ACQUISITION	48,612	0	35,350	0	1,065	106.00
107.00	10700	LIVER ACQUISITION	32,971	0	23,976	0	3,721	107.00
108.00	10800	LUNG ACQUISITION	25,713	0	18,698	0	2,085	108.00
109.00	10900	PANCREAS ACQUISITION	11,703	0	8,510	0	1,055	109.00
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)	57,822,212	4,609,293	40,362,790	18,293,730	4,153,628	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,128	0	7,365	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	677,532	0	492,693	0	51,290	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	14,127	191.02
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)	58,509,872	4,609,293	40,862,848	18,293,730	4,219,045	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	18,425,951				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	13,430,999			14.00
15.00	01500	PHARMACY	0	15,610	0	36,084,057		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	343	1,968	0	14,084,949	16.00
17.00	01700	SOCIAL SERVICE	0	0	1	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	0	48	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	0	383	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	1,309	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	978	362	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	392	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,397,656	266,851	72,356	2,151,086	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,944,226	166,125	19,466	834,239	31.00
32.00	03200	CORONARY CARE UNIT	0	762,952	54,068	1,760	372,798	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	186,312	13,624	1,648	62,324	33.00
35.00	02080	NURSERY ICU	0	1,125,799	42,800	34	517,586	35.00
43.00	04300	NURSERY	0	231,067	5,145	0	136,482	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,169,202	2,432,704	181,607	1,223,643	50.00
51.00	05100	RECOVERY ROOM	0	1,014,153	58,964	45,770	187,398	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	345,805	45,657	19,090	105,000	52.00
53.00	05300	ANESTHESIOLOGY	0	262,154	84,550	680,898	460,470	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	107,748	267,408	138,765	307,445	54.00
54.01	03630	ULTRA SOUND	0	0	3,966	5,657	42,645	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	52,148	45,465	1,235,464	89,227	55.00
56.00	05600	RADIOISOTOPE	0	0	202,788	354,586	20,608	56.00
57.00	05700	CT SCAN	0	0	27,233	436,684	551,982	57.00
58.00	05800	MRI	0	0	30,008	582,012	156,058	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	98,137	285,375	141,651	202,254	59.00
60.00	06000	LABORATORY	0	0	486,786	3,174	1,711,401	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	26,490	0	6,715	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	32,760	358,553	42,643	372,606	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	129,095	1,947,705	452,128	65.00
66.00	06600	PHYSICAL THERAPY	0	17,982	15,816	331,711	89,440	66.00
69.00	06900	ELECTROCARDIOLOGY	0	165,783	332,180	16,240	375,292	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,099	8,505	0	84,076	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	51	6,210	0	20	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	383,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	611,190	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,693,780	0	1,692,667	73.00
74.00	07400	RENAL DIALYSIS	0	157,035	26,152	0	121,845	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	270	0	19	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	14,275	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,581,766	620,694	10,398,331	218,595	90.00
90.01	09001	TRANSPLANT CLINIC	0	47,821	5,681	8,998	470	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	7,973	1,044	21	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
90.03	09003	ORLAND PARK CLINIC	0	64,850	486,085	17,174,810	2,398	90.03
91.00	09100	EMERGENCY	0	1,280,479	123,250	0	439,405	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	79,259	2,234	12,299	25	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	9	3	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	58,152	284	721	30,562	105.00
106.00	10600	HEART ACQUISITION	0	17,497	1,096	7,274	21,650	106.00
107.00	10700	LIVER ACQUISITION	0	23,797	885	8,132	21,585	107.00
108.00	10800	LUNG ACQUISITION	0	9,250	5,932	4,237	11,367	108.00
109.00	10900	PANCREAS ACQUISITION	0	3,662	18	46	2,413	109.00
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	18,275,542	13,375,166	33,874,813	14,084,949	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3	868,248	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	40,748	575,202	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	112,130	0	382,897	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	38,279	15,082	382,897	0	191.02
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)	0	18,425,951	13,430,999	36,084,057	14,084,949	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER GENERAL SERVICE					
			SOCIAL SERVICE	OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS	
			17.00	18.00	18.01	18.02	18.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	889,244					17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0				18.00
18.01	01851	VOLUNTEERS	0	0	596,295			18.01
18.02	01852	PATIENT TRANSPORT	0	0	0	9,254,435		18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	0	4,047,495	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	624,854	0	92,048	1,413,019	620,070	30.00
31.00	03100	INTENSIVE CARE UNIT	99,567	0	35,250	548,156	239,595	31.00
32.00	03200	CORONARY CARE UNIT	47,831	0	15,752	244,955	107,068	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	11,186	0	2,633	40,951	17,899	33.00
35.00	02080	NURSERY ICU	66,378	0	21,870	340,092	148,652	35.00
43.00	04300	NURSERY	39,428	0	5,767	89,679	39,198	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	51,703	804,023	351,432	50.00
51.00	05100	RECOVERY ROOM	0	0	7,918	123,134	53,821	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,437	68,992	30,156	52.00
53.00	05300	ANESTHESIOLOGY	0	0	19,456	302,562	132,248	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,991	202,014	88,299	54.00
54.01	03630	ULTRA SOUND	0	0	1,802	28,021	12,248	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,770	58,628	25,626	55.00
56.00	05600	RADIOISOTOPE	0	0	871	13,541	5,919	56.00
57.00	05700	CT SCAN	0	0	23,323	362,693	158,530	57.00
58.00	05800	MRI	0	0	6,594	102,541	44,820	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	8,546	132,895	58,088	59.00
60.00	06000	LABORATORY	0	0	72,313	1,124,515	491,517	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	284	4,412	1,929	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	15,744	244,829	107,013	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	19,104	297,081	129,852	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,779	58,769	25,687	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	15,857	246,594	107,784	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,553	55,244	24,147	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	1	13	6	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	16,206	252,013	110,153	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	25,825	401,596	175,535	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	71,521	1,112,206	486,136	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,148	80,061	34,994	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	1	13	5	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	603	9,380	4,100	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	9,236	143,633	62,781	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	20	309	135	90.01

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Cost Center Description			OTHER GENERAL SERVICE					
			SOCIAL SERVICE	OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS	
			17.00	18.00	18.01	18.02	18.03	
90.02	09002	SILVER CROSS CLINIC	0	0	1	14	6	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	101	1,576	689	90.03
91.00	09100	EMERGENCY	0	0	18,566	288,721	126,198	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	1	16	7	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	1,291	20,081	8,777	105.00
106.00	10600	HEART ACQUISITION	0	0	915	14,226	6,218	106.00
107.00	10700	LIVER ACQUISITION	0	0	912	14,183	6,199	107.00
108.00	10800	LUNG ACQUISITION	0	0	480	7,469	3,265	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	102	1,585	693	109.00
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)	889,244	0	596,295	9,254,435	4,047,495	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
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)	889,244	0	596,295	9,254,435	4,047,495	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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11/26/2019 3:02 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	
					SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					APPRV	APPRV		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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
18.00	01850	OCCUPATIONAL THERAPY						18.00
18.01	01851	VOLUNTEERS						18.01
18.02	01852	PATIENT TRANSPORT						18.02
18.03	01853	MEDICAL ELECTRONICS						18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			64,460,409			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				23,258,985		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY					2,094,757	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	19,664,927	7,095,617	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,799,182	1,370,843	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	1,196,114	431,589	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	291,933	105,337	0	33.00
35.00	02080	NURSERY ICU	0	0	1,950,274	703,709	0	35.00
43.00	04300	NURSERY	0	0	24,328	8,778	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	6,844,205	2,469,566	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,161,114	779,786	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,573,616	1,650,279	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,862,564	1,032,887	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	677,122	244,323	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	405,462	146,301	0	57.00
58.00	05800	MRI	0	0	85,147	30,723	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	429,790	155,079	0	59.00
60.00	06000	LABORATORY	0	0	3,750,527	1,353,287	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	24,328	8,778	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	352,752	127,282	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	502,773	181,414	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,094,757	73.00
74.00	07400	RENAL DIALYSIS	0	0	81,092	29,260	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	6,357,650	2,294,005	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					21.00	22.00		
90.01	09001	TRANSPLANT CLINIC	0	0	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	214,895	77,540	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	1,986,766	716,877	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
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	0	58,236,561	21,013,260	2,094,757	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	0	6,223,848	2,245,725	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	64,460,409	23,258,985	2,094,757	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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11/26/2019 3:02 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	DCAM CAPITAL				1.01
1.02	00102	ORLAND PARK CAPITAL				1.02
1.03	00103	SOUTH LOOP CAPITAL				1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NON-PATIENT PHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
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
18.00	01850	OCCUPATIONAL THERAPY				18.00
18.01	01851	VOLUNTEERS				18.01
18.02	01852	PATIENT TRANSPORT				18.02
18.03	01853	MEDICAL ELECTRONICS				18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	280,224,697	-26,760,544	253,464,153	30.00
31.00	03100	INTENSIVE CARE UNIT	72,419,120	-5,170,025	67,249,095	31.00
32.00	03200	CORONARY CARE UNIT	27,168,581	-1,627,703	25,540,878	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,975,507	-397,270	6,578,237	33.00
35.00	02080	NURSERY ICU	36,517,631	-2,653,983	33,863,648	35.00
43.00	04300	NURSERY	11,336,861	-33,106	11,303,755	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	99,896,524	-9,313,771	90,582,753	50.00
51.00	05100	RECOVERY ROOM	30,192,229	0	30,192,229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,029,322	-2,940,900	13,088,422	52.00
53.00	05300	ANESTHESIOLOGY	19,688,908	-6,223,895	13,465,013	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,986,827	-3,895,451	40,091,376	54.00
54.01	03630	ULTRA SOUND	2,064,724	0	2,064,724	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	19,540,712	-921,445	18,619,267	55.00
56.00	05600	RADIOISOTOPE	11,376,716	0	11,376,716	56.00
57.00	05700	CT SCAN	11,320,344	-551,763	10,768,581	57.00
58.00	05800	MRI	10,053,475	-115,870	9,937,605	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,563,034	-584,869	8,978,165	59.00
60.00	06000	LABORATORY	73,827,114	-5,103,814	68,723,300	60.00
60.01	06001	LABORATORY - TRANSPLANT	2,199,318	0	2,199,318	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,781,587	-33,106	21,748,481	63.00
65.00	06500	RESPIRATORY THERAPY	23,031,378	0	23,031,378	65.00
66.00	06600	PHYSICAL THERAPY	12,682,955	0	12,682,955	66.00
69.00	06900	ELECTROCARDIOLOGY	21,468,431	-480,034	20,988,397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,845,493	-684,187	7,161,306	70.00
70.01	07001	BRACE AND PLASTER ROOM	370,200	0	370,200	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,557,520	0	45,557,520	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,895,418	0	68,895,418	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	204,088,779	0	204,088,779	73.00
74.00	07400	RENAL DIALYSIS	7,585,078	-110,352	7,474,726	74.00
76.97	07697	CARDIAC REHABILITATION	245,299	0	245,299	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,103,762	0	2,103,762	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	167,217,568	-8,651,655	158,565,913	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.01	09001	TRANSPLANT CLINIC	3,435,716	0	3,435,716	90.01
90.02	09002	SILVER CROSS CLINIC	6,575,162	-292,435	6,282,727	90.02
90.03	09003	ORLAND PARK CLINIC	38,506,642	0	38,506,642	90.03
91.00	09100	EMERGENCY	53,737,800	-2,703,643	51,034,157	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,474,943	0	1,474,943	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	359,431	0	359,431	100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,072,171	0	7,072,171	105.00
106.00	10600	HEART ACQUISITION	3,663,602	0	3,663,602	106.00
107.00	10700	LIVER ACQUISITION	3,662,352	0	3,662,352	107.00
108.00	10800	LUNG ACQUISITION	2,844,160	0	2,844,160	108.00
109.00	10900	PANCREAS ACQUISITION	901,825	0	901,825	109.00
111.00	11100	ISLET ACQUISITION	71,124	0	71,124	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,489,560,040	-79,249,821	1,410,310,219	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	895,098	0	895,098	190.00
190.01	19001	ORLAND PARK PHYSICIAN	17,509,890	0	17,509,890	190.01
191.01	19101	OTHER NONREIMBURSABLE	20,609,443	-8,469,573	12,139,870	191.01
191.02	19102	SOUTH LOOP CLINIC	4,980,921	0	4,980,921	191.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,533,555,392	-87,719,394	1,445,835,998	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	509,139	0	0	4.00
5.01	00540	NON-PATIENT PHONES	0	42,760	0	0	5.01
5.02	00550	DATA PROCESSING	0	2,045,290	21,912	0	5.02
5.03	00560	PURCHASING	0	2,270,827	0	0	5.03
5.04	00570	ADMITTING	0	167,125	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	196,519	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	2,849,990	75,544	0	5.06
7.00	00700	OPERATION OF PLANT	0	497,056	8,032	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	34,339	0	0	8.00
9.00	00900	HOUSEKEEPING	0	1,254,645	101,824	1,580	9.00
10.00	01000	DIETARY	0	411,569	0	0	10.00
11.00	01100	CAFETERIA	0	668,376	194,635	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	144,118	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	810,053	101,972	0	14.00
15.00	01500	PHARMACY	0	543,447	90,775	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	315,782	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	36,468	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	319,225	10,142	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	293,213	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	576,659	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	29,456	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	11,333,473	14,916	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,356,189	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	761,971	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	244,944	0	0	33.00
35.00	02080	NURSERY ICU	0	612,000	0	0	35.00
43.00	04300	NURSERY	0	266,668	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,735,143	278,581	0	50.00
51.00	05100	RECOVERY ROOM	0	915,605	83,743	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	517,841	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	142,866	18,340	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,409,344	503,642	0	54.00
54.01	03630	ULTRA SOUND	0	27,108	12,362	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	384,680	0	55.00
56.00	05600	RADIOISOTOPE	0	185,563	1,610	0	56.00
57.00	05700	CT SCAN	0	82,514	0	0	57.00
58.00	05800	MRI	0	1,628	80,541	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	160,145	0	0	59.00
60.00	06000	LABORATORY	0	1,643,519	57,833	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	50,429	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	162,618	20,653	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	101,202	49,653	0	65.00
66.00	06600	PHYSICAL THERAPY	0	363,143	16,971	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	169,442	52,874	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	129,687	66,291	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	11,770	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	117,417	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	5,259	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
				1.00	1.01	1.02	1.03	
	0			1.00	1.01	1.02	1.03	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,187,438	3,412,584	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	42,603	32,720	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	477,023	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	526,734	0	90.03
91.00	09100	EMERGENCY	0	1,390,844	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	23,101	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	4,320	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	45,013	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	27,046	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	18,343	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	14,305	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	6,511	0	0	0	109.00
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	40,748,321	5,704,600	528,314	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,634	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	850,621	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	376,948	17,378	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	405,759	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	41,130,903	5,721,978	1,378,935	405,759	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	DATA PROCESSING	
			2.00	2A	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	189,085	698,224	698,224			4.00
5.01	00540	NON-PATIENT PHONES	1,070	43,830	1,905	45,735		5.01
5.02	00550	DATA PROCESSING	21,720,773	23,787,975	31,133	303	23,819,411	5.02
5.03	00560	PURCHASING	252,081	2,522,908	8,386	303	244,125	5.03
5.04	00570	ADMITTING	3,467	170,592	5,762	303	116,329	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,994	199,513	7,516	303	297,761	5.05
5.06	00590	OTHER ADMIN & GENERAL	5,610,449	8,535,983	68,798	30,282	2,803,963	5.06
7.00	00700	OPERATION OF PLANT	477,343	982,431	16,576	303	800,777	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,890	58,229	0	303	62,278	8.00
9.00	00900	HOUSEKEEPING	272,740	1,630,789	20,220	303	527,706	9.00
10.00	01000	DIETARY	21,886	433,455	7,518	303	232,153	10.00
11.00	01100	CAFETERIA	356,530	1,219,541	623	303	28,792	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	453,503	597,621	11,794	303	245,223	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	217,896	1,129,921	3,486	303	147,546	14.00
15.00	01500	PHARMACY	798,798	1,433,020	27,483	303	468,680	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,831	322,613	5,332	303	178,942	16.00
17.00	01700	SOCIAL SERVICE	0	0	398	303	12,131	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	2,857	39,325	191	303	6,591	18.01
18.02	01852	PATIENT TRANSPORT	128,240	457,607	4,740	303	112,252	18.02
18.03	01853	MEDICAL ELECTRONICS	73,549	366,762	1,115	303	42,824	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	147,151	723,810	44,264	0	849,324	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	303	318,737	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	29,456	1,209	303	27,219	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,305,243	12,653,632	114,493	303	2,551,325	30.00
31.00	03100	INTENSIVE CARE UNIT	362,779	2,718,968	30,256	303	711,462	31.00
32.00	03200	CORONARY CARE UNIT	67,326	829,297	11,955	303	269,694	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	20,984	265,928	3,041	303	69,480	33.00
35.00	02080	NURSERY ICU	502,607	1,114,607	17,445	303	371,587	35.00
43.00	04300	NURSERY	81,392	348,060	3,941	303	119,152	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,015,124	7,028,848	28,483	606	1,005,338	50.00
51.00	05100	RECOVERY ROOM	188,057	1,187,405	14,767	0	347,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	81,819	599,660	5,279	303	145,526	52.00
53.00	05300	ANESTHESIOLOGY	903,054	1,064,260	8,969	303	136,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,662,409	5,575,395	11,903	303	456,202	54.00
54.01	03630	ULTRA SOUND	270,841	310,311	1,075	0	24,260	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,136,187	1,520,867	5,461	303	226,144	55.00
56.00	05600	RADIOISOTOPE	387,847	575,020	1,103	0	133,994	56.00
57.00	05700	CT SCAN	970,605	1,053,119	3,541	303	101,315	57.00
58.00	05800	MRI	1,972,073	2,054,242	3,220	303	115,538	58.00
59.00	05900	CARDIAC CATHETERIZATION	737,689	897,834	2,146	303	92,679	59.00
60.00	06000	LABORATORY	1,217,165	2,918,517	20,816	303	758,217	60.00
60.01	06001	LABORATORY - TRANSPLANT	54,085	104,514	587	0	26,491	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	130,760	314,031	3,319	303	260,124	63.00
65.00	06500	RESPIRATORY THERAPY	567,687	718,542	7,680	303	258,125	65.00
66.00	06600	PHYSICAL THERAPY	50,509	430,623	6,814	303	147,389	66.00
69.00	06900	ELECTROCARDIOLOGY	774,147	996,463	7,441	303	244,514	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	302,552	498,530	3,322	303	87,016	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	11,770	187	303	4,813	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	603,947	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	911,935	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,445,437	73.00
74.00	07400	RENAL DIALYSIS	404,840	522,257	3,082	303	88,496	74.00
76.97	07697	CARDIAC REHABILITATION	855	6,114	138	0	3,037	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	28,145	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,226,854	7,826,876	66,569	303	1,890,027	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	DATA PROCESSING	
			MVBLE EQUIP					
			2.00	2A	4.00	5.01	5.02	
90.01	09001	TRANSPLANT CLINIC	19,769	95,092	1,777	303	44,033	90.01
90.02	09002	SILVER CROSS CLINIC	184,784	661,807	3,402	0	64,556	90.02
90.03	09003	ORLAND PARK CLINIC	1,520,243	2,046,977	6,511	0	268,282	90.03
91.00	09100	EMERGENCY	943,045	2,333,889	23,161	303	587,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	32,370	55,471	1,865	303	17,752	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	1,101	5,421	0	0	4,671	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	20,882	65,895	1,664	303	92,539	105.00
106.00	10600	HEART ACQUISITION	12,554	39,600	396	303	47,662	106.00
107.00	10700	LIVER ACQUISITION	8,509	26,852	792	303	47,891	107.00
108.00	10800	LUNG ACQUISITION	6,637	20,942	472	303	37,440	108.00
109.00	10900	PANCREAS ACQUISITION	3,022	9,533	376	303	11,904	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	975	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,909,539	104,890,774	695,898	45,735	23,383,965	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,634	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	905,945	1,756,566	0	0	230,788	190.01
191.01	19101	OTHER NONREIMBURSABLE	12,807	407,133	977	0	142,840	191.01
191.02	19102	SOUTH LOOP CLINIC	380,027	785,786	1,349	0	61,818	191.02
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	59,208,318	107,845,893	698,224	45,735	23,819,411	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PURCHASING	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING	2,775,722					5.03
5.04	00570	ADMITTING	248	293,234				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	699	0	505,792			5.05
5.06	00590	OTHER ADMIN & GENERAL	0	0	0	11,439,026		5.06
7.00	00700	OPERATION OF PLANT	11,739	0	0	436,461	2,248,287	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	469	0	0	33,923	2,372	8.00
9.00	00900	HOUSEKEEPING	15,554	0	0	287,998	86,655	9.00
10.00	01000	DIETARY	11,726	0	0	126,933	28,426	10.00
11.00	01100	CAFETERIA	6,712	0	0	15,994	46,163	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	479	0	0	133,509	9,954	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,217	0	0	81,092	55,948	14.00
15.00	01500	PHARMACY	0	0	0	255,123	37,534	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	397	0	0	97,425	21,810	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	6,603	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	10	0	0	3,588	2,519	18.01
18.02	01852	PATIENT TRANSPORT	77	0	0	61,108	22,048	18.02
18.03	01853	MEDICAL ELECTRONICS	264	0	0	23,324	20,251	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	73	0	0	462,328	39,828	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	173,503	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	79	0	0	14,820	2,034	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,880	44,764	44,848	1,415,510	782,771	30.00
31.00	03100	INTENSIVE CARE UNIT	33,542	17,369	15,326	397,579	162,735	31.00
32.00	03200	CORONARY CARE UNIT	10,917	7,762	6,849	151,213	52,627	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,751	1,298	1,145	38,602	16,918	33.00
35.00	02080	NURSERY ICU	8,642	10,776	9,509	208,078	42,269	35.00
43.00	04300	NURSERY	1,039	2,842	2,507	66,332	18,418	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	491,191	25,477	35,976	587,868	119,841	50.00
51.00	05100	RECOVERY ROOM	11,905	3,902	5,508	192,229	63,238	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,219	2,186	1,985	80,770	35,766	52.00
53.00	05300	ANESTHESIOLOGY	17,072	9,587	15,506	82,343	9,867	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,993	6,401	15,444	257,278	97,339	54.00
54.01	03630	ULTRA SOUND	801	888	1,780	14,010	1,872	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	9,180	1,858	10,615	127,363	0	55.00
56.00	05600	RADIOISOTOPE	40,945	429	3,288	76,052	12,816	56.00
57.00	05700	CT SCAN	5,499	11,493	26,975	66,593	5,699	57.00
58.00	05800	MRI	6,059	3,249	9,785	67,039	112	58.00
59.00	05900	CARDIAC CATHETERIZATION	57,620	4,211	6,613	56,250	11,061	59.00
60.00	06000	LABORATORY	98,288	35,632	58,774	444,083	113,513	60.00
60.01	06001	LABORATORY - TRANSPLANT	5,349	140	606	14,902	3,483	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	72,396	7,758	8,594	149,509	11,232	63.00
65.00	06500	RESPIRATORY THERAPY	26,066	9,414	9,127	146,733	6,990	65.00
66.00	06600	PHYSICAL THERAPY	3,193	1,862	2,953	81,738	25,081	66.00
69.00	06900	ELECTROCARDIOLOGY	67,071	7,814	14,889	142,799	11,703	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,717	1,751	2,691	48,695	8,957	70.00
70.01	07001	BRACE AND PLASTER ROOM	1,254	0	50	2,696	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,986	11,407	334,158	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,725	17,741	504,876	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,351,557	35,242	90,747	1,431,158	0	73.00
74.00	07400	RENAL DIALYSIS	5,280	2,537	2,331	49,725	8,110	74.00
76.97	07697	CARDIAC REHABILITATION	55	0	121	1,695	363	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	297	300	15,482	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	125,325	4,551	32,868	1,046,406	82,013	90.00
90.01	09001	TRANSPLANT CLINIC	1,147	10	173	24,082	2,942	90.01
90.02	09002	SILVER CROSS CLINIC	1,610	0	1,489	35,698	32,947	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			PURCHASING	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
			5.03	5.04	5.05	5.06	7.00	
90.03	09003	ORLAND PARK CLINIC	98,146	50	12,693	154,840	0	90.03
91.00	09100	EMERGENCY	24,886	9,149	22,970	330,341	96,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	451	1	0	9,685	1,596	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	1	0	0	2,543	298	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	57	636	561	50,694	3,109	105.00
106.00	10600	HEART ACQUISITION	221	451	398	26,181	1,868	106.00
107.00	10700	LIVER ACQUISITION	179	449	397	26,302	1,267	107.00
108.00	10800	LUNG ACQUISITION	1,198	237	209	20,556	988	108.00
109.00	10900	PANCREAS ACQUISITION	4	50	44	6,505	450	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	531	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,764,449	293,234	505,792	11,201,454	2,221,863	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	0	389	190.00
190.01	19001	ORLAND PARK PHYSICIAN	8,227	0	0	126,022	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	77,754	26,035	191.01
191.02	19102	SOUTH LOOP CLINIC	3,045	0	0	33,796	0	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,775,722	293,234	505,792	11,439,026	2,248,287	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	157,574					8.00
9.00	00900	HOUSEKEEPING	0	2,569,225				9.00
10.00	01000	DIETARY	0	33,823	874,337			10.00
11.00	01100	CAFETERIA	0	54,927	0	1,373,055		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	11,844	0	26,348	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	66,570	0	14,755	0	14.00
15.00	01500	PHARMACY	0	44,661	0	58,800	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,951	0	13,638	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,314	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	2,997	0	645	0	18.01
18.02	01852	PATIENT TRANSPORT	0	26,234	0	23,177	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	24,096	0	3,007	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	47,390	0	224,969	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	2,421	0	5,262	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	110,724	931,391	614,379	257,592	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,643	193,633	97,898	60,447	0	31.00
32.00	03200	CORONARY CARE UNIT	8,476	62,619	47,029	21,252	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,982	20,130	10,998	5,957	0	33.00
35.00	02080	NURSERY ICU	11,762	50,294	65,266	31,536	0	35.00
43.00	04300	NURSERY	6,987	21,915	38,767	7,007	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	142,595	0	56,908	0	50.00
51.00	05100	RECOVERY ROOM	0	75,245	0	29,052	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	42,556	0	11,069	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,741	0	13,243	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	115,820	0	33,169	0	54.00
54.01	03630	ULTRA SOUND	0	2,228	0	2,637	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,459	0	55.00
56.00	05600	RADIOISOTOPE	0	15,250	0	2,327	0	56.00
57.00	05700	CT SCAN	0	6,781	0	8,085	0	57.00
58.00	05800	MRI	0	134	0	7,669	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,161	0	4,376	0	59.00
60.00	06000	LABORATORY	0	135,065	0	64,982	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	4,144	0	1,704	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,364	0	8,770	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,317	0	23,411	0	65.00
66.00	06600	PHYSICAL THERAPY	0	29,843	0	17,912	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	13,925	0	19,420	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,658	0	11,167	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	792	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	9,649	0	6,216	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	432	0	461	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	97,584	0	184,901	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	3,501	0	3,814	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	39,202	0	2,365	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	6,188	0	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	
			8.00	9.00	10.00	11.00	12.00	
91.00	09100	EMERGENCY	0	114,300	0	50,657	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	1,898	0	3,596	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	355	0	1,683	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	3,699	0	5,447	0	105.00
106.00	10600	HEART ACQUISITION	0	2,223	0	347	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,507	0	1,211	0	107.00
108.00	10800	LUNG ACQUISITION	0	1,176	0	679	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	535	0	343	0	109.00
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)	157,574	2,537,784	874,337	1,351,766	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	463	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	30,978	0	16,692	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	4,597	0	191.02
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)	157,574	2,569,225	874,337	1,373,055	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	1,037,075					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,515,838				14.00
15.00	01500	PHARMACY	879	0	2,326,483			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19	222	0	666,652		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	20,749	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	5	0	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	43	0	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	148	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	55	41	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	44	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	360,083	30,120	4,665	100,289	14,580	30.00
31.00	03100	INTENSIVE CARE UNIT	109,428	18,751	1,255	39,592	2,323	31.00
32.00	03200	CORONARY CARE UNIT	42,941	6,103	113	17,692	1,116	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	10,486	1,538	106	2,958	261	33.00
35.00	02080	NURSERY ICU	63,364	4,831	2	24,564	1,549	35.00
43.00	04300	NURSERY	13,005	581	0	6,477	920	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	65,807	274,581	11,709	58,072	0	50.00
51.00	05100	RECOVERY ROOM	57,080	6,655	2,951	8,894	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,463	5,153	1,231	4,983	0	52.00
53.00	05300	ANESTHESIOLOGY	14,755	9,543	43,900	21,853	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,064	30,183	8,947	14,591	0	54.00
54.01	03630	ULTRA SOUND	0	448	365	2,024	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,935	5,132	79,656	4,235	0	55.00
56.00	05600	RADIOISOTOPE	0	22,889	22,862	978	0	56.00
57.00	05700	CT SCAN	0	3,074	28,155	26,196	0	57.00
58.00	05800	MRI	0	3,387	37,525	7,406	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,523	32,210	9,133	9,599	0	59.00
60.00	06000	LABORATORY	0	54,944	205	81,221	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	2,990	0	319	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,844	40,470	2,749	17,683	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	14,571	125,577	21,457	0	65.00
66.00	06600	PHYSICAL THERAPY	1,012	1,785	21,387	4,245	0	66.00
69.00	06900	ELECTROCARDIOLOGY	9,331	37,493	1,047	17,811	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,188	960	0	3,990	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	3	701	0	1	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	18,202	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	29,006	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	755,404	0	80,332	0	73.00
74.00	07400	RENAL DIALYSIS	8,838	2,952	0	5,783	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	30	0	1	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	677	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	145,310	70,058	670,425	10,374	0	90.00
90.01	09001	TRANSPLANT CLINIC	2,692	641	580	22	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	900	67	1	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
90.03	09003	ORLAND PARK CLINIC	3,650	54,865	1,107,323	114	0	90.03
91.00	09100	EMERGENCY	72,070	13,911	0	20,854	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,461	252	793	1	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,273	32	46	1,450	0	105.00
106.00	10600	HEART ACQUISITION	985	124	469	1,027	0	106.00
107.00	10700	LIVER ACQUISITION	1,339	100	524	1,024	0	107.00
108.00	10800	LUNG ACQUISITION	521	670	273	539	0	108.00
109.00	10900	PANCREAS ACQUISITION	206	2	3	115	0	109.00
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)	1,028,610	1,509,537	2,184,043	666,652	20,749	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	55,980	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	4,599	37,086	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	6,311	0	24,687	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	2,154	1,702	24,687	0	0	191.02
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)	1,037,075	1,515,838	2,326,483	666,652	20,749	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
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Cost Center Description			OTHER GENERAL SERVICE				NONPHYSICIAN ANESTHETISTS	
			OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS		
			18.00	18.01	18.02	18.03	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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
18.00	01850	OCCUPATIONAL THERAPY	0					18.00
18.01	01851	VOLUNTEERS	0	56,174				18.01
18.02	01852	PATIENT TRANSPORT	0	0	707,589			18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	482,094		18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	8,670	108,342	72,850		30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,321	41,891	28,608		31.00
32.00	03200	CORONARY CARE UNIT	0	1,484	18,720	12,784		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	248	3,130	2,137		33.00
35.00	02080	NURSERY ICU	0	2,060	25,990	17,749		35.00
43.00	04300	NURSERY	0	543	6,853	4,680		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,871	61,444	41,962		50.00
51.00	05100	RECOVERY ROOM	0	746	9,410	6,426		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	418	5,272	3,601		52.00
53.00	05300	ANESTHESIOLOGY	0	1,833	23,122	15,791		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,224	15,438	10,543		54.00
54.01	03630	ULTRA SOUND	0	170	2,141	1,462		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	355	4,480	3,060		55.00
56.00	05600	RADIOISOTOPE	0	82	1,035	707		56.00
57.00	05700	CT SCAN	0	2,197	27,717	18,929		57.00
58.00	05800	MRI	0	621	7,836	5,352		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	805	10,156	6,936		59.00
60.00	06000	LABORATORY	0	6,812	85,937	58,689		60.00
60.01	06001	LABORATORY - TRANSPLANT	0	27	337	230		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,483	18,710	12,778		63.00
65.00	06500	RESPIRATORY THERAPY	0	1,800	22,703	15,505		65.00
66.00	06600	PHYSICAL THERAPY	0	356	4,491	3,067		66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,494	18,845	12,870		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	335	4,222	2,883		70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	1	1		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,527	19,259	13,153		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,433	30,690	20,959		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,737	84,996	58,046		73.00
74.00	07400	RENAL DIALYSIS	0	485	6,118	4,178		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	1	1		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	57	717	490		77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	870	10,977	7,496		90.00
90.01	09001	TRANSPLANT CLINIC	0	2	24	16		90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

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Cost Center Description			OTHER GENERAL SERVICE				NONPHYSICIAN ANESTHETISTS	
			OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS		
			18.00	18.01	18.02	18.03	19.00	
90.02	09002	SILVER CROSS CLINIC	0	0	1	1		90.02
90.03	09003	ORLAND PARK CLINIC	0	10	120	82		90.03
91.00	09100	EMERGENCY	0	1,749	22,064	15,068		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	1	1		95.00
99.10	09910	CORF	0	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	122	1,535	1,048		105.00
106.00	10600	HEART ACQUISITION	0	86	1,087	742		106.00
107.00	10700	LIVER ACQUISITION	0	86	1,084	740		107.00
108.00	10800	LUNG ACQUISITION	0	45	571	390		108.00
109.00	10900	PANCREAS ACQUISITION	0	10	121	83		109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	56,174	707,589	482,094	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0		190.01
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0		191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0		191.02
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	56,174	707,589	482,094	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM-PHARMACY	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
			20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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
18.00	01850	OCCUPATIONAL THERAPY						18.00
18.01	01851	VOLUNTEERS						18.01
18.02	01852	PATIENT TRANSPORT						18.02
18.03	01853	MEDICAL ELECTRONICS						18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		2,392,082				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			492,543			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				82,847		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					20,275,211	30.00
31.00	03100	INTENSIVE CARE UNIT					4,702,330	31.00
32.00	03200	CORONARY CARE UNIT					1,580,946	32.00
33.00	03300	BURN INTENSIVE CARE UNIT					459,397	33.00
35.00	02080	NURSERY ICU					2,082,183	35.00
43.00	04300	NURSERY					670,329	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					10,041,577	50.00
51.00	05100	RECOVERY ROOM					2,022,694	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					974,440	52.00
53.00	05300	ANESTHESIOLOGY					1,500,468	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					6,710,237	54.00
54.01	03630	ULTRA SOUND					366,472	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC					2,013,103	55.00
56.00	05600	RADIOISOTOPE					909,777	56.00
57.00	05700	CT SCAN					1,395,671	57.00
58.00	05800	MRI					2,329,477	58.00
59.00	05900	CARDIAC CATHETERIZATION					1,220,616	59.00
60.00	06000	LABORATORY					4,935,998	60.00
60.01	06001	LABORATORY - TRANSPLANT					165,823	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					945,117	63.00
65.00	06500	RESPIRATORY THERAPY					1,416,321	65.00
66.00	06600	PHYSICAL THERAPY					784,054	66.00
69.00	06900	ELECTROCARDIOLOGY					1,625,233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					688,385	70.00
70.01	07001	BRACE AND PLASTER ROOM					22,572	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					1,009,639	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					1,530,365	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					6,339,656	73.00
74.00	07400	RENAL DIALYSIS					726,340	74.00
76.97	07697	CARDIAC REHABILITATION					12,449	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION					46,165	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC					12,272,933	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM-PHARMACY	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
			20.00	21.00	22.00	23.00	24.00	
90.01	09001	TRANSPLANT CLINIC					180,851	90.01
90.02	09002	SILVER CROSS CLINIC					844,046	90.02
90.03	09003	ORLAND PARK CLINIC					3,759,851	90.03
91.00	09100	EMERGENCY					3,738,871	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES					98,127	95.00
99.10	09910	CORF					0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY					0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY					0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY					0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					14,972	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION					232,110	105.00
106.00	10600	HEART ACQUISITION					124,170	106.00
107.00	10700	LIVER ACQUISITION					112,047	107.00
108.00	10800	LUNG ACQUISITION					87,209	108.00
109.00	10900	PANCREAS ACQUISITION					30,587	109.00
111.00	11100	ISLET ACQUISITION					1,506	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	101,000,325	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					62,467	190.00
190.01	19001	ORLAND PARK PHYSICIAN					2,163,288	190.01
191.01	19101	OTHER NONREIMBURSABLE					733,407	191.01
191.02	19102	SOUTH LOOP CLINIC					918,934	191.02
200.00		Cross Foot Adjustments	0	2,392,082	492,543	82,847	2,967,472	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,392,082	492,543	82,847	107,845,893	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	DCAM CAPITAL		1.01
1.02	00102	ORLAND PARK CAPITAL		1.02
1.03	00103	SOUTH LOOP CAPITAL		1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NON-PATIENT PHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN & GENERAL		5.06
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
18.00	01850	OCCUPATIONAL THERAPY		18.00
18.01	01851	VOLUNTEERS		18.01
18.02	01852	PATIENT TRANSPORT		18.02
18.03	01853	MEDICAL ELECTRONICS		18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 20,275,211	30.00
31.00	03100	INTENSIVE CARE UNIT	0 4,702,330	31.00
32.00	03200	CORONARY CARE UNIT	0 1,580,946	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0 459,397	33.00
35.00	02080	NURSERY ICU	0 2,082,183	35.00
43.00	04300	NURSERY	0 670,329	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 10,041,577	50.00
51.00	05100	RECOVERY ROOM	0 2,022,694	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 974,440	52.00
53.00	05300	ANESTHESIOLOGY	0 1,500,468	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 6,710,237	54.00
54.01	03630	ULTRA SOUND	0 366,472	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0 2,013,103	55.00
56.00	05600	RADIOISOTOPE	0 909,777	56.00
57.00	05700	CT SCAN	0 1,395,671	57.00
58.00	05800	MRI	0 2,329,477	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 1,220,616	59.00
60.00	06000	LABORATORY	0 4,935,998	60.00
60.01	06001	LABORATORY - TRANSPLANT	0 165,823	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0 0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 945,117	63.00
65.00	06500	RESPIRATORY THERAPY	0 1,416,321	65.00
66.00	06600	PHYSICAL THERAPY	0 784,054	66.00
69.00	06900	ELECTROCARDIOLOGY	0 1,625,233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 688,385	70.00
70.01	07001	BRACE AND PLASTER ROOM	0 22,572	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 1,009,639	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 1,530,365	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 6,339,656	73.00
74.00	07400	RENAL DIALYSIS	0 726,340	74.00
76.97	07697	CARDIAC REHABILITATION	0 12,449	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0 0	76.98
76.99	07699	LITHOTRIPSY	0 0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0 46,165	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0 12,272,933	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
90.01	09001	TRANSPLANT CLINIC	0	180,851		90.01
90.02	09002	SILVER CROSS CLINIC	0	844,046		90.02
90.03	09003	ORLAND PARK CLINIC	0	3,759,851		90.03
91.00	09100	EMERGENCY	0	3,738,871		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	98,127		95.00
99.10	09910	CORF	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0		99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	14,972		100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	232,110		105.00
106.00	10600	HEART ACQUISITION	0	124,170		106.00
107.00	10700	LIVER ACQUISITION	0	112,047		107.00
108.00	10800	LUNG ACQUISITION	0	87,209		108.00
109.00	10900	PANCREAS ACQUISITION	0	30,587		109.00
111.00	11100	ISLET ACQUISITION	0	1,506		111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	101,000,325		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,467		190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	2,163,288		190.01
191.01	19101	OTHER NONREIMBURSABLE	0	733,407		191.01
191.02	19102	SOUTH LOOP CLINIC	0	918,934		191.02
200.00		Cross Foot Adjustments	0	2,967,472		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	107,845,893		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DCAM CAPITAL (SQUARE FEET)	ORLAND PARK CAPITAL (SQUARE FEET)	SOUTH LOOP CAPITAL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.00	1.01	1.02	1.03	2.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,313,971					1.00
1.01	00101	DCAM CAPITAL	0	309,184				1.01
1.02	00102	ORLAND PARK CAPITAL	0	0	44,499			1.02
1.03	00103	SOUTH LOOP CAPITAL	0	0	0	15,634		1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP					55,952,411	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,265	0	0	0	178,687	4.00
5.01	00540	NON-PATIENT PHONES	1,366	0	0	0	1,011	5.01
5.02	00550	DATA PROCESSING	65,339	1,184	0	0	20,526,348	5.02
5.03	00560	PURCHASING	72,544	0	0	0	238,219	5.03
5.04	00570	ADMITTING	5,339	0	0	0	3,276	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,278	0	0	0	2,829	5.05
5.06	00590	OTHER ADMIN & GENERAL	91,046	4,082	0	0	5,301,925	5.06
7.00	00700	OPERATION OF PLANT	15,879	434	0	0	451,093	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,097	0	0	0	22,576	8.00
9.00	00900	HOUSEKEEPING	40,081	5,502	51	0	257,742	9.00
10.00	01000	DIETARY	13,148	0	0	0	20,682	10.00
11.00	01100	CAFETERIA	21,352	10,517	0	0	336,924	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,604	0	0	0	428,564	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,878	5,510	0	0	205,914	14.00
15.00	01500	PHARMACY	17,361	4,905	0	0	754,871	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,088	0	0	0	6,455	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	1,165	0	0	0	2,700	18.01
18.02	01852	PATIENT TRANSPORT	10,198	548	0	0	121,188	18.02
18.03	01853	MEDICAL ELECTRONICS	9,367	0	0	0	69,504	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	18,422	0	0	0	139,059	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	941	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	362,060	806	0	0	1,233,466	30.00
31.00	03100	INTENSIVE CARE UNIT	75,271	0	0	0	342,829	31.00
32.00	03200	CORONARY CARE UNIT	24,342	0	0	0	63,624	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,825	0	0	0	19,830	33.00
35.00	02080	NURSERY ICU	19,551	0	0	0	474,968	35.00
43.00	04300	NURSERY	8,519	0	0	0	76,916	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	55,431	15,053	0	0	4,739,337	50.00
51.00	05100	RECOVERY ROOM	29,250	4,525	0	0	177,716	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,543	0	0	0	77,320	52.00
53.00	05300	ANESTHESIOLOGY	4,564	991	0	0	853,394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,023	27,214	0	0	3,461,009	54.00
54.01	03630	ULTRA SOUND	866	668	0	0	255,947	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,786	0	0	1,073,707	55.00
56.00	05600	RADIOISOTOPE	5,928	87	0	0	366,519	56.00
57.00	05700	CT SCAN	2,636	0	0	0	917,230	57.00
58.00	05800	MRI	52	4,352	0	0	1,863,627	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,116	0	0	0	697,123	59.00
60.00	06000	LABORATORY	52,504	3,125	0	0	1,150,232	60.00
60.01	06001	LABORATORY - TRANSPLANT	1,611	0	0	0	51,111	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,195	1,116	0	0	123,569	63.00
65.00	06500	RESPIRATORY THERAPY	3,233	2,683	0	0	536,469	65.00
66.00	06600	PHYSICAL THERAPY	11,601	917	0	0	47,731	66.00
69.00	06900	ELECTROCARDIOLOGY	5,413	2,857	0	0	731,576	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,143	3,582	0	0	285,914	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	636	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,751	0	0	0	382,577	74.00
76.97	07697	CARDIAC REHABILITATION	168	0	0	0	808	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,934	184,397	0	0	3,049,406	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DCAM CAPITAL (SQUARE FEET)	ORLAND PARK CAPITAL (SQUARE FEET)	SOUTH LOOP CAPITAL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
			1.00	1.01	1.02	1.03	2.00	
90.01	09001	TRANSPLANT CLINIC	1,361	1,768	0	0	18,682	90.01
90.02	09002	SILVER CROSS CLINIC	15,239	0	0	0	174,623	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	16,998	0	1,436,643	90.03
91.00	09100	EMERGENCY	44,432	0	0	0	891,186	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	738	0	0	0	30,590	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	138	0	0	0	1,040	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,438	0	0	0	19,734	105.00
106.00	10600	HEART ACQUISITION	864	0	0	0	11,864	106.00
107.00	10700	LIVER ACQUISITION	586	0	0	0	8,041	107.00
108.00	10800	LUNG ACQUISITION	457	0	0	0	6,272	108.00
109.00	10900	PANCREAS ACQUISITION	208	0	0	0	2,856	109.00
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)	1,301,749	308,245	17,049	0	54,725,053	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	180	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	27,450	0	856,126	190.01
191.01	19101	OTHER NONREIMBURSABLE	12,042	939	0	0	12,103	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	15,634	359,129	191.02
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)	41,130,903	5,721,978	1,378,935	405,759	59,208,318	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.302748	18.506708	30.988000	25.953627	1.058191	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT PHONES (NUMBER OF PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING (COSTED REQ UIS)	
			4.00	5.01	5A.02	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	621,791,869					4.00
5.01	00540	NON-PATIENT PHONES	1,696,175	151				5.01
5.02	00550	DATA PROCESSING	27,722,846	1	-86,770,627	1,446,775,414		5.02
5.03	00560	PURCHASING	7,467,140	1	0	14,827,792	421,069,382	5.03
5.04	00570	ADMITTING	5,130,604	1	0	7,065,643	37,572	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,692,646	1	0	18,085,585	106,035	5.05
5.06	00590	OTHER ADMIN & GENERAL	61,262,319	100	0	170,326,905	0	5.06
7.00	00700	OPERATION OF PLANT	14,760,677	1	0	48,638,051	1,780,794	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1	0	3,782,668	71,218	8.00
9.00	00900	HOUSEKEEPING	18,005,163	1	0	32,052,097	2,359,519	9.00
10.00	01000	DIETARY	6,694,459	1	0	14,100,670	1,778,760	10.00
11.00	01100	CAFETERIA	554,869	1	0	1,748,778	1,018,180	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,502,048	1	0	14,894,516	72,588	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,103,768	1	0	8,961,753	2,460,046	14.00
15.00	01500	PHARMACY	24,473,245	1	0	28,466,953	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,747,689	1	0	10,868,710	60,292	16.00
17.00	01700	SOCIAL SERVICE	354,585	1	0	736,800	31	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	170,396	1	0	400,354	1,469	18.01
18.02	01852	PATIENT TRANSPORT	4,220,450	1	0	6,818,048	11,735	18.02
18.03	01853	MEDICAL ELECTRONICS	993,294	1	0	2,601,078	40,093	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	39,415,940	0	0	51,586,714	11,101	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1	0	19,359,644	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,076,594	1	0	1,653,251	12,010	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	101,995,726	1	0	154,963,831	8,173,579	30.00
31.00	03100	INTENSIVE CARE UNIT	26,941,807	1	0	43,213,181	5,088,354	31.00
32.00	03200	CORONARY CARE UNIT	10,645,147	1	0	16,380,801	1,656,078	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,708,349	1	0	4,220,131	417,287	33.00
35.00	02080	NURSERY ICU	15,533,918	1	0	22,569,644	1,310,945	35.00
43.00	04300	NURSERY	3,509,625	1	0	7,237,116	157,595	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,363,539	2	0	61,062,800	74,513,124	50.00
51.00	05100	RECOVERY ROOM	13,149,292	0	0	21,093,346	1,806,040	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,701,148	1	0	8,839,049	1,398,457	52.00
53.00	05300	ANESTHESIOLOGY	7,986,807	1	0	8,307,813	2,589,757	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,598,985	1	0	27,709,080	8,190,641	54.00
54.01	03630	ULTRA SOUND	957,658	0	0	1,473,543	121,464	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,862,477	1	0	13,735,659	1,392,586	55.00
56.00	05600	RADIOISOTOPE	982,547	0	0	8,138,601	6,211,341	56.00
57.00	05700	CT SCAN	3,153,309	1	0	6,153,740	834,139	57.00
58.00	05800	MRI	2,867,754	1	0	7,017,599	919,134	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,910,902	1	0	5,629,217	8,740,958	59.00
60.00	06000	LABORATORY	18,536,045	1	0	46,053,039	14,910,142	60.00
60.01	06001	LABORATORY - TRANSPLANT	522,681	0	0	1,609,053	811,374	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,955,192	1	0	15,799,562	10,982,402	63.00
65.00	06500	RESPIRATORY THERAPY	6,838,960	1	0	15,678,149	3,954,150	65.00
66.00	06600	PHYSICAL THERAPY	6,067,343	1	0	8,952,195	484,444	66.00
69.00	06900	ELECTROCARDIOLOGY	6,626,272	1	0	14,851,413	10,174,578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,958,502	1	0	5,285,216	260,509	70.00
70.01	07001	BRACE AND PLASTER ROOM	166,500	1	0	292,350	190,220	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,682,860	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	55,389,665	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	148,532,353	205,025,329	73.00
74.00	07400	RENAL DIALYSIS	2,744,079	1	0	5,375,150	801,038	74.00
76.97	07697	CARDIAC REHABILITATION	123,206	0	0	184,480	8,275	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,709,506	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	59,278,037	1	0	114,797,569	19,011,710	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

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Worksheet B-1

Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT PHONES (NUMBER OF PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING (COSTED REQ UIS)	
			4.00	5.01	5A.02	5.02	5.03	
90.01	09001	TRANSPLANT CLINIC	1,581,975	1	0	2,674,508	174,005	90.01
90.02	09002	SILVER CROSS CLINIC	3,029,725	0	0	3,921,034	244,203	90.02
90.03	09003	ORLAND PARK CLINIC	5,798,258	0	0	16,295,065	14,888,646	90.03
91.00	09100	EMERGENCY	20,624,486	1	0	35,680,106	3,775,131	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	1,660,792	1	0	1,078,232	68,426	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	283,694	83	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,481,479	1	0	5,620,672	8,712	105.00
106.00	10600	HEART ACQUISITION	353,000	1	0	2,894,948	33,572	106.00
107.00	10700	LIVER ACQUISITION	704,832	1	0	2,908,811	27,117	107.00
108.00	10800	LUNG ACQUISITION	420,647	1	0	2,274,066	181,698	108.00
109.00	10900	PANCREAS ACQUISITION	335,043	1	0	723,018	549	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	59,200	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	619,720,951	151	-86,770,627	1,420,327,075	419,359,235	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	-9,351	0	92	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	14,017,740	1,248,086	190.01
191.01	19101	OTHER NONREIMBURSABLE	869,972	0	0	8,675,870	0	191.01
191.02	19102	SOUTH LOOP CLINIC	1,200,946	0	0	3,754,729	461,969	191.02
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)	170,034,658	2,060,193		86,770,627	15,717,089	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.273459	13,643.662252		0.059975	0.037327	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	698,224	45,735		23,819,411	2,775,722	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001123	302.880795		0.016464	0.006592	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: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING	4,312,758,577					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	8,378,802,139				5.05
5.06	00590	OTHER ADMIN & GENERAL	0	0	-180,542,526	1,353,003,512		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	51,621,590	1,039,915	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,012,192	1,097	8.00
9.00	00900	HOUSEKEEPING	0	0	0	34,062,496	40,081	9.00
10.00	01000	DIETARY	0	0	0	15,012,754	13,148	10.00
11.00	01100	CAFETERIA	0	0	0	1,891,667	21,352	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	15,790,524	4,604	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	9,591,060	25,878	14.00
15.00	01500	PHARMACY	0	0	0	30,174,259	17,361	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	11,522,812	10,088	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	780,991	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	0	0	424,420	1,165	18.01
18.02	01852	PATIENT TRANSPORT	0	0	0	7,227,398	10,198	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	2,758,575	9,367	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	54,681,041	18,422	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	20,520,739	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	1,752,853	941	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	658,790,097	747,462,817	0	167,416,945	362,060	30.00
31.00	03100	INTENSIVE CARE UNIT	255,431,269	255,431,269	0	47,022,936	75,271	31.00
32.00	03200	CORONARY CARE UNIT	114,145,045	114,145,045	0	17,884,490	24,342	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,082,609	19,082,609	0	4,565,616	7,825	33.00
35.00	02080	NURSERY ICU	158,477,153	158,477,153	0	24,610,063	19,551	35.00
43.00	04300	NURSERY	41,788,744	41,788,744	0	7,845,245	8,519	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	374,661,168	599,593,748	0	69,529,048	55,431	50.00
51.00	05100	RECOVERY ROOM	57,378,454	91,801,113	0	22,735,540	29,250	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,149,282	33,090,647	0	9,552,925	16,543	52.00
53.00	05300	ANESTHESIOLOGY	140,988,968	258,426,089	0	9,738,919	4,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,135,126	257,401,270	0	30,429,111	45,023	54.00
54.01	03630	ULTRA SOUND	13,057,254	29,670,015	0	1,657,018	866	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	27,319,816	176,910,850	0	15,063,663	0	55.00
56.00	05600	RADIOISOTOPE	6,309,874	54,802,667	0	8,994,914	5,928	56.00
57.00	05700	CT SCAN	169,008,650	449,578,580	0	7,876,151	2,636	57.00
58.00	05800	MRI	47,782,573	163,088,620	0	7,928,934	52	58.00
59.00	05900	CARDIAC CATHETERIZATION	61,926,988	110,223,232	0	6,652,861	5,116	59.00
60.00	06000	LABORATORY	524,005,116	979,571,998	0	52,523,079	52,504	60.00
60.01	06001	LABORATORY - TRANSPLANT	2,056,138	10,095,182	0	1,762,512	1,611	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	114,086,369	143,231,806	0	17,682,963	5,195	63.00
65.00	06500	RESPIRATORY THERAPY	138,434,782	152,115,003	0	17,354,543	3,233	65.00
66.00	06600	PHYSICAL THERAPY	27,385,244	49,220,000	0	9,667,369	11,601	66.00
69.00	06900	ELECTROCARDIOLOGY	114,908,663	248,157,246	0	16,889,292	5,413	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,742,818	44,851,084	0	5,759,255	4,143	70.00
70.01	07001	BRACE AND PLASTER ROOM	6,232	836,669	0	318,909	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,433,868	190,117,777	0	39,521,887	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,137,046	295,689,880	0	59,713,255	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	518,269,111	1,461,371,266	0	169,340,775	0	73.00
74.00	07400	RENAL DIALYSIS	37,307,028	38,847,632	0	5,881,110	3,751	74.00
76.97	07697	CARDIAC REHABILITATION	5,843	2,024,171	0	200,494	168	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,370,692	5,001,854	0	1,831,070	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	66,930,492	547,795,731	0	123,761,818	37,934	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
90.01	09001	TRANSPLANT CLINIC	143,808	2,876,694	0	2,848,239	1,361	90.01
90.02	09002	SILVER CROSS CLINIC	6,516	24,818,070	0	4,222,108	15,239	90.02
90.03	09003	ORLAND PARK CLINIC	734,229	211,551,538	0	18,313,415	0	90.03
91.00	09100	EMERGENCY	134,539,121	382,831,679	0	39,070,547	44,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,536	7,536	0	1,145,483	738	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	300,712	138	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,357,626	9,357,626	0	5,995,761	1,438	105.00
106.00	10600	HEART ACQUISITION	6,628,860	6,628,860	0	3,096,507	864	106.00
107.00	10700	LIVER ACQUISITION	6,609,125	6,609,125	0	3,110,881	586	107.00
108.00	10800	LUNG ACQUISITION	3,480,484	3,480,484	0	2,431,244	457	108.00
109.00	10900	PANCREAS ACQUISITION	738,760	738,760	0	769,374	208	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	62,751	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,312,758,577	8,378,802,139	-180,542,526	1,324,905,103	1,027,693	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	-9,354	0	180	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	14,905,041	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	9,196,205	12,042	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	3,997,163	0	191.02
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)	7,490,807	19,174,226		180,542,526	58,509,872	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001737	0.002288		0.133438	56.264091	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	293,234	505,792		11,439,026	2,248,287	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000068	0.000060		0.008455	2.161991	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: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			8.00	9.00	10.00	11.00	12.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	215,364					8.00
9.00	00900	HOUSEKEEPING	0	998,737				9.00
10.00	01000	DIETARY	0	13,148	215,364			10.00
11.00	01100	CAFETERIA	0	21,352	0	12,355,907		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,604	0	237,102	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	25,878	0	132,779	0	14.00
15.00	01500	PHARMACY	0	17,361	0	529,130	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,088	0	122,729	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	11,827	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	1,165	0	5,800	0	18.01
18.02	01852	PATIENT TRANSPORT	0	10,198	0	208,565	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	9,367	0	27,059	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	18,422	0	2,024,469	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	941	0	47,352	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	151,332	362,060	151,332	2,318,009	0	30.00
31.00	03100	INTENSIVE CARE UNIT	24,114	75,271	24,114	543,952	0	31.00
32.00	03200	CORONARY CARE UNIT	11,584	24,342	11,584	191,247	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,709	7,825	2,709	53,606	0	33.00
35.00	02080	NURSERY ICU	16,076	19,551	16,076	283,792	0	35.00
43.00	04300	NURSERY	9,549	8,519	9,549	63,052	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	55,431	0	512,112	0	50.00
51.00	05100	RECOVERY ROOM	0	29,250	0	261,438	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,543	0	99,605	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,564	0	119,169	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,023	0	298,488	0	54.00
54.01	03630	ULTRA SOUND	0	866	0	23,726	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	103,119	0	55.00
56.00	05600	RADIOISOTOPE	0	5,928	0	20,943	0	56.00
57.00	05700	CT SCAN	0	2,636	0	72,758	0	57.00
58.00	05800	MRI	0	52	0	69,008	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,116	0	39,383	0	59.00
60.00	06000	LABORATORY	0	52,504	0	584,766	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	1,611	0	15,333	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,195	0	78,919	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,233	0	210,670	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11,601	0	161,188	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	5,413	0	174,760	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,143	0	100,488	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	7,130	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,751	0	55,935	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	168	0	4,149	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	37,934	0	1,663,901	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	1,361	0	34,324	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
			8.00	9.00	10.00	11.00	12.00	
90.02	09002	SILVER CROSS CLINIC	0	15,239	0	21,278	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	55,681	0	90.03
91.00	09100	EMERGENCY	0	44,432	0	455,852	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	738	0	32,360	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	138	0	15,145	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,438	0	49,015	0	105.00
106.00	10600	HEART ACQUISITION	0	864	0	3,120	0	106.00
107.00	10700	LIVER ACQUISITION	0	586	0	10,897	0	107.00
108.00	10800	LUNG ACQUISITION	0	457	0	6,107	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	208	0	3,089	0	109.00
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)	215,364	986,515	215,364	12,164,326	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	180	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	12,042	0	150,209	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	41,372	0	191.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,609,293	40,862,848	18,293,730	4,219,045	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.402337	40.914523	84.943305	0.341460	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	157,574	2,569,225	874,337	1,373,055	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.731664	2.572474	4.059810	0.111125	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	4,296,633					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	411,384,670				14.00
15.00	01500	PHARMACY	3,640	0	30,645,632			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	80	60,292	0	4,312,758,577		16.00
17.00	01700	SOCIAL SERVICE	0	31	0	0	215,364	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	1,469	0	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	11,735	0	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	40,093	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	228	11,101	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	12,010	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,491,830	8,173,579	61,451	658,790,097	151,332	30.00
31.00	03100	INTENSIVE CARE UNIT	453,362	5,088,354	16,532	255,431,269	24,114	31.00
32.00	03200	CORONARY CARE UNIT	177,908	1,656,078	1,495	114,145,045	11,584	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	43,445	417,287	1,400	19,082,609	2,709	33.00
35.00	02080	NURSERY ICU	262,518	1,310,945	29	158,477,153	16,076	35.00
43.00	04300	NURSERY	53,881	157,595	0	41,788,744	9,549	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	272,639	74,513,124	154,236	374,661,168	0	50.00
51.00	05100	RECOVERY ROOM	236,484	1,806,040	38,872	57,378,454	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,636	1,398,457	16,213	32,149,282	0	52.00
53.00	05300	ANESTHESIOLOGY	61,130	2,589,757	578,276	140,988,968	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,125	8,190,641	117,851	94,135,126	0	54.00
54.01	03630	ULTRA SOUND	0	121,464	4,804	13,057,254	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	12,160	1,392,586	1,049,260	27,319,816	0	55.00
56.00	05600	RADIOISOTOPE	0	6,211,341	301,144	6,309,874	0	56.00
57.00	05700	CT SCAN	0	834,139	370,869	169,008,650	0	57.00
58.00	05800	MRI	0	919,134	494,294	47,782,573	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,884	8,740,958	120,302	61,926,988	0	59.00
60.00	06000	LABORATORY	0	14,910,142	2,696	524,005,116	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	811,374	0	2,056,138	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,639	10,982,402	36,216	114,086,369	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,954,150	1,654,155	138,434,782	0	65.00
66.00	06600	PHYSICAL THERAPY	4,193	484,444	281,717	27,385,244	0	66.00
69.00	06900	ELECTROCARDIOLOGY	38,658	10,174,578	13,792	114,908,663	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,920	260,509	0	25,742,818	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	12	190,220	0	6,232	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	117,433,868	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	187,137,046	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	205,025,329	0	518,269,111	0	73.00
74.00	07400	RENAL DIALYSIS	36,618	801,038	0	37,307,028	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	8,275	0	5,843	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	4,370,692	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	602,026	19,011,710	8,831,139	66,930,492	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
90.01	09001	TRANSPLANT CLINIC	11,151	174,005	7,642	143,808	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	244,203	887	6,516	0	90.02
90.03	09003	ORLAND PARK CLINIC	15,122	14,888,646	14,586,307	734,229	0	90.03
91.00	09100	EMERGENCY	298,587	3,775,131	0	134,539,121	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	18,482	68,426	10,445	7,536	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	2	83	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	13,560	8,712	612	9,357,626	0	105.00
106.00	10600	HEART ACQUISITION	4,080	33,572	6,178	6,628,860	0	106.00
107.00	10700	LIVER ACQUISITION	5,549	27,117	6,906	6,609,125	0	107.00
108.00	10800	LUNG ACQUISITION	2,157	181,698	3,598	3,480,484	0	108.00
109.00	10900	PANCREAS ACQUISITION	854	549	39	738,760	0	109.00
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)	4,261,560	409,674,523	28,769,357	4,312,758,577	215,364	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	92	737,389	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	1,248,086	488,510	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	26,147	0	325,188	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	8,926	461,969	325,188	0	0	191.02
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)	18,425,951	13,430,999	36,084,057	14,084,949	889,244	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.288463	0.032648	1.177462	0.003266	4.129028	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,037,075	1,515,838	2,326,483	666,652	20,749	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.241369	0.003685	0.075916	0.000155	0.096344	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: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			OTHER GENERAL SERVICE				NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			OCCUPATIONAL THERAPY (TIME SPENT)	VOLUNTEERS (INPATIENT CHARGES)	PATIENT TRANSPORT (INPATIENT CHARGES)	MEDICAL ELECTRONICS (INPATIENT CHARGES)		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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
18.00	01850	OCCUPATIONAL THERAPY	0					18.00
18.01	01851	VOLUNTEERS	0	4,312,758,577				18.01
18.02	01852	PATIENT TRANSPORT	0	0	4,312,758,577			18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	4,312,758,577		18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	658,790,097	658,790,097	658,790,097	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	255,431,269	255,431,269	255,431,269	0	31.00
32.00	03200	CORONARY CARE UNIT	0	114,145,045	114,145,045	114,145,045	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	19,082,609	19,082,609	19,082,609	0	33.00
35.00	02080	NURSERY ICU	0	158,477,153	158,477,153	158,477,153	0	35.00
43.00	04300	NURSERY	0	41,788,744	41,788,744	41,788,744	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	374,661,168	374,661,168	374,661,168	0	50.00
51.00	05100	RECOVERY ROOM	0	57,378,454	57,378,454	57,378,454	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	32,149,282	32,149,282	32,149,282	0	52.00
53.00	05300	ANESTHESIOLOGY	0	140,988,968	140,988,968	140,988,968	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	94,135,126	94,135,126	94,135,126	0	54.00
54.01	03630	ULTRA SOUND	0	13,057,254	13,057,254	13,057,254	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27,319,816	27,319,816	27,319,816	0	55.00
56.00	05600	RADIOISOTOPE	0	6,309,874	6,309,874	6,309,874	0	56.00
57.00	05700	CT SCAN	0	169,008,650	169,008,650	169,008,650	0	57.00
58.00	05800	MRI	0	47,782,573	47,782,573	47,782,573	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,926,988	61,926,988	61,926,988	0	59.00
60.00	06000	LABORATORY	0	524,005,116	524,005,116	524,005,116	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	2,056,138	2,056,138	2,056,138	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	114,086,369	114,086,369	114,086,369	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	138,434,782	138,434,782	138,434,782	0	65.00
66.00	06600	PHYSICAL THERAPY	0	27,385,244	27,385,244	27,385,244	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	114,908,663	114,908,663	114,908,663	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	25,742,818	25,742,818	25,742,818	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	6,232	6,232	6,232	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	117,433,868	117,433,868	117,433,868	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	187,137,046	187,137,046	187,137,046	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	518,269,111	518,269,111	518,269,111	0	73.00
74.00	07400	RENAL DIALYSIS	0	37,307,028	37,307,028	37,307,028	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	5,843	5,843	5,843	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	4,370,692	4,370,692	4,370,692	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			OTHER GENERAL SERVICE				NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			OCCUPATIONAL THERAPY (TIME SPENT)	VOLUNTEERS (INPATIENT CHARGES)	PATIENT TRANSPORT (INPATIENT CHARGES)	MEDICAL ELECTRONICS (INPATIENT CHARGES)		
			18.00	18.01	18.02	18.03	19.00	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	66,930,492	66,930,492	66,930,492	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	143,808	143,808	143,808	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	6,516	6,516	6,516	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	734,229	734,229	734,229	0	90.03
91.00	09100	EMERGENCY	0	134,539,121	134,539,121	134,539,121	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	7,536	7,536	7,536	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	9,357,626	9,357,626	9,357,626	0	105.00
106.00	10600	HEART ACQUISITION	0	6,628,860	6,628,860	6,628,860	0	106.00
107.00	10700	LIVER ACQUISITION	0	6,609,125	6,609,125	6,609,125	0	107.00
108.00	10800	LUNG ACQUISITION	0	3,480,484	3,480,484	3,480,484	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	738,760	738,760	738,760	0	109.00
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	4,312,758,577	4,312,758,577	4,312,758,577	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
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	596,295	9,254,435	4,047,495	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000138	0.002146	0.000938	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	56,174	707,589	482,094	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000013	0.000164	0.000112	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)		
			NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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
18.00	01850	OCCUPATIONAL THERAPY						18.00
18.01	01851	VOLUNTEERS						18.01
18.02	01852	PATIENT TRANSPORT						18.02
18.03	01853	MEDICAL ELECTRONICS						18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		15,898				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			15,898			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				100		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,850	4,850	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	937	937	0		31.00
32.00	03200	CORONARY CARE UNIT	0	295	295	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	72	72	0		33.00
35.00	02080	NURSERY ICU	0	481	481	0		35.00
43.00	04300	NURSERY	0	6	6	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,688	1,688	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	533	533	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,128	1,128	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	706	706	0		54.00
54.01	03630	ULTRA SOUND	0	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	167	167	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	100	100	0		57.00
58.00	05800	MRI	0	21	21	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	106	106	0		59.00
60.00	06000	LABORATORY	0	925	925	0		60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6	6	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	87	87	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	124	124	0		70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	0		70.01
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	100		73.00
74.00	07400	RENAL DIALYSIS	0	20	20	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0		77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

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

Worksheet B-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description			NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)		
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
20.00			21.00	22.00	23.00			
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,568	1,568	0		90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	0		90.01
90.02	09002	SILVER CROSS CLINIC	0	53	53	0		90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0		90.03
91.00	09100	EMERGENCY	0	490	490	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.10	09910	CORF	0	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	14,363	14,363	100		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0		190.01
191.01	19101	OTHER NONREIMBURSABLE	0	1,535	1,535	0		191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0		191.02
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	64,460,409	23,258,985	2,094,757		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4,054.623789	1,463.013272	20,947.570000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,392,082	492,543	82,847		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	150.464335	30.981444	828.470000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 3:02 pm

				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE		
						Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	253,464,153		253,464,153	1,026,980	254,491,133	30.00
31.00	03100	INTENSIVE CARE UNIT	67,249,095		67,249,095	163,637	67,412,732	31.00
32.00	03200	CORONARY CARE UNIT	25,540,878		25,540,878	78,643	25,619,521	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,578,237		6,578,237	18,399	6,596,636	33.00
35.00	02080	NURSERY ICU	33,863,648		33,863,648	109,091	33,972,739	35.00
43.00	04300	NURSERY	11,303,755		11,303,755	64,769	11,368,524	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90,582,753		90,582,753	4,591,961	95,174,714	50.00
51.00	05100	RECOVERY ROOM	30,192,229		30,192,229	0	30,192,229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,088,422		13,088,422	459,134	13,547,556	52.00
53.00	05300	ANESTHESIOLOGY	13,465,013		13,465,013	294,683	13,759,696	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,091,376		40,091,376	1,475,475	41,566,851	54.00
54.01	03630	ULTRA SOUND	2,064,724		2,064,724	0	2,064,724	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	18,619,267		18,619,267	1,928,355	20,547,622	55.00
56.00	05600	RADIOISOTOPE	11,376,716		11,376,716	0	11,376,716	56.00
57.00	05700	CT SCAN	10,768,581		10,768,581	0	10,768,581	57.00
58.00	05800	MRI	9,937,605		9,937,605	0	9,937,605	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,978,165		8,978,165	189,694	9,167,859	59.00
60.00	06000	LABORATORY	68,723,300		68,723,300	470,672	69,193,972	60.00
60.01	06001	LABORATORY - TRANSPLANT	2,199,318		2,199,318	0	2,199,318	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,748,481		21,748,481	46,287	21,794,768	63.00
65.00	06500	RESPIRATORY THERAPY	23,031,378	0	23,031,378	179,293	23,210,671	65.00
66.00	06600	PHYSICAL THERAPY	12,682,955	0	12,682,955	0	12,682,955	66.00
69.00	06900	ELECTROCARDIOLOGY	20,988,397		20,988,397	189,694	21,178,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,161,306		7,161,306	274,620	7,435,926	70.00
70.01	07001	BRACE AND PLASTER ROOM	370,200		370,200	0	370,200	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,557,520		45,557,520	0	45,557,520	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,895,418		68,895,418	0	68,895,418	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	204,088,779		204,088,779	0	204,088,779	73.00
74.00	07400	RENAL DIALYSIS	7,474,726		7,474,726	176,359	7,651,085	74.00
76.97	07697	CARDIAC REHABILITATION	245,299		245,299	0	245,299	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,103,762		2,103,762	0	2,103,762	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	158,565,913		158,565,913	5,748,029	164,313,942	90.00
90.01	09001	TRANSPLANT CLINIC	3,435,716		3,435,716	0	3,435,716	90.01
90.02	09002	SILVER CROSS CLINIC	6,282,727		6,282,727	0	6,282,727	90.02
90.03	09003	ORLAND PARK CLINIC	38,506,642		38,506,642	0	38,506,642	90.03
91.00	09100	EMERGENCY	51,034,157		51,034,157	240,178	51,274,335	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	24,726,708		24,726,708		24,726,708	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,474,943		1,474,943	0	1,474,943	95.00
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	359,431		359,431		359,431	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,072,171		7,072,171		7,072,171	105.00
106.00	10600	HEART ACQUISITION	3,663,602		3,663,602		3,663,602	106.00
107.00	10700	LIVER ACQUISITION	3,662,352		3,662,352		3,662,352	107.00
108.00	10800	LUNG ACQUISITION	2,844,160		2,844,160		2,844,160	108.00
109.00	10900	PANCREAS ACQUISITION	901,825		901,825		901,825	109.00
111.00	11100	ISLET ACQUISITION	71,124		71,124		71,124	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,435,036,927	0	1,435,036,927	17,725,953	1,452,762,880	200.00
201.00		Less Observation Beds	24,726,708		24,726,708		24,726,708	201.00
202.00		Total (see instructions)	1,410,310,219	0	1,410,310,219	17,725,953	1,428,036,172	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 3:02 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	646,960,229		646,960,229			30.00
31.00	03100	INTENSIVE CARE UNIT	255,431,269		255,431,269			31.00
32.00	03200	CORONARY CARE UNIT	114,145,045		114,145,045			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,082,609		19,082,609			33.00
35.00	02080	NURSERY ICU	158,477,153		158,477,153			35.00
43.00	04300	NURSERY	41,788,744		41,788,744			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	374,661,168	224,932,580	599,593,748	0.151074	0.000000	50.00
51.00	05100	RECOVERY ROOM	57,378,454	34,422,659	91,801,113	0.328887	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,149,282	941,365	33,090,647	0.395532	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	140,988,968	117,437,121	258,426,089	0.052104	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,135,126	163,266,144	257,401,270	0.155754	0.000000	54.00
54.01	03630	ULTRA SOUND	13,057,254	16,612,761	29,670,015	0.069590	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	27,319,816	149,591,034	176,910,850	0.105247	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,309,874	48,492,793	54,802,667	0.207594	0.000000	56.00
57.00	05700	CT SCAN	169,008,650	280,569,930	449,578,580	0.023953	0.000000	57.00
58.00	05800	MRI	47,782,573	115,306,047	163,088,620	0.060934	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	61,926,988	48,296,244	110,223,232	0.081454	0.000000	59.00
60.00	06000	LABORATORY	524,005,116	455,566,882	979,571,998	0.070156	0.000000	60.00
60.01	06001	LABORATORY - TRANSPLANT	2,056,138	8,039,044	10,095,182	0.217858	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	114,086,369	29,145,437	143,231,806	0.151841	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	138,434,782	13,680,221	152,115,003	0.151408	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	27,385,244	21,834,756	49,220,000	0.257679	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	114,908,663	133,248,583	248,157,246	0.084577	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,742,818	19,108,266	44,851,084	0.159669	0.000000	70.00
70.01	07001	BRACE AND PLASTER ROOM	6,232	830,437	836,669	0.442469	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,433,868	72,683,909	190,117,777	0.239628	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,137,046	108,552,834	295,689,880	0.232999	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	518,269,111	943,102,155	1,461,371,266	0.139656	0.000000	73.00
74.00	07400	RENAL DIALYSIS	37,307,028	1,540,604	38,847,632	0.192411	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	5,843	2,018,328	2,024,171	0.121185	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,370,692	631,162	5,001,854	0.420596	0.000000	77.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	66,930,492	480,865,239	547,795,731	0.289462	0.000000	90.00
90.01	09001	TRANSPLANT CLINIC	143,808	2,732,886	2,876,694	1.194328	0.000000	90.01
90.02	09002	SILVER CROSS CLINIC	6,516	24,811,554	24,818,070	0.253151	0.000000	90.02
90.03	09003	ORLAND PARK CLINIC	734,229	210,817,309	211,551,538	0.182020	0.000000	90.03
91.00	09100	EMERGENCY	134,539,121	248,292,558	382,831,679	0.133307	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,829,868	88,672,720	100,502,588	0.246031	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,536	0	7,536	195.719613	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	9,357,626	0	9,357,626			105.00
106.00	10600	HEART ACQUISITION	6,628,860	0	6,628,860			106.00
107.00	10700	LIVER ACQUISITION	6,609,125	0	6,609,125			107.00
108.00	10800	LUNG ACQUISITION	3,480,484	0	3,480,484			108.00
109.00	10900	PANCREAS ACQUISITION	738,760	0	738,760			109.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	4,312,758,577	4,066,043,562	8,378,802,139			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,312,758,577	4,066,043,562	8,378,802,139			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/26/2019 3:02 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
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
35.00	02080	NURSERY ICU			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158732		50.00
51.00	05100	RECOVERY ROOM	0.328887		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.409407		52.00
53.00	05300	ANESTHESIOLOGY	0.053244		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161487		54.00
54.01	03630	ULTRA SOUND	0.069590		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.116147		55.00
56.00	05600	RADIOISOTOPE	0.207594		56.00
57.00	05700	CT SCAN	0.023953		57.00
58.00	05800	MRI	0.060934		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083175		59.00
60.00	06000	LABORATORY	0.070637		60.00
60.01	06001	LABORATORY - TRANSPLANT	0.217858		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.152164		63.00
65.00	06500	RESPIRATORY THERAPY	0.152586		65.00
66.00	06600	PHYSICAL THERAPY	0.257679		66.00
69.00	06900	ELECTROCARDIOLOGY	0.085341		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165791		70.00
70.01	07001	BRACE AND PLASTER ROOM	0.442469		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.239628		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.232999		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139656		73.00
74.00	07400	RENAL DIALYSIS	0.196951		74.00
76.97	07697	CARDIAC REHABILITATION	0.121185		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.420596		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.299955		90.00
90.01	09001	TRANSPLANT CLINIC	1.194328		90.01
90.02	09002	SILVER CROSS CLINIC	0.253151		90.02
90.03	09003	ORLAND PARK CLINIC	0.182020		90.03
91.00	09100	EMERGENCY	0.133934		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.246031		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	195.719613		95.00
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	253,464,153		253,464,153	1,026,980
31.00	03100	INTENSIVE CARE UNIT	67,249,095		67,249,095	163,637
32.00	03200	CORONARY CARE UNIT	25,540,878		25,540,878	78,643
33.00	03300	BURN INTENSIVE CARE UNIT	6,578,237		6,578,237	18,399
35.00	02080	NURSERY ICU	33,863,648		33,863,648	109,091
43.00	04300	NURSERY	11,303,755		11,303,755	64,769
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	90,582,753		90,582,753	4,591,961
51.00	05100	RECOVERY ROOM	30,192,229		30,192,229	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,088,422		13,088,422	459,134
53.00	05300	ANESTHESIOLOGY	13,465,013		13,465,013	294,683
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,091,376		40,091,376	1,475,475
54.01	03630	ULTRA SOUND	2,064,724		2,064,724	0
55.00	05500	RADIOLOGY-THERAPEUTIC	18,619,267		18,619,267	1,928,355
56.00	05600	RADIOISOTOPE	11,376,716		11,376,716	0
57.00	05700	CT SCAN	10,768,581		10,768,581	0
58.00	05800	MRI	9,937,605		9,937,605	0
59.00	05900	CARDIAC CATHETERIZATION	8,978,165		8,978,165	189,694
60.00	06000	LABORATORY	68,723,300		68,723,300	470,672
60.01	06001	LABORATORY - TRANSPLANT	2,199,318		2,199,318	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,748,481		21,748,481	46,287
65.00	06500	RESPIRATORY THERAPY	23,031,378	0	23,031,378	179,293
66.00	06600	PHYSICAL THERAPY	12,682,955	0	12,682,955	0
69.00	06900	ELECTROCARDIOLOGY	20,988,397		20,988,397	189,694
70.00	07000	ELECTROENCEPHALOGRAPHY	7,161,306		7,161,306	274,620
70.01	07001	BRACE AND PLASTER ROOM	370,200		370,200	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,557,520		45,557,520	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,895,418		68,895,418	0
73.00	07300	DRUGS CHARGED TO PATIENTS	204,088,779		204,088,779	0
74.00	07400	RENAL DIALYSIS	7,474,726		7,474,726	176,359
76.97	07697	CARDIAC REHABILITATION	245,299		245,299	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,103,762		2,103,762	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	158,565,913		158,565,913	5,748,029
90.01	09001	TRANSPLANT CLINIC	3,435,716		3,435,716	0
90.02	09002	SILVER CROSS CLINIC	6,282,727		6,282,727	0
90.03	09003	ORLAND PARK CLINIC	38,506,642		38,506,642	0
91.00	09100	EMERGENCY	51,034,157		51,034,157	240,178
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	24,726,708		24,726,708	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,474,943		1,474,943	0
99.10	09910	CORF	0		0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	359,431		359,431	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	7,072,171		7,072,171	0
106.00	10600	HEART ACQUISITION	3,663,602		3,663,602	0
107.00	10700	LIVER ACQUISITION	3,662,352		3,662,352	0
108.00	10800	LUNG ACQUISITION	2,844,160		2,844,160	0
109.00	10900	PANCREAS ACQUISITION	901,825		901,825	0
111.00	11100	ISLET ACQUISITION	71,124		71,124	0
113.00	11300	INTEREST EXPENSE	0		0	0
200.00		Subtotal (see instructions)	1,435,036,927	0	1,435,036,927	17,725,953
201.00		Less Observation Beds	24,726,708	0	24,726,708	0
202.00		Total (see instructions)	1,410,310,219	0	1,410,310,219	17,725,953

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	646,960,229		646,960,229		30.00
31.00	03100	INTENSIVE CARE UNIT	255,431,269		255,431,269		31.00
32.00	03200	CORONARY CARE UNIT	114,145,045		114,145,045		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,082,609		19,082,609		33.00
35.00	02080	NURSERY ICU	158,477,153		158,477,153		35.00
43.00	04300	NURSERY	41,788,744		41,788,744		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	374,661,168	224,932,580	599,593,748	0.151074	0.000000
51.00	05100	RECOVERY ROOM	57,378,454	34,422,659	91,801,113	0.328887	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,149,282	941,365	33,090,647	0.395532	0.000000
53.00	05300	ANESTHESIOLOGY	140,988,968	117,437,121	258,426,089	0.052104	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,135,126	163,266,144	257,401,270	0.155754	0.000000
54.01	03630	ULTRA SOUND	13,057,254	16,612,761	29,670,015	0.069590	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	27,319,816	149,591,034	176,910,850	0.105247	0.000000
56.00	05600	RADIOISOTOPE	6,309,874	48,492,793	54,802,667	0.207594	0.000000
57.00	05700	CT SCAN	169,008,650	280,569,930	449,578,580	0.023953	0.000000
58.00	05800	MRI	47,782,573	115,306,047	163,088,620	0.060934	0.000000
59.00	05900	CARDIAC CATHETERIZATION	61,926,988	48,296,244	110,223,232	0.081454	0.000000
60.00	06000	LABORATORY	524,005,116	455,566,882	979,571,998	0.070156	0.000000
60.01	06001	LABORATORY - TRANSPLANT	2,056,138	8,039,044	10,095,182	0.217858	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	114,086,369	29,145,437	143,231,806	0.151841	0.000000
65.00	06500	RESPIRATORY THERAPY	138,434,782	13,680,221	152,115,003	0.151408	0.000000
66.00	06600	PHYSICAL THERAPY	27,385,244	21,834,756	49,220,000	0.257679	0.000000
69.00	06900	ELECTROCARDIOLOGY	114,908,663	133,248,583	248,157,246	0.084577	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	25,742,818	19,108,266	44,851,084	0.159669	0.000000
70.01	07001	BRACE AND PLASTER ROOM	6,232	830,437	836,669	0.442469	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,433,868	72,683,909	190,117,777	0.239628	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,137,046	108,552,834	295,689,880	0.232999	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	518,269,111	943,102,155	1,461,371,266	0.139656	0.000000
74.00	07400	RENAL DIALYSIS	37,307,028	1,540,604	38,847,632	0.192411	0.000000
76.97	07697	CARDIAC REHABILITATION	5,843	2,018,328	2,024,171	0.121185	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,370,692	631,162	5,001,854	0.420596	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	66,930,492	480,865,239	547,795,731	0.289462	0.000000
90.01	09001	TRANSPLANT CLINIC	143,808	2,732,886	2,876,694	1.194328	0.000000
90.02	09002	SILVER CROSS CLINIC	6,516	24,811,554	24,818,070	0.253151	0.000000
90.03	09003	ORLAND PARK CLINIC	734,229	210,817,309	211,551,538	0.182020	0.000000
91.00	09100	EMERGENCY	134,539,121	248,292,558	382,831,679	0.133307	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,829,868	88,672,720	100,502,588	0.246031	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,536	0	7,536	195.719613	0.000000
99.10	09910	CORF	0	0	0		
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	9,357,626	0	9,357,626		105.00
106.00	10600	HEART ACQUISITION	6,628,860	0	6,628,860		106.00
107.00	10700	LIVER ACQUISITION	6,609,125	0	6,609,125		107.00
108.00	10800	LUNG ACQUISITION	3,480,484	0	3,480,484		108.00
109.00	10900	PANCREAS ACQUISITION	738,760	0	738,760		109.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	4,312,758,577	4,066,043,562	8,378,802,139		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,312,758,577	4,066,043,562	8,378,802,139		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
35.00	02080	NURSERY ICU			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630	ULTRA SOUND	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	LABORATORY - TRANSPLANT	0.000000		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	BRACE AND PLASTER ROOM	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	TRANSPLANT CLINIC	0.000000		90.01
90.02	09002	SILVER CROSS CLINIC	0.000000		90.02
90.03	09003	ORLAND PARK CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/26/2019 3:02 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	20,275,211	0	20,275,211	167,618	120.96	30.00
31.00	INTENSIVE CARE UNIT	4,702,330		4,702,330	24,114	195.00	31.00
32.00	CORONARY CARE UNIT	1,580,946		1,580,946	11,584	136.48	32.00
33.00	BURN INTENSIVE CARE UNIT	459,397		459,397	2,709	169.58	33.00
35.00	NURSERY ICU	2,082,183		2,082,183	16,076	129.52	35.00
43.00	NURSERY	670,329		670,329	9,549	70.20	43.00
200.00	Total (lines 30 through 199)	29,770,396		29,770,396	231,650		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	44,966	5,439,087				30.00
31.00	INTENSIVE CARE UNIT	7,963	1,552,785				31.00
32.00	CORONARY CARE UNIT	955	130,338				32.00
33.00	BURN INTENSIVE CARE UNIT	431	73,089				33.00
35.00	NURSERY ICU	0	0				35.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	54,315	7,195,299				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/26/2019 3:02 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,041,577	599,593,748	0.016747	111,941,207	1,874,679	50.00
51.00	05100	RECOVERY ROOM	2,022,694	91,801,113	0.022033	24,919	549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	974,440	33,090,647	0.029448	393,384	11,584	52.00
53.00	05300	ANESTHESIOLOGY	1,500,468	258,426,089	0.005806	35,718,916	207,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,710,237	257,401,270	0.026069	26,303,167	685,697	54.00
54.01	03630	ULTRA SOUND	366,472	29,670,015	0.012352	3,293,542	40,682	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,013,103	176,910,850	0.011379	8,349,988	95,015	55.00
56.00	05600	RADIOISOTOPE	909,777	54,802,667	0.016601	1,722,771	28,600	56.00
57.00	05700	CT SCAN	1,395,671	449,578,580	0.003104	42,079,173	130,614	57.00
58.00	05800	MRI	2,329,477	163,088,620	0.014284	10,088,982	144,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,220,616	110,223,232	0.011074	22,866,715	253,226	59.00
60.00	06000	LABORATORY	4,935,998	979,571,998	0.005039	157,059,999	791,425	60.00
60.01	06001	LABORATORY - TRANSPLANT	165,823	10,095,182	0.016426	593,964	9,756	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	945,117	143,231,806	0.006599	32,131,693	212,037	63.00
65.00	06500	RESPIRATORY THERAPY	1,416,321	152,115,003	0.009311	27,732,356	258,216	65.00
66.00	06600	PHYSICAL THERAPY	784,054	49,220,000	0.015930	8,629,516	137,468	66.00
69.00	06900	ELECTROCARDIOLOGY	1,625,233	248,157,246	0.006549	38,280,731	250,701	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	688,385	44,851,084	0.015348	5,769,254	88,547	70.00
70.01	07001	BRACE AND PLASTER ROOM	22,572	836,669	0.026978	639	17	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,009,639	190,117,777	0.005311	36,353,829	193,075	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,530,365	295,689,880	0.005176	69,927,386	361,944	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,339,656	1,461,371,266	0.004338	140,675,789	610,252	73.00
74.00	07400	RENAL DIALYSIS	726,340	38,847,632	0.018697	14,977,791	280,040	74.00
76.97	07697	CARDIAC REHABILITATION	12,449	2,024,171	0.006150	3,619	22	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	46,165	5,001,854	0.009230	976,460	9,013	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,272,933	547,795,731	0.022404	16,921,349	379,106	90.00
90.01	09001	TRANSPLANT CLINIC	180,851	2,876,694	0.062868	54,134	3,403	90.01
90.02	09002	SILVER CROSS CLINIC	844,046	24,818,070	0.034009	3,898	133	90.02
90.03	09003	ORLAND PARK CLINIC	3,759,851	211,551,538	0.017773	159,436	2,834	90.03
91.00	09100	EMERGENCY	3,738,871	382,831,679	0.009766	33,760,603	329,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,969,977	100,502,588	0.019601	7,328,880	143,653	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		72,499,178	7,116,094,699		854,124,090	7,533,489	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/26/2019 3:02 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00	
35.00	02080	NURSERY ICU	0	0	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	167,618	0.00	44,966	30.00			
31.00	03100	INTENSIVE CARE UNIT		0	24,114	0.00	7,963	31.00			
32.00	03200	CORONARY CARE UNIT		0	11,584	0.00	955	32.00			
33.00	03300	BURN INTENSIVE CARE UNIT		0	2,709	0.00	431	33.00			
35.00	02080	NURSERY ICU		0	16,076	0.00	0	35.00			
43.00	04300	NURSERY		0	9,549	0.00	0	43.00			
200.00		Total (lines 30 through 199)		0	231,650		54,315	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			
32.00	03200	CORONARY CARE UNIT	0					32.00			
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00			
35.00	02080	NURSERY ICU	0					35.00			
43.00	04300	NURSERY	0					43.00			
200.00		Total (lines 30 through 199)	0					200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 3:02 pm

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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,094,757	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	2,094,757	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 3:02 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	599,593,748	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	91,801,113	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	33,090,647	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	258,426,089	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	257,401,270	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	29,670,015	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	176,910,850	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	54,802,667	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	449,578,580	0.000000	57.00
58.00	05800	MRI	0	0	0	163,088,620	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	110,223,232	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	979,571,998	0.000000	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	0	10,095,182	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	143,231,806	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	152,115,003	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	49,220,000	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	248,157,246	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	44,851,084	0.000000	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	836,669	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	190,117,777	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	295,689,880	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,094,757	2,094,757	1,461,371,266	0.001433	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	38,847,632	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,024,171	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	5,001,854	0.000000	77.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	547,795,731	0.000000	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	2,876,694	0.000000	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	24,818,070	0.000000	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	211,551,538	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	382,831,679	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	100,502,588	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	2,094,757	2,094,757	7,116,094,699		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 3:02 pm	
Cost Center Description				Title XVIII		Hospital		PPS	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		111,941,207	0	57,969,955	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		24,919	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		393,384	0	15,528	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		35,718,916	0	29,095,108	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		26,303,167	0	50,664,811	0	54.00
54.01	03630	ULTRA SOUND	0.000000		3,293,542	0	3,459,663	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		8,349,988	0	45,732,145	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		1,722,771	0	12,045,537	0	56.00
57.00	05700	CT SCAN	0.000000		42,079,173	0	83,341,622	0	57.00
58.00	05800	MRI	0.000000		10,088,982	0	25,974,251	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		22,866,715	0	18,978,791	0	59.00
60.00	06000	LABORATORY	0.000000		157,059,999	0	101,038,671	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0.000000		593,964	0	1,121,792	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		32,131,693	0	7,076,094	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		27,732,356	0	3,934,089	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		8,629,516	0	388,662	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		38,280,731	0	44,239,180	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		5,769,254	0	3,780,194	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0.000000		639	0	49,657	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		36,353,829	0	22,464,434	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		69,927,386	0	39,097,953	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001433		140,675,789	201,588	406,025,178	581,834	73.00
74.00	07400	RENAL DIALYSIS	0.000000		14,977,791	0	960,722	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		3,619	0	830,891	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		976,460	0	135,200	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		16,921,349	0	116,810,115	0	90.00
90.01	09001	TRANSPLANT CLINIC	0.000000		54,134	0	696,525	0	90.01
90.02	09002	SILVER CROSS CLINIC	0.000000		3,898	0	8,580,685	0	90.02
90.03	09003	ORLAND PARK CLINIC	0.000000		159,436	0	29,768,091	0	90.03
91.00	09100	EMERGENCY	0.000000		33,760,603	0	29,157,343	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		7,328,880	0	22,029,121	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			854,124,090	201,588	1,165,462,008	581,834	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/26/2019 3:02 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	0.151074	57,969,955	0	0	8,757,753	50.00
51.00	05100	RECOVERY ROOM	0.328887	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.395532	15,528	0	0	6,142	52.00
53.00	05300	ANESTHESIOLOGY	0.052104	29,095,108	0	0	1,515,972	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.155754	50,664,811	0	0	7,891,247	54.00
54.01	03630	ULTRA SOUND	0.069590	3,459,663	0	0	240,758	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.105247	45,732,145	0	0	4,813,171	55.00
56.00	05600	RADIOISOTOPE	0.207594	12,045,537	0	0	2,500,581	56.00
57.00	05700	CT SCAN	0.023953	83,341,622	0	0	1,996,282	57.00
58.00	05800	MRI	0.060934	25,974,251	0	0	1,582,715	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.081454	18,978,791	0	0	1,545,898	59.00
60.00	06000	LABORATORY	0.070156	101,038,671	0	0	7,088,469	60.00
60.01	06001	LABORATORY - TRANSPLANT	0.217858	1,121,792	0	0	244,391	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.151841	7,076,094	0	0	1,074,441	63.00
65.00	06500	RESPIRATORY THERAPY	0.151408	3,934,089	0	0	595,653	65.00
66.00	06600	PHYSICAL THERAPY	0.257679	388,662	0	0	100,150	66.00
69.00	06900	ELECTROCARDIOLOGY	0.084577	44,239,180	0	0	3,741,617	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.159669	3,780,194	0	0	603,580	70.00
70.01	07001	BRACE AND PLASTER ROOM	0.442469	49,657	0	0	21,972	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.239628	22,464,434	0	0	5,383,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.232999	39,097,953	3,045	0	9,109,784	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139656	406,025,178	25,586	747,587	56,703,852	73.00
74.00	07400	RENAL DIALYSIS	0.192411	960,722	0	0	184,853	74.00
76.97	07697	CARDIAC REHABILITATION	0.121185	830,891	0	0	100,692	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.420596	135,200	0	0	56,865	77.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.289462	116,810,115	0	22,336	33,812,090	90.00
90.01	09001	TRANSPLANT CLINIC	1.194328	696,525	0	391	831,879	90.01
90.02	09002	SILVER CROSS CLINIC	0.253151	8,580,685	0	337	2,172,209	90.02
90.03	09003	ORLAND PARK CLINIC	0.182020	29,768,091	0	27	5,418,388	90.03
91.00	09100	EMERGENCY	0.133307	29,157,343	0	0	3,886,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.246031	22,029,121	0	474	5,419,847	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	195.719613		0			95.00
200.00		Subtotal (see instructions)		1,165,462,008	28,631	771,152	167,401,236	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		1,165,462,008	28,631	771,152	167,401,236	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/26/2019 3:02 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Costs							
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)						
		6.00	7.00						
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	03630	ULTRA SOUND	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0					60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0					70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	709	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,573	104,405					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0					77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	6,465					90.00
90.01	09001	TRANSPLANT CLINIC	0	467					90.01
90.02	09002	SILVER CROSS CLINIC	0	85					90.02
90.03	09003	ORLAND PARK CLINIC	0	5					90.03
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	117					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	4,282	111,544					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	4,282	111,544					202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 3:02 pm

				Title XIX		Hospital		11/20/2019 3:02 pm	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	Cost	
			1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	2,094,757	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0				92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	2,094,757	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/26/2019 3:02 pm	
			Title XIX		Hospital		Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	599,593,748	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	91,801,113	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	33,090,647	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	258,426,089	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	257,401,270	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	29,670,015	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	176,910,850	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	54,802,667	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	449,578,580	0.000000	57.00
58.00	05800	MRI	0	0	0	163,088,620	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	110,223,232	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	979,571,998	0.000000	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	0	10,095,182	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	143,231,806	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	152,115,003	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	49,220,000	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	248,157,246	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	44,851,084	0.000000	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	836,669	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	190,117,777	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	295,689,880	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,094,757	2,094,757	1,461,371,266	0.001433	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	38,847,632	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,024,171	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	5,001,854	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	547,795,731	0.000000	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	2,876,694	0.000000	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	24,818,070	0.000000	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	211,551,538	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	382,831,679	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	100,502,588	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	2,094,757	2,094,757	7,116,094,699		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001433	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 3:02 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)		167,618	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		167,618	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)		151,332	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)		44,966	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)		254,491,133	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)		254,491,133	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)		254,491,133	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)		1,518.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		68,270,978	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)		68,270,978	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0088

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	67,412,732	24,114	2,795.58	7,963	22,261,204		43.00
44.00	CORONARY CARE UNIT	25,619,521	11,584	2,211.63	955	2,112,107		44.00
45.00	BURN INTENSIVE CARE UNIT	6,596,636	2,709	2,435.08	431	1,049,519		45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	NURSERY ICU	33,972,739	16,076	2,113.26	0	0		47.00
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						115,467,240	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						209,161,048	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)						7,195,299	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						7,735,077	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						14,930,376	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						194,230,672	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)						16,286	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,518.28	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						24,726,708	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0088

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

Worksheet D-1

Date/Time Prepared:
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		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	20,275,211	254,491,133	0.079670	24,726,708	1,969,977	90.00
91.00 Nursing School cost	0	254,491,133	0.000000	24,726,708	0	91.00
92.00 Allied health cost	0	254,491,133	0.000000	24,726,708	0	92.00
93.00 All other Medical Education	0	254,491,133	0.000000	24,726,708	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/26/2019 3:02 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			167,618 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			167,618 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)			151,332 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)			7,459 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)			9,549 15.00
16.00	Nursery days (title V or XIX only)			4,930 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)			253,464,153 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)			253,464,153 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)			253,464,153 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)			1,512.15 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			11,279,127 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)			11,279,127 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0088

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

Worksheet D-1

Date/Time Prepared:
11/26/2019 3:02 pm

		Title XIX		Hospital		Cost		
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)	11,303,755	9,549	1,183.76	4,930	5,835,937	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	67,249,095	24,114	2,788.80	3,929	10,957,195	43.00	
44.00	CORONARY CARE UNIT	25,540,878	11,584	2,204.84	197	434,353	44.00	
45.00	BURN INTENSIVE CARE UNIT	6,578,237	2,709	2,428.29	514	1,248,141	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NURSERY ICU	33,863,648	16,076	2,106.47	6,501	13,694,161	47.00	
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						43,448,914	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)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	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)						16,286	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,512.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						24,626,875	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0088

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

Worksheet D-1

Date/Time Prepared:
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Cost Center Description		Title XIX		Hospital		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	20,275,211	253,464,153	0.079992	24,626,875	1,969,953	90.00
91.00	Nursing School cost	0	253,464,153	0.000000	24,626,875	0	91.00
92.00	Allied health cost	0	253,464,153	0.000000	24,626,875	0	92.00
93.00	All other Medical Education	0	253,464,153	0.000000	24,626,875	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

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

Worksheet D-2

Date/Time Prepared:
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Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V	
	1.00	2.00	3.00	4.00	5.00	
PART I - NOT IN APPROVED TEACHING PROGRAM						
1.00 Total cost of services rendered	100.00	359,431				1.00
Hospital Inpatient Routine Services:						
2.00 ADULTS & PEDIATRICS	100.00	359,431	167,618	2.14	0	2.00
3.00 INTENSIVE CARE UNIT	0.00	0	24,114	0.00	0	3.00
4.00 CORONARY CARE UNIT	0.00	0	11,584	0.00	0	4.00
5.00 BURN INTENSIVE CARE UNIT	0.00	0	2,709	0.00	0	5.00
6.00 SURGICAL INTENSIVE CARE UNIT						6.00
7.00 NURSERY ICU	0.00	0	16,076	0.00	0	7.00
8.00 NURSERY	0.00	0	9,549	0.00	0	8.00
9.00 Subtotal (sum of lines 2 through 8)	100.00	359,431				9.00
10.00 SUBPROVIDER - IPF						10.00
11.00 SUBPROVIDER - IRF						11.00
12.00 SUBPROVIDER						12.00
13.00 SKILLED NURSING FACILITY						13.00
14.00 NURSING FACILITY						14.00
15.00 OTHER LONG TERM CARE						15.00
16.00 HOME HEALTH AGENCY						16.00
17.00 CMHC						17.00
17.10 CORF	0.00	0				17.10
17.20 OUTPATIENT PHYSICAL THERAPY	0.00	0				17.20
17.30 OUTPATIENT OCCUPATIONAL THERAPY	0.00	0				17.30
17.40 OUTPATIENT SPEECH PATHOLOGY	0.00	0				17.40
18.00 AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00 HOSPICE						19.00
20.00 Subtotal (sum of lines 9 through 19)	100.00	359,431				20.00
Cost Center Description			Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V	
	1.00	2.00	3.00	4.00	5.00	
Hospital Outpatient Services:						
21.00 RURAL HEALTH CLINIC						21.00
22.00 FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00 CLINIC	0.00	0	547,795,731	0.000000	0	23.00
23.01 TRANSPLANT CLINIC	0.00	0	2,876,694	0.000000	0	23.01
23.02 SILVER CROSS CLINIC	0.00	0	24,818,070	0.000000	0	23.02
23.03 ORLAND PARK CLINIC	0.00	0	211,551,538	0.000000	0	23.03
24.00 EMERGENCY	0.00	0	382,831,679	0.000000	0	24.00
25.00 OBSERVATION BEDS (NON-DISTINCT PART	0.00	0	100,502,588	0.000000	0	25.00
26.00 OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00 Subtotal (sum of lines 21 through 26)	0.00	0				27.00
28.00 Total (sum of lines 20 and 27)	100.00	359,431				28.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

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

Worksheet D-2

Date/Time Prepared:
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Cost Center Description		Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)							
Hospital Inpatient Routine Services:							
29.00	ADULTS & PEDIATRICS	0	0	0	0	0.00	29.00
30.00	Swing Bed - SNF		0	0	0	0.00	30.00
31.00	Swing Bed - NF		0				31.00
32.00	INTENSIVE CARE UNIT	0		0	0	0.00	32.00
33.00	CORONARY CARE UNIT	0		0	0	0.00	33.00
34.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	SURGICAL INTENSIVE CARE UNIT						35.00
36.00	NURSERY ICU	0		0	0	0.00	36.00
37.00	Subtotal (sum of lines 29, and 32 through 36)	0		0			37.00
38.00	SUBPROVIDER - IPF						38.00
39.00	SUBPROVIDER - IRF						39.00
40.00	SUBPROVIDER						40.00
41.00	SKILLED NURSING FACILITY						41.00
42.00	Total (sum of lines 37 through 41)	0		0			42.00
Cost Center Description		Not In Approved Teaching Program			In Approved Teaching Program		
		(from Part I:)		Amount	(from Part II, col. 7, -)		
		1.00		2.00	3.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)							
Hospital							
43.00	Inpatient	col. 9, line 9.00		0	line 37.00		43.00
44.00	Outpatient	col. 9, line 27.00		0			44.00
45.00	Total Hospital (sum of lines 43 and 44)			0			45.00
46.00	SUBPROVIDER - IPF						46.00
47.00	SUBPROVIDER - IRF						47.00
48.00	SUBPROVIDER						48.00
49.00	SKILLED NURSING FACILITY						49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

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

Worksheet D-2

Date/Time Prepared:
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Cost Center Description		Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
		Title XVIII, Part B Only less Part A Coverage but no Part B Coverage	Title XIX				
		6.00	7.00				
PART I - NOT IN APPROVED TEACHING PROGRAM							
1.00	Total cost of services rendered						1.00
Hospital Inpatient Routine Services:							
2.00	ADULTS & PEDIATRICS	44,655	7,459	0	95,562	15,962	2.00
3.00	INTENSIVE CARE UNIT	7,810	3,929	0	0	0	3.00
4.00	CORONARY CARE UNIT	904	197	0	0	0	4.00
5.00	BURN INTENSIVE CARE UNIT	410	514	0	0	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT						6.00
7.00	NURSERY ICU	0	6,501	0	0	0	7.00
8.00	NURSERY		4,930	0		0	8.00
9.00	Subtotal (sum of lines 2 through 8)			0	95,562	15,962	9.00
10.00	SUBPROVIDER - IPF						10.00
11.00	SUBPROVIDER - IRF						11.00
12.00	SUBPROVIDER						12.00
13.00	SKILLED NURSING FACILITY						13.00
14.00	NURSING FACILITY						14.00
15.00	OTHER LONG TERM CARE						15.00
16.00	HOME HEALTH AGENCY						16.00
17.00	CMHC						17.00
17.10	CORF						17.10
17.20	OUTPATIENT PHYSICAL THERAPY						17.20
17.30	OUTPATIENT OCCUPATIONAL THERAPY						17.30
17.40	OUTPATIENT SPEECH PATHOLOGY						17.40
18.00	AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00	HOSPICE						19.00
20.00	Subtotal (sum of lines 9 through 19)						20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost			
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
Hospital Outpatient Services:							
21.00	RURAL HEALTH CLINIC						21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00	CLINIC	133,753,800	0	0	0	0	23.00
23.01	TRANSPLANT CLINIC	751,050	0	0	0	0	23.01
23.02	SILVER CROSS CLINIC	8,584,920	0	0	0	0	23.02
23.03	ORLAND PARK CLINIC	29,927,554	0	0	0	0	23.03
24.00	EMERGENCY	62,917,946	0	0	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART	29,358,475	0	0	0	0	25.00
26.00	OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00	Subtotal (sum of lines 21 through 26)			0	0	0	27.00
28.00	Total (sum of lines 20 and 27)						28.00
Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents			
		6.00	7.00	11.00			
		PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)					
Hospital Inpatient Routine Services:							
29.00	ADULTS & PEDIATRICS	0	0	0			29.00
30.00	Swing Bed - SNF	0	0				30.00
31.00	Swing Bed - NF						31.00
32.00	INTENSIVE CARE UNIT	0	0	0			32.00
33.00	CORONARY CARE UNIT	0	0	0			33.00
34.00	BURN INTENSIVE CARE UNIT	0	0	0			34.00
35.00	SURGICAL INTENSIVE CARE UNIT						35.00
36.00	NURSERY ICU	0	0	0			36.00
37.00	Subtotal (sum of lines 29, and 32 through 36)		0	0			37.00
38.00	SUBPROVIDER - IPF						38.00
39.00	SUBPROVIDER - IRF						39.00
40.00	SUBPROVIDER						40.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

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

Worksheet D-2

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents		
		6.00	7.00	11.00		
41.00	SKILLED NURSING FACILITY					41.00
42.00	Total (sum of lines 37 through 41)		0	0		42.00
Cost Center Description		In Approved Teaching Program	Total Title XVIII Costs			
		Amount	(to Wkst. E, Part B -)	(col. 2 + col. 4)		
		4.00	5.00	6.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)						
Hospital						
43.00	Inpatient	0			0	43.00
44.00	Outpatient					44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 22		0	45.00
46.00	SUBPROVIDER - IPF					46.00
47.00	SUBPROVIDER - IRF					47.00
48.00	SUBPROVIDER					48.00
49.00	SKILLED NURSING FACILITY					49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/26/2019 3:02 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		179,079,822	30.00
31.00	03100	INTENSIVE CARE UNIT		54,988,016	31.00
32.00	03200	CORONARY CARE UNIT		41,606,439	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,665,730	33.00
35.00	02080	NURSERY ICU		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.158732	111,941,207	50.00
51.00	05100	RECOVERY ROOM	0.328887	24,919	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.409407	393,384	52.00
53.00	05300	ANESTHESIOLOGY	0.053244	35,718,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.161487	26,303,167	54.00
54.01	03630	ULTRA SOUND	0.069590	3,293,542	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.116147	8,349,988	55.00
56.00	05600	RADIOISOTOPE	0.207594	1,722,771	56.00
57.00	05700	CT SCAN	0.023953	42,079,173	57.00
58.00	05800	MRI	0.060934	10,088,982	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083175	22,866,715	59.00
60.00	06000	LABORATORY	0.070637	157,059,999	60.00
60.01	06001	LABORATORY - TRANSPLANT	0.217858	593,964	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.152164	32,131,693	63.00
65.00	06500	RESPIRATORY THERAPY	0.152586	27,732,356	65.00
66.00	06600	PHYSICAL THERAPY	0.257679	8,629,516	66.00
69.00	06900	ELECTROCARDIOLOGY	0.085341	38,280,731	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.165791	5,769,254	70.00
70.01	07001	BRACE AND PLASTER ROOM	0.442469	639	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.239628	36,353,829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.232999	69,927,386	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.139656	140,675,789	73.00
74.00	07400	RENAL DIALYSIS	0.196951	14,977,791	74.00
76.97	07697	CARDIAC REHABILITATION	0.121185	3,619	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.420596	976,460	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.299955	16,921,349	90.00
90.01	09001	TRANSPLANT CLINIC	1.194328	54,134	90.01
90.02	09002	SILVER CROSS CLINIC	0.253151	3,898	90.02
90.03	09003	ORLAND PARK CLINIC	0.182020	159,436	90.03
91.00	09100	EMERGENCY	0.133934	33,760,603	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.246031	7,328,880	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		854,124,090	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)		854,124,090	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0088

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

Worksheet D-4

Date/Time Prepared:
11/26/2019 3:02 pm

			Kidney		Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	62,010	1,518.28	14	21,256	1.00
2.00	INTENSIVE CARE UNIT	43.00	378,464	2,795.58	32	89,459	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,211.63	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,435.08	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,113.26	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		440,474		46	110,715	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.151074	1,003,653	151,626	8.00
9.00	RECOVERY ROOM		51.00	0.328887	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.395532	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.052104	156,524	8,156	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.155754	242,667	37,796	12.00
12.01	ULTRA SOUND		54.01	0.069590	7,379	514	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.105247	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.207594	884,436	183,604	14.00
15.00	CT SCAN		57.00	0.023953	1,797,606	43,058	15.00
16.00	MRI		58.00	0.060934	66,417	4,047	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.081454	121,909	9,930	17.00
18.00	LABORATORY		60.00	0.070156	2,993,668	210,024	18.00
18.01	LABORATORY - TRANSPLANT		60.01	0.217858	1,433,396	312,277	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.151841	141,633	21,506	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.151408	100,949	15,284	23.00
24.00	PHYSICAL THERAPY		66.00	0.257679	1,669	430	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.084577	1,840,884	155,696	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.159669	37,917	6,054	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.442469	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.239628	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.232999	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.139656	233,248	32,574	31.00
32.00	RENAL DIALYSIS		74.00	0.192411	6,933	1,334	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.121185	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.289462	576,120	166,765	37.00
37.01	TRANSPLANT CLINIC		90.01	1.194328	399,697	477,369	37.01
37.02	SILVER CROSS CLINIC		90.02	0.253151	0	0	37.02
37.03	ORLAND PARK CLINIC		90.03	0.182020	38,557	7,018	37.03
38.00	EMERGENCY		91.00	0.133307	80,165	10,687	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.246031	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				12,165,427	1,855,749	41.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS					Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D-4
					Component CCN:		Date/Time Prepared: 11/26/2019 3:02 pm
					Kidney	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00
							3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	2.14	14	30	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	32		43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0		44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		46.00	
47.00	NURSERY ICU	7.00	0.00	0		47.00	
48.00	TOTAL (sum of lines 42 through 47)			46	30	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	576,120	0.000000	0	51.00	
51.01	TRANSPLANT CLINIC	23.01	399,697	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC	23.02	0	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC	23.03	38,557	0.000000	0	51.03	
52.00	EMERGENCY	24.00	80,165	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		1,094,539		0	55.00	
Cost Center Description					Cost		Charges
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,966,464		12,605,901		56.00	
57.00	Interns and Residents (inpatient)	30		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	7,072,171		9,754,514		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	9,038,665		22,360,415		61.00	
62.00	Total Usable Organs (see instructions)		128			62.00	
63.00	Medicare Usable Organs (see instructions)		95			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.742188			64.00	
65.00	Medicare Cost/Charges (see instructions)	6,708,389		16,595,632		65.00	
66.00	Revenue for Organs Sold	140,465		0		66.00	
67.00	Subtotal (line 65 minus line 66)	6,567,924		16,595,632		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	6,567,924	0	16,595,632	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		10	49		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		3	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	66		73.00	
74.00	Total (sum of lines 70 through 73)		13	115		74.00	
75.00	Organs Transplanted		10	66	0	75.00	
76.00	Organs Sold to Other Hospitals		3	0	59,591	76.00	
77.00	Organs Sold to OPOs		0	49	80,874	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		13	115		84.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0088

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/26/2019 3:02 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	50,124	1,518.28	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	150,817	2,795.58	17	47,525	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,211.63	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,435.08	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,113.26	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		200,941		17	47,525	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.151074	162,572	24,560	8.00
9.00	RECOVERY ROOM		51.00	0.328887	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.395532	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.052104	35,378	1,843	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.155754	220,115	34,284	12.00
12.01	ULTRA SOUND		54.01	0.069590	150,159	10,450	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.105247	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.207594	66,180	13,739	14.00
15.00	CT SCAN		57.00	0.023953	505,377	12,105	15.00
16.00	MRI		58.00	0.060934	296,486	18,066	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.081454	11,765	958	17.00
18.00	LABORATORY		60.00	0.070156	1,114,691	78,202	18.00
18.01	LABORATORY - TRANSPLANT		60.01	0.217858	31,255	6,809	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.151841	55,805	8,473	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.151408	129,485	19,605	23.00
24.00	PHYSICAL THERAPY		66.00	0.257679	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.084577	305,965	25,878	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.159669	9,808	1,566	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.442469	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.239628	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.232999	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.139656	97,490	13,615	31.00
32.00	RENAL DIALYSIS		74.00	0.192411	9,413	1,811	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.121185	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.289462	281,458	81,471	37.00
37.01	TRANSPLANT CLINIC		90.01	1.194328	193,052	230,567	37.01
37.02	SILVER CROSS CLINIC		90.02	0.253151	0	0	37.02
37.03	ORLAND PARK CLINIC		90.03	0.182020	86,973	15,831	37.03
38.00	EMERGENCY		91.00	0.133307	22,844	3,045	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.246031	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				3,786,271	602,878	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS					Provider CCN: 14-0088		Period: From 07/01/2018 To 06/30/2019		Worksheet D-4		
					Component CCN:				Date/Time Prepared: 11/26/2019 3:02 pm		
					Liver		Hospital		PPS		
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition		Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00		3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)											
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program											
42.00	ADULTS & PEDIATRICS				2.00	2.14	0		0		42.00
43.00	INTENSIVE CARE UNIT				3.00	0.00	17		0		43.00
44.00	CORONARY CARE UNIT				4.00	0.00	0		0		44.00
45.00	BURN INTENSIVE CARE UNIT				5.00	0.00	0		0		45.00
46.00	SURGICAL INTENSIVE CARE UNIT				6.00	0.00	0		0		46.00
47.00	NURSERY ICU				7.00	0.00	0		0		47.00
48.00	TOTAL (sum of lines 42 through 47)						17		0		48.00
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4		Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00		3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program											
49.00	RURAL HEALTH CLINIC				21.00	0	0.000000		0		49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER				22.00	0	0.000000		0		50.00
51.00	CLINIC				23.00	281,458	0.000000		0		51.00
51.01	TRANSPLANT CLINIC				23.01	193,052	0.000000		0		51.01
51.02	SILVER CROSS CLINIC				23.02	0	0.000000		0		51.02
51.03	ORLAND PARK CLINIC				23.03	86,973	0.000000		0		51.03
52.00	EMERGENCY				24.00	22,844	0.000000		0		52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART				25.00	0	0.000000		0		53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER				26.00	0	0.000000		0		54.00
55.00	TOTAL (sum of lines 49 through 52)					584,327			0		55.00
Cost Center Description					Cost		Charges				
					Part A	Part B	Part A		Part B		
					1.00	2.00	3.00		4.00		
PART III - SUMMARY OF COSTS AND CHARGES											
56.00	Routine and Ancillary from Part I				650,403		3,987,212				56.00
57.00	Interns and Residents (inpatient)				0		0				57.00
58.00	Interns and Residents (outpatient)				0		0				58.00
59.00	Direct Organ Acquisition (see instructions)				3,662,352		3,154,198				59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)				0		0				60.00
61.00	Total (sum of lines 56 thru 60)				4,312,755		7,141,410				61.00
62.00	Total Usable Organs (see instructions)					60					62.00
63.00	Medicare Usable Organs (see instructions)					32					63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)					0.533333					64.00
65.00	Medicare Cost/Charges (see instructions)				2,300,135		3,808,750				65.00
66.00	Revenue for Organs Sold				36,311		0				66.00
67.00	Subtotal (line 65 minus line 66)				2,263,824		3,808,750				67.00
68.00	Organs Furnished Part B				0		0		0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)				2,263,824		0		3,808,750		69.00
Cost Center Description					Living Related		Cadaveric		Revenue		
					1.00		2.00		3.00		
PART IV - STATISTICS											
70.00	Organs Excised in Provider (1)					0	22				70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)					0	0				71.00
72.00	Organs Purchased from Non-Transplant Hospitals					0	0				72.00
73.00	Organs Purchased from OPOs					0	38				73.00
74.00	Total (sum of lines 70 through 73)					0	60				74.00
75.00	Organs Transplanted					0	38		0		75.00
76.00	Organs Sold to Other Hospitals					0	0		0		76.00
77.00	Organs Sold to OPOs					0	22		36,311		77.00
78.00	Organs Sold to Transplant Hospitals					0	0		0		78.00
79.00	Organs Sold to Military or VA Hospitals					0	0		0		79.00
80.00	Organs Sold Outside the U.S.					0	0		0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)					0	0		0		81.00
82.00	Organs Used for Research					0	0		0		82.00
83.00	Unusable/Discarded Organs					0	0		0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)					0	60				84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0088

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/26/2019 3:02 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	16,070	1,518.28	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	75,516	2,795.58	4	11,182	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,211.63	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,435.08	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,113.26	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		91,586		4	11,182	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.151074	38,880	5,874	8.00
9.00	RECOVERY ROOM		51.00	0.328887	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.395532	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.052104	6,901	360	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.155754	10,252	1,597	12.00
12.01	ULTRA SOUND		54.01	0.069590	4,595	320	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.105247	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.207594	492	102	14.00
15.00	CT SCAN		57.00	0.023953	53,115	1,272	15.00
16.00	MRI		58.00	0.060934	5,597	341	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.081454	68,418	5,573	17.00
18.00	LABORATORY		60.00	0.070156	167,369	11,742	18.00
18.01	LABORATORY - TRANSPLANT		60.01	0.217858	9,321	2,031	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.151841	9,069	1,377	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.151408	25,467	3,856	23.00
24.00	PHYSICAL THERAPY		66.00	0.257679	1,122	289	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.084577	71,745	6,068	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.159669	3,464	553	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.442469	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.239628	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.232999	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.139656	29,856	4,170	31.00
32.00	RENAL DIALYSIS		74.00	0.192411	226	43	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.121185	9,306	1,128	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.289462	98,460	28,500	37.00
37.01	TRANSPLANT CLINIC		90.01	1.194328	1,805	2,156	37.01
37.02	SILVER CROSS CLINIC		90.02	0.253151	0	0	37.02
37.03	ORLAND PARK CLINIC		90.03	0.182020	313	57	37.03
38.00	EMERGENCY		91.00	0.133307	10,410	1,388	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.246031	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				626,183	78,797	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS					Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet D-4
					Component CCN:		Date/Time Prepared: 11/26/2019 3:02 pm
					Heart	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00
							3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	2.14	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	4	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NURSERY ICU	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			4	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	98,460	0.000000	0	51.00	
51.01	TRANSPLANT CLINIC	23.01	1,805	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC	23.02	0	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC	23.03	313	0.000000	0	51.03	
52.00	EMERGENCY	24.00	10,410	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		110,988		0	55.00	
Cost Center Description					Cost		Charges
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	89,979		717,769		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,663,602		2,618,585		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	3,753,581		3,336,354		61.00	
62.00	Total Usable Organs (see instructions)		54			62.00	
63.00	Medicare Usable Organs (see instructions)		27			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,876,791		1,668,177		65.00	
66.00	Revenue for Organs Sold	16,505		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,860,286		1,668,177		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,860,286	0	1,668,177	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	10		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	44		73.00	
74.00	Total (sum of lines 70 through 73)		0	54		74.00	
75.00	Organs Transplanted		0	44	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	10	16,505	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	54		84.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0088

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

Worksheet D-4

Date/Time Prepared:
11/26/2019 3:02 pm

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	18,984	1,518.28	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	70,068	2,795.58	7	19,569	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,211.63	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,435.08	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,113.26	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		89,052		7	19,569	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.151074	45,159	6,822	8.00
9.00	RECOVERY ROOM		51.00	0.328887	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.395532	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.052104	20,831	1,085	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.155754	83,385	12,988	12.00
12.01	ULTRA SOUND		54.01	0.069590	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.105247	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.207594	91,271	18,947	14.00
15.00	CT SCAN		57.00	0.023953	112,597	2,697	15.00
16.00	MRI		58.00	0.060934	6,175	376	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.081454	315,435	25,693	17.00
18.00	LABORATORY		60.00	0.070156	371,604	26,070	18.00
18.01	LABORATORY - TRANSPLANT		60.01	0.217858	110,884	24,157	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.151841	10,243	1,555	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.151408	139,606	21,137	23.00
24.00	PHYSICAL THERAPY		66.00	0.257679	751	194	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.084577	178,139	15,066	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.159669	2,495	398	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.442469	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.239628	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.232999	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.139656	31,830	4,445	31.00
32.00	RENAL DIALYSIS		74.00	0.192411	5,804	1,117	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.121185	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.289462	256,623	74,283	37.00
37.01	TRANSPLANT CLINIC		90.01	1.194328	90,495	108,081	37.01
37.02	SILVER CROSS CLINIC		90.02	0.253151	0	0	37.02
37.03	ORLAND PARK CLINIC		90.03	0.182020	26,065	4,744	37.03
38.00	EMERGENCY		91.00	0.133307	13,204	1,760	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.246031	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				1,912,596	351,615	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0088

Period:

From 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:
11/26/2019 3:02 pm

		Lung		Hospital	PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	2.14	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	7	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NURSERY ICU	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	256,623	0.000000	0	51.00
51.01	TRANSPLANT CLINIC	23.01	90,495	0.000000	0	51.01
51.02	SILVER CROSS CLINIC	23.02	0	0.000000	0	51.02
51.03	ORLAND PARK CLINIC	23.03	26,065	0.000000	0	51.03
52.00	EMERGENCY	24.00	13,204	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		386,387		0	55.00
Cost Center Description		Cost		Charges		
		Part A	Part B	Part A	Part B	
		1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	371,184		2,001,648		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,844,160		2,963,619		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,215,344		4,965,267		61.00
62.00	Total Usable Organs (see instructions)		52			62.00
63.00	Medicare Usable Organs (see instructions)		26			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,607,672		2,482,634		65.00
66.00	Revenue for Organs Sold	24,757		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,582,915		2,482,634		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,582,915	0	2,482,634	0	69.00
Cost Center Description			Living Related	Cadaveric	Revenue	
			1.00	2.00	3.00	
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	15		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	37		73.00
74.00	Total (sum of lines 70 through 73)		0	52		74.00
75.00	Organs Transplanted		0	37	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	15	24,757	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00
82.00	Organs Used for Research		0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	52		84.00

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

(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0088

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/26/2019 3:02 pm

				Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-1	Inpatient	Per Diem Costs	Organ	Cost (col. 2 x			
		Line Numbers	Routine Organ	(from Wkst.	Acquisition	col. 3)			
			Charges	D-1, Part II)					
		0	1.00	2.00	3.00	4.00			
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)									
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition									
1.00	ADULTS & PEDIATRICS	38.00	0	1,518.28	0	0	1.00		
2.00	INTENSIVE CARE UNIT	43.00	33,130	2,795.58	2	5,591	2.00		
3.00	CORONARY CARE UNIT	44.00	0	2,211.63	0	0	3.00		
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,435.08	0	0	4.00		
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00		
6.00	NURSERY ICU	47.00	0	2,113.26	0	0	6.00		
7.00	TOTAL (sum of lines 1 through 6)		33,130		2	5,591	7.00		
Cost Center Description			Worksheet C	Ratio of	Organ	Organ			
			Line Numbers	Cost/Charges	Acquisition	Acquisition			
				(from Wkst. C)	Ancillary	Ancillary			
			0	1.00	Charges	Costs			
Computation of Ancillary Service Cost Applicable to Organ Acquisition									
8.00	OPERATING ROOM		50.00	0.151074	23,326	3,524	8.00		
9.00	RECOVERY ROOM		51.00	0.328887	0	0	9.00		
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.395532	0	0	10.00		
11.00	ANESTHESIOLOGY		53.00	0.052104	3,305	172	11.00		
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.155754	7,528	1,173	12.00		
12.01	ULTRA SOUND		54.01	0.069590	125	9	12.01		
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.105247	0	0	13.00		
14.00	RADIOISOTOPE		56.00	0.207594	207	43	14.00		
15.00	CT SCAN		57.00	0.023953	47,147	1,129	15.00		
16.00	MRI		58.00	0.060934	5,959	363	16.00		
17.00	CARDIAC CATHETERIZATION		59.00	0.081454	3,130	255	17.00		
18.00	LABORATORY		60.00	0.070156	121,970	8,557	18.00		
18.01	LABORATORY - TRANSPLANT		60.01	0.217858	13,687	2,982	18.01		
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00		
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30		
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.151841	6,033	916	21.00		
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00		
23.00	RESPIRATORY THERAPY		65.00	0.151408	8,844	1,339	23.00		
24.00	PHYSICAL THERAPY		66.00	0.257679	0	0	24.00		
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00		
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00		
27.00	ELECTROCARDIOLOGY		69.00	0.084577	40,204	3,400	27.00		
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.159669	8,309	1,327	28.00		
28.01	BRACE AND PLASTER ROOM		70.01	0.442469	0	0	28.01		
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.239628	0	0	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.232999	0	0	30.00		
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.139656	15,598	2,178	31.00		
32.00	RENAL DIALYSIS		74.00	0.192411	0	0	32.00		
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00		
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00		
34.97	CARDIAC REHABILITATION		76.97	0.121185	0	0	34.97		
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98		
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99		
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00		
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00		
37.00	CLINIC		90.00	0.289462	40,241	11,648	37.00		
37.01	TRANSPLANT CLINIC		90.01	1.194328	9,651	11,526	37.01		
37.02	SILVER CROSS CLINIC		90.02	0.253151	0	0	37.02		
37.03	ORLAND PARK CLINIC		90.03	0.182020	0	0	37.03		
38.00	EMERGENCY		91.00	0.133307	5,567	742	38.00		
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.246031	0	0	39.00		
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00		
41.00	TOTAL (sum of lines 8 through 40)				360,831	51,283	41.00		

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

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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0088

Period:

From 07/01/2018

To 06/30/2019

Worksheet D-4

Date/Time Prepared:
11/26/2019 3:02 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	2.14	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NURSERY ICU	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			2	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	40,241	0.000000	0	0	51.00
51.01	TRANSPLANT CLINIC	23.01	9,651	0.000000	0	0	51.01
51.02	SILVER CROSS CLINIC	23.02	0	0.000000	0	0	51.02
51.03	ORLAND PARK CLINIC	23.03	0	0.000000	0	0	51.03
52.00	EMERGENCY	24.00	5,567	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		55,459		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	56,874		393,961			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	901,825		61,229			59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	958,699		455,190			61.00
62.00	Total Usable Organs (see instructions)		13				62.00
63.00	Medicare Usable Organs (see instructions)		9				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.692308				64.00
65.00	Medicare Cost/Charges (see instructions)	663,715		315,132			65.00
66.00	Revenue for Organs Sold	11,553		0			66.00
67.00	Subtotal (line 65 minus line 66)	652,162		315,132			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	652,162	0	315,132	0	0	69.00
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	7			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	6			73.00
74.00	Total (sum of lines 70 through 73)		0	13			74.00
75.00	Organs Transplanted		0	6	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	7	11,553		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	13			84.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0088

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description		Islet		Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	22,640	1,518.28	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,795.58	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,211.63	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,435.08	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,113.26	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		22,640		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.151074	53,931	8,148	8.00	
9.00	RECOVERY ROOM	51.00	0.328887	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.395532	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.052104	15,650	815	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.155754	372	58	12.00	
12.01	ULTRA SOUND	54.01	0.069590	0	0	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.105247	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.207594	0	0	14.00	
15.00	CT SCAN	57.00	0.023953	0	0	15.00	
16.00	MRI	58.00	0.060934	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.081454	0	0	17.00	
18.00	LABORATORY	60.00	0.070156	29,916	2,099	18.00	
18.01	LABORATORY - TRANSPLANT	60.01	0.217858	1,625	354	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	542	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.151841	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.151408	0	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0.257679	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.084577	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.159669	0	0	28.00	
28.01	BRACE AND PLASTER ROOM	70.01	0.442469	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.239628	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.232999	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.139656	16,783	2,344	31.00	
32.00	RENAL DIALYSIS	74.00	0.192411	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.121185	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.289462	6,521	1,888	37.00	
37.01	TRANSPLANT CLINIC	90.01	1.194328	678	810	37.01	
37.02	SILVER CROSS CLINIC	90.02	0.253151	0	0	37.02	
37.03	ORLAND PARK CLINIC	90.03	0.182020	0	0	37.03	
38.00	EMERGENCY	91.00	0.133307	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.246031	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			126,018	16,516	41.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS				Provider CCN: 14-0088 Component CCN:		Period: From 07/01/2018 To 06/30/2019		Worksheet D-4 Date/Time Prepared: 11/26/2019 3:02 pm	
				Islet		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS	2.00	2.14	0	0	42.00			
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00			
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00			
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00			
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00			
47.00	NURSERY ICU	7.00	0.00	0	0	47.00			
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00			
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00			
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00			
51.00	CLINIC	23.00	6,521	0.000000	0	51.00			
51.01	TRANSPLANT CLINIC	23.01	678	0.000000	0	51.01			
51.02	SILVER CROSS CLINIC	23.02	0	0.000000	0	51.02			
51.03	ORLAND PARK CLINIC	23.03	0	0.000000	0	51.03			
52.00	EMERGENCY	24.00	0	0.000000	0	52.00			
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00			
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00			
55.00	TOTAL (sum of lines 49 through 52)		7,199		0	55.00			
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I	16,516		148,658		56.00			
57.00	Interns and Residents (inpatient)	0		0		57.00			
58.00	Interns and Residents (outpatient)	0		0		58.00			
59.00	Direct Organ Acquisition (see instructions)	71,124		70,735		59.00			
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00			
61.00	Total (sum of lines 56 thru 60)	87,640		219,393		61.00			
62.00	Total Usable Organs (see instructions)		1			62.00			
63.00	Medicare Usable Organs (see instructions)		0			63.00			
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000			64.00			
65.00	Medicare Cost/Charges (see instructions)	0		0		65.00			
66.00	Revenue for Organs Sold	0		0		66.00			
67.00	Subtotal (line 65 minus line 66)	0		0		67.00			
68.00	Organs Furnished Part B	0	0	0	0	68.00			
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	69.00			
Cost Center Description				Living Related	Cadaveric	Revenue			
				1.00	2.00	3.00			
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)		1	0		70.00			
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00			
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00			
73.00	Organs Purchased from OPOs		0	0		73.00			
74.00	Total (sum of lines 70 through 73)		1	0		74.00			
75.00	Organs Transplanted		1	0	0	75.00			
76.00	Organs Sold to Other Hospitals		0	0	0	76.00			
77.00	Organs Sold to OPOs		0	0	0	77.00			
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00			
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00			
80.00	Organs Sold Outside the U.S.		0	0	0	80.00			
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00			
82.00	Organs Used for Research		0	0		82.00			
83.00	Unusable/Discarded Organs		0	0		83.00			
84.00	Total (sum of lines 75 through 83 should equal line 74)		1	0		84.00			

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/26/2019 3:02 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			105,780,236	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)			25,370,424	2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
3.00	Managed Care Simulated Payments			41,414,950	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			631.00	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)			638.65	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)			1.66	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			640.31	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			633.88	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)			633.88	12.00
13.00	Total allowable FTE count for the prior year.			614.39	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.			492.93	14.00
15.00	Sum of lines 12 through 14 divided by 3.			580.40	15.00
16.00	Adjustment for residents in initial years of the program			4.08	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			584.48	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.926276	19.00
20.00	Prior year resident to bed ratio (see instructions)			1.029013	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.926276	21.00
22.00	IME payment adjustment (see instructions)			43,426,489	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			17,002,286	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)			-6.43	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			43,426,489	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			17,002,286	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			10.35	30.00
31.00	Percentage of Medicaid patient days (see instructions)			39.92	31.00
32.00	Sum of lines 30 and 31			50.27	32.00
33.00	Allowable disproportionate share percentage (see instructions)			30.69	33.00
34.00	Disproportionate share adjustment (see instructions)			8,115,989	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 3:02 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)		6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)		0.001454313	0.001805490	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		9,840,893	14,936,588	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,480,446	11,171,746	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		13,652,192		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		196,345,330		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			213,347,616	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			13,728,967	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).			9,290,928	52.00
53.00	Nursing and Allied Health Managed Care payment			126,941	53.00
54.00	Special add-on payments for new technologies			1,032,542	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)			12,927,111	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)			201,588	58.00
59.00	Total (sum of amounts on lines 49 through 58)			250,655,693	59.00
60.00	Primary payer payments			80,081	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			250,575,612	61.00
62.00	Deductibles billed to program beneficiaries			6,557,580	62.00
63.00	Coinsurance billed to program beneficiaries			1,353,513	63.00
64.00	Allowable bad debts (see instructions)			2,250,564	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,462,867	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,269,129	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			244,127,386	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)			-630,981	70.93
70.94	HRR adjustment amount (see instructions)			-291,162	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/26/2019 3:02 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)		243,205,243	71.00	
71.01	Sequestration adjustment (see instructions)		4,864,105	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		228,384,650	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		9,956,488	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		8,326,809	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: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 3:02 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	105,780,236	0	0	105,780,236	105,780,236
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00	25,370,424	0	0	25,370,424	25,370,424
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	41,414,950	0	0	41,414,950	41,414,950
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.926276	0.926276	0.926276	0.926276	0
6.00	IME payment adjustment (see instructions)	22.00	43,426,489	0	0	43,426,489	43,426,489
6.01	IME payment adjustment for managed care (see instructions)	22.01	17,002,286	0	0	17,002,286	17,002,286
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
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	43,426,489	0	0	43,426,489	43,426,489
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	17,002,286	0	0	17,002,286	17,002,286
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3069	0.3069	0.3069	0.3069	0
11.00	Disproportionate share adjustment (see instructions)	34.00	8,115,989	0	0	8,115,989	8,115,989
11.01	Uncompensated care payments	36.00	13,652,192	0	2,904,675	7,528,951	10,433,626
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	196,345,330	0	2,904,675	193,440,655	196,345,330
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	213,347,616	0	2,904,675	210,442,941	213,347,616
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	13,728,967	0	0	13,728,967	13,728,967
17.00	Special add-on payments for new technologies	54.00	1,032,542	0	0	1,032,542	1,032,542
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2019 3:02 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	2,904,675	225,204,450	228,109,125
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	8,608,119	0	0	8,608,119	8,608,119
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	2,256,066	0	0	2,256,066	2,256,066
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.3328	0.3328	0.3328	0.3328	
23.00	Indirect medical education adjustment (see instructions)	6.00	2,864,782	0	0	2,864,782	2,864,782
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	13,728,967	0	0	13,728,967	13,728,967
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 3:02 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	105,780,236		105,780,236	105,780,236	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	25,370,424	0	25,370,424	25,370,424	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	41,414,950	0	41,414,950	41,414,950	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.926276	0.926276	0.926276		5.00
6.00	IME payment adjustment (see instructions)	22.00	43,426,489	0	43,426,489	43,426,489	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	17,002,286	0	17,002,286	17,002,286	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	43,426,489	0	43,426,489	43,426,489	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	17,002,286	0	17,002,286	17,002,286	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3069	0.3069	0.3069		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	8,115,989	0	8,115,989	8,115,989	11.00
11.01	Uncompensated care payments	36.00	13,652,192	2,480,446	11,171,746	13,652,192	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	196,345,330	2,480,446	193,864,884	196,345,330	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	213,347,616	2,480,446	210,867,170	213,347,616	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	13,728,967	0	13,728,967	13,728,967	16.00
17.00	Special add-on payments for new technologies	54.00	1,032,542	0	1,032,542	1,032,542	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			2,480,446	225,628,679	228,109,125	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/26/2019 3:02 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	8,608,119	0	8,608,119	8,608,119	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	2,256,066	0	2,256,066	2,256,066	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	0.3328	0.3328	0.3328		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,864,782	0	2,864,782	2,864,782	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	13,728,967	0	13,728,967	13,728,967	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-630,981	0	-630,981	-630,981	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	-291,162	0	-291,162	-291,162	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/26/2019 3:02 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		115,826	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		166,819,402	2.00
3.00	OPPS payments		120,685,265	3.00
4.00	Outlier payment (see instructions)		2,903,532	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		581,834	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		115,826	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		799,783	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)		799,783	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)		799,783	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		683,957	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)		115,826	21.00
22.00	Interns and residents (see instructions)		95,562	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)		124,170,631	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		15,108	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		21,195,965	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)		103,170,946	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		7,014,496	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)		110,185,442	30.00
31.00	Primary payer payments		12	31.00
32.00	Subtotal (line 30 minus line 31)		110,185,430	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)		4,182,931	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		2,718,905	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,568,425	36.00
37.00	Subtotal (see instructions)		112,904,335	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		112,904,335	40.00
40.01	Sequestration adjustment (see instructions)		2,258,087	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		110,093,620	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		552,628	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,102,375	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: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/26/2019 3:02 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		41,392,029		9,527,950	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		183,666,377		100,344,850	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	05/29/2019	3,326,244	05/29/2019	220,820	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)		3,326,244		220,820	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)		228,384,650		110,093,620	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		9,956,488		552,628	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		238,341,138		110,646,248	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/26/2019 3:02 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: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/26/2019 3:02 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	43,448,914			1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	43,448,914		0	4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	43,448,914		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0		0	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0		0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	43,448,914		0	18.00
19.00	Interns and Residents (see instructions)	15,962		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	43,448,914		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	15,962		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	15,962		0	36.00
37.00	CR ADJUSTMENT	-15,962		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 3:02 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.			492.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			1.66	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.64	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)			494.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			689.66	6.00
7.00	Enter the lesser of line 5 or line 6			494.90	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.	203.65	379.79	583.44	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.	146.14	272.54	418.68	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	146.14	272.54		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	155.04	264.92		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	156.64	266.40		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	152.61	267.95		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	2.04		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	4.08		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	152.61	269.99		17.00
18.00	Per resident amount	110,537.49	104,669.27		18.00
19.00	Approved amount for resident costs	16,869,126	28,259,656	45,128,782	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)			194.76	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)			45,128,782	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	54,315	23,860		26.00
27.00	Total Inpatient Days (see instructions)	207,035	207,035		27.00
28.00	Ratio of inpatient days to total inpatient days	0.262347	0.115246		28.00
29.00	Program direct GME amount	11,839,401	5,200,912		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		734,889		30.00
31.00	Net Program direct GME amount			16,305,424	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/26/2019 3:02 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)			38,847,632	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)			209,161,048	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			12,927,111	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			80,081	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			222,008,078	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			167,612,624	42.00
43.00	Primary payer payments (see instructions)			12	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			167,612,612	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			389,620,690	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.569806	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.430194	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			16,305,424	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			9,290,928	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			7,014,496	50.00

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

Provider CCN: 14-0088

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

Worksheet G

Date/Time Prepared:
11/26/2019 3:02 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	150,899,000	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	359,177,000	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	167,632,000	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	677,708,000	0	0	0	11.00
FIXED ASSETS					
12.00 Land	0	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	0	0	0	0	15.00
16.00 Accumulated depreciation	0	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	2,402,332,000	0	0	0	19.00
20.00 Accumulated depreciation	-1,037,850,000	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	0	0	0	0	23.00
24.00 Accumulated depreciation	0	0	0	0	24.00
25.00 Minor equipment depreciable	0	0	0	0	25.00
26.00 Accumulated depreciation	0	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	1,364,482,000	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	1,010,359,000	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	461,357,000	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	1,471,716,000	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	3,513,906,000	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	182,742,000	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	15,208,000	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	30,769,000	0	0	0	43.00
44.00 Other current liabilities	257,472,000	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	486,191,000	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	846,996,000	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	286,862,000	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	1,133,858,000	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	1,620,049,000	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	1,893,857,000				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	1,893,857,000	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	3,513,906,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0088

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

Worksheet G-1

Date/Time Prepared:
11/26/2019 3:02 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		1,847,753,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		44,051,000				2.00
3.00	Total (sum of line 1 and line 2)		1,891,804,000		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARILY RESTRICTED CONT	3,438,000		0		0	5.00
6.00	PERM RESTRICTED CONT	0		0		0	6.00
7.00	PENSION	-14,787,000		0		0	7.00
8.00	OTHER	115,770,000		0		0	8.00
9.00	CHG IN VAL OF DERIV/OTHER	-29,233,000		0		0	9.00
10.00	Total additions (sum of line 4-9)		75,188,000		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,966,992,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CHANGE IN VALUATION OF DERIV	0		0		0	13.00
14.00	NET TRANSFER	71,750,000		0		0	14.00
15.00	ADDITIONAL MINIMUM PENSION LIAB	0		0		0	15.00
16.00	EXPENDED FOR OPERATING PURPOSES	6,112,000		0		0	16.00
17.00	OTHER	-4,727,000		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		73,135,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,893,857,000		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	TEMPORARILY RESTRICTED CONT		0				5.00
6.00	PERM RESTRICTED CONT		0				6.00
7.00	PENSION		0				7.00
8.00	OTHER		0				8.00
9.00	CHG IN VAL OF DERIV/OTHER		0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	CHANGE IN VALUATION OF DERIV		0				13.00
14.00	NET TRANSFER		0				14.00
15.00	ADDITIONAL MINIMUM PENSION LIAB		0				15.00
16.00	EXPENDED FOR OPERATING PURPOSES		0				16.00
17.00	OTHER		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: 14-0088

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2019 3:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	698,079,635		698,079,635	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	698,079,635		698,079,635	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	258,065,934		258,065,934	11.00
12.00	CORONARY CARE UNIT	114,435,481		114,435,481	12.00
13.00	BURN INTENSIVE CARE UNIT	19,121,419		19,121,419	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NURSERY ICU	151,574,902		151,574,902	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	543,197,736		543,197,736	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,241,277,371		1,241,277,371	17.00
18.00	Ancillary services	3,111,738,337	3,200,523,698	6,312,262,035	18.00
19.00	Outpatient services	0	1,306,470,988	1,306,470,988	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,353,015,708	4,506,994,686	8,860,010,394	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,927,376,204		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	ROUNDING	2,484			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)		2,484		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,927,373,720		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0088

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

Worksheet G-3

Date/Time Prepared:
11/26/2019 3:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	8,860,010,394	1.00
2.00	Less contractual allowances and discounts on patients' accounts	7,063,763,394	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,796,247,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,927,373,720	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-131,126,720	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	5,277,493	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,080,195	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	149,737,147	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	ROUNDING	1	24.00
24.01	CAPITATION REVENUE	43,411,087	24.01
24.02	OTHER MISC REVENUE	31,947,797	24.02
24.03	INVESTMENT INC AND UNRES GIFTS	48,235,000	24.03
24.04	DERIVATIVE INEFFECTIVENESS	1,190,000	24.04
24.05	OTHER	-107,701,000	24.05
25.00	Total other income (sum of lines 6-24)	175,177,720	25.00
26.00	Total (line 5 plus line 25)	44,051,000	26.00
27.00	LOSS ON EXTINGUISHMENT OF DEBT	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)	44,051,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0088	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/26/2019 3:02 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,608,119	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		2,256,066	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)		574.11	3.00
4.00	Number of interns & residents (see instructions)		584.48	4.00
5.00	Indirect medical education percentage (see instructions)		33.28	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)		2,864,782	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		13,728,967	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