

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: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/22/2019 8:18 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/22/2019	Time: 8:18 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 SAINT ANTHONY HOSPITAL (14-0095) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

INTERIM CFO

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	332,359	-67,851	0	0	1.00
2.00	Subprovider - IPF	0	22,976	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	355,335	-67,851	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: 14-0095		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/22/2019 8:18 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2875 W. 19TH STREET			PO Box:				1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60623		County: COOK	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			SAINT ANTHONY HOSPITAL	140095	16974	1	07/01/1966	N
4.00	Subprovider - IPF			SAINT ANTHONY HOSPITAL	14S095	16974	4	07/01/1984	N
5.00	Subprovider - IRF								P
6.00	Subprovider - (Other)								P
7.00	Swing Beds - SNF								O
8.00	Swing Beds - NF								O
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.20	Hospital-Based (OPT) I								
17.30	Hospital-Based (OOT) I								
17.40	Hospital-Based (OSP) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		

Worksheet S-2
Part I
Date/Time Prepared:
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MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0095		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/22/2019 8:18 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under \$413.85? (see instructions)		N				60.00	
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).							61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
			1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
							1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N	63.00
					Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
					1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				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

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

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			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			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.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,798,511	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.	Y			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	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)	N			140.00

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1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	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.							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.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N	N	161.20		
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	N	161.30		
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	N	161.40		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
					Beginning	Ending			
					1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				07/01/2018	06/30/2019		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)				N			0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/22/2019 8:18 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	12/31/2019
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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	10/30/2019	Y 10/30/2019
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: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/22/2019 8:18 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.	RAJ	SHAH		41.00
42.00	Enter the employer/company name of the cost report preparer.	STRATEGIC REIMBURSEMENT GROUP LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-530-7100 EXT 107	RAJ.SHAH@SRGROUPLLC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/22/2019 8:18 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.	MANAGER		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: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/22/2019 8:18 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	94	34,310	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)		94	34,310	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	15	5,475	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		109	39,785	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	42	15,330		0	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
25.20 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)		151				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/22/2019 8:18 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)	1,986	1,868	13,153			1.00
2.00	HMO and other (see instructions)	0	7,929				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)	1,986	1,868	13,153			7.00
8.00	INTENSIVE CARE UNIT	609	243	2,834			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		635	2,702			13.00
14.00	Total (see instructions)	2,595	2,746	18,689	5.01	716.61	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,249	665	7,660	0.00	34.60	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
25.20	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)				5.01	751.21	27.00
28.00	Observation Bed Days		49	2,093			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	328	547			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: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/22/2019 8:18 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	612	896	4,813	1.00
2.00 HMO and other (see instructions)			0	2,747		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	612	896	4,813	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	142	89	1,029	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
25.20 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: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/22/2019 8:18 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	55,267,038	246,713	55,513,751	1,562,518.00	35.53
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,495,085	0	1,495,085	8,882.00	168.33
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		2,427,851	0	2,427,851	24,248.00	100.13
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,605,982	23,473	3,629,455	144,620.00	25.10
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,443,815	0	1,443,815	26,055.00	55.41
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)		9,424,223	0	9,424,223		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		984,231	0	984,231		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		60,446	0	60,446		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		165,026	0	165,026		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		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	758,194	12,500	770,694	16,868.00	45.69
27.00	Administrative & General	5.00	10,849,954	45,750	10,895,704	276,014.00	39.48

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/22/2019 8:18 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.)		55,782	0	55,782	1,622.00	34.39	28.00
29.00	Maintenance & Repairs	6.00	372,507	1,682	374,189	10,176.00	36.77	29.00
30.00	Operation of Plant	7.00	1,230,345	0	1,230,345	53,145.00	23.15	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	823,232	0	823,232	53,112.00	15.50	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,016,055	-521,778	494,277	29,998.00	16.48	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	524,778	524,778	32,044.00	16.38	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,060,577	11,364	1,071,941	49,166.00	21.80	38.00
39.00	Central Services and Supply	14.00	274,804	0	274,804	12,902.00	21.30	39.00
40.00	Pharmacy	15.00	1,470,104	7,188	1,477,292	36,682.00	40.27	40.00
41.00	Medical Records & Medical Records Library	16.00	779,837	2,365	782,202	23,795.00	32.87	41.00
42.00	Social Service	17.00	799,801	4,207	804,008	19,324.00	41.61	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/22/2019 8:18 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,894,969	246,713	53,141,682	1,539,892.00	34.51	1.00
2.00	Excluded area salaries (see instructions)	3,605,982	23,473	3,629,455	144,620.00	25.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	49,288,987	223,240	49,512,227	1,395,272.00	35.49	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,443,815	0	1,443,815	26,055.00	55.41	4.00
5.00	Subtotal wage-related costs (see inst.)	9,484,669	0	9,484,669	0.00	19.16	5.00
6.00	Total (sum of lines 3 thru 5)	60,217,471	223,240	60,440,711	1,421,327.00	42.52	6.00
7.00	Total overhead cost (see instructions)	19,491,192	88,056	19,579,248	614,848.00	31.84	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2019 8:18 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		820,351	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)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		4,773,513	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		191,022	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		66,470	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)		139,772	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		636,983	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,729,833	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		120,000	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		155,981	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,633,925	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,443,815	10,633,925	1.00
2.00	Hospital	1,443,815	10,633,925	2.00
3.00	Subprovider - IPF	0	0	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
16.20	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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/22/2019 8:18 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)			0.326029 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	44,845,570		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	168,075,107		6.00
7.00	Medicaid cost (line 1 times line 6)	54,797,359		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)	9,951,789		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)	9,951,789		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)	16,216,353	33,372	16,249,725 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,287,001	33,372	5,320,373 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	5,287,001	33,372	5,320,373 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	10,443,911		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	413,847		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	636,687		27.01
28.00	Non-Medicare bad debt expense (see instructions)	9,807,224		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	3,420,279		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	8,740,652		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	18,692,441		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0095

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

Worksheet A

Date/Time Prepared:
11/22/2019 8:18 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,688,790	2,688,790	0	2,688,790	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	758,194	6,416,684	7,174,878	0	7,174,878	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,849,954	23,251,963	34,101,917	0	34,101,917	5.00
6.00	00600	MAINTENANCE & REPAIRS	372,507	1,575,144	1,947,651	0	1,947,651	6.00
7.00	00700	OPERATION OF PLANT	1,230,345	1,602,298	2,832,643	0	2,832,643	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	412,341	412,341	8.00
9.00	00900	HOUSEKEEPING	823,232	957,987	1,781,219	-412,341	1,368,878	9.00
10.00	01000	DIETARY	1,016,055	1,614,452	2,630,507	-1,358,620	1,271,887	10.00
11.00	01100	CAFETERIA	0	0	0	1,358,620	1,358,620	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,060,577	152,811	1,213,388	0	1,213,388	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	274,804	29,557	304,361	-83,557	220,804	14.00
15.00	01500	PHARMACY	1,470,104	3,611,981	5,082,085	-3,757,658	1,324,427	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	779,837	691,954	1,471,791	0	1,471,791	16.00
17.00	01700	SOCIAL SERVICE	799,801	91,847	891,648	0	891,648	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,816,698	776,149	2,592,847	0	2,592,847	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,987,553	1,231,211	7,218,764	-344,574	6,874,190	30.00
31.00	03100	INTENSIVE CARE UNIT	2,203,661	454,307	2,657,968	-204,181	2,453,787	31.00
40.00	04000	SUBPROVIDER - IPF	2,088,089	606,599	2,694,688	-27,609	2,667,079	40.00
43.00	04300	NURSERY	1,362,978	252,608	1,615,586	-32,886	1,582,700	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,275,745	3,081,199	4,356,944	-1,272,719	3,084,225	50.00
51.00	05100	RECOVERY ROOM	293,128	33,492	326,620	-9,720	316,900	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,371,191	750,168	5,121,359	-285,523	4,835,836	52.00
53.00	05300	ANESTHESIOLOGY	1,707,468	382,996	2,090,464	-112,904	1,977,560	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,883,088	1,844,121	3,727,209	-124,473	3,602,736	54.00
57.00	05700	CT SCAN	403,660	456,830	860,490	-70,418	790,072	57.00
58.00	05800	MRI	121,829	99,649	221,478	-13,486	207,992	58.00
60.00	06000	LABORATORY	1,488,530	1,763,343	3,251,873	0	3,251,873	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,108	455,265	464,373	0	464,373	63.00
65.00	06500	RESPIRATORY THERAPY	653,799	235,792	889,591	-182,126	707,465	65.00
66.00	06600	PHYSICAL THERAPY	998,342	176,341	1,174,683	-46,695	1,127,988	66.00
69.00	06900	ELECTROCARDIOLOGY	308,459	174,395	482,854	-22,478	460,376	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	49,422	7,429	56,851	-2,642	54,209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,062,025	3,062,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	435,739	435,739	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,757,658	3,757,658	73.00
75.00	07500	ASC (NON-DISTINCT PART)	412,033	54,830	466,863	-11,079	455,784	75.00
76.00	03951	HEMODIALYSIS	3,486	357,904	361,390	0	361,390	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,885,772	1,049,797	2,935,569	-65,124	2,870,445	90.00
90.01	09001	CHEMOTHERAPY	438,813	119,996	558,809	-36,167	522,642	90.01
90.02	09002	KEDZIE CLINIC	522,612	218,410	741,022	-5,818	735,204	90.02
90.03	09003	LITTLE VILLAGE CLINIC	743,609	789,938	1,533,547	-11,122	1,522,425	90.03
91.00	09100	EMERGENCY	3,284,662	3,252,649	6,537,311	-532,463	6,004,848	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,749,145	61,310,886	115,060,031	0	115,060,031	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,836	40,053	83,889	0	83,889	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	790,252	409,309	1,199,561	0	1,199,561	192.00
192.01	19201	OTHER NON-REIMBURSABLE	123,324	15,092	138,416	0	138,416	192.01
192.02	19202	NEPHROLOGY	560,481	1,061,597	1,622,078	0	1,622,078	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	55,267,038	62,836,937	118,103,975	0	118,103,975	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0095

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

Worksheet A

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	400,215	3,089,005	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,174,878	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,505,945	26,595,972	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,947,651	6.00
7.00	00700	OPERATION OF PLANT	-16,988	2,815,655	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	412,341	8.00
9.00	00900	HOUSEKEEPING	0	1,368,878	9.00
10.00	01000	DIETARY	-820,028	451,859	10.00
11.00	01100	CAFETERIA	0	1,358,620	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-4,750	1,208,638	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	220,804	14.00
15.00	01500	PHARMACY	-194,950	1,129,477	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,198	1,469,593	16.00
17.00	01700	SOCIAL SERVICE	-3,459	888,189	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,521,124	1,071,723	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-532,384	6,341,806	30.00
31.00	03100	INTENSIVE CARE UNIT	-19,385	2,434,402	31.00
40.00	04000	SUBPROVIDER - IPF	0	2,667,079	40.00
43.00	04300	NURSERY	-711,889	870,811	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,084,225	50.00
51.00	05100	RECOVERY ROOM	0	316,900	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,204,800	2,631,036	52.00
53.00	05300	ANESTHESIOLOGY	-1,416,177	561,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,602,736	54.00
57.00	05700	CT SCAN	0	790,072	57.00
58.00	05800	MRI	0	207,992	58.00
60.00	06000	LABORATORY	-15,722	3,236,151	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	464,373	63.00
65.00	06500	RESPIRATORY THERAPY	0	707,465	65.00
66.00	06600	PHYSICAL THERAPY	-4,765	1,123,223	66.00
69.00	06900	ELECTROCARDIOLOGY	-200,874	259,502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	54,209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,062,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	435,739	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,757,658	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	455,784	75.00
76.00	03951	HEMODIALYSIS	0	361,390	76.00
76.01	03952	DIABETES CENTER	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-42,664	2,827,781	90.00
90.01	09001	CHEMOTHERAPY	-61,464	461,178	90.01
90.02	09002	KEDZIE CLINIC	-4,020	731,184	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	1,522,425	90.03
91.00	09100	EMERGENCY	0	6,004,848	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,883,371	100,176,660	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	83,889	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,199,561	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	138,416	192.01
192.02	19202	NEPHROLOGY	0	1,622,078	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-14,883,371	103,220,604	200.00

RECLASSIFICATIONS

Provider CCN: 14-0095

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

Worksheet A-6

Date/Time Prepared:
11/22/2019 8:18 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - LAUNDARY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	412,341		1.00
	0		0	412,341		
	B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	524,778	833,842		1.00
	0		524,778	833,842		
	C - COST OF MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	3,062,025		1.00
	PATIENT					
2.00	IMPL. DEV. CHARGED TO	72.00	0	435,739		2.00
	PATIENTS					
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	0		0	3,497,764		
	D - COST OF DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,757,658		1.00
	0		0	3,757,658		
	E - HIRING INCENTIVES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	12,500	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	45,750	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	1,682	0		3.00
4.00	DIETARY	10.00	3,000	0		4.00
5.00	NURSING ADMINISTRATION	13.00	11,364	0		5.00
6.00	PHARMACY	15.00	7,188	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	2,365	0		7.00
8.00	SOCIAL SERVICE	17.00	4,207	0		8.00
9.00	I&R SERVICES-OTHER PRGM	22.00	38,170	0		9.00
	COSTS APPRV					
10.00	ADULTS & PEDIATRICS	30.00	9,126	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	15,772	0		11.00
12.00	SUBPROVIDER - IPF	40.00	2,689	0		12.00
13.00	NURSERY	43.00	4,487	0		13.00
14.00	OPERATING ROOM	50.00	4,271	0		14.00
15.00	RECOVERY ROOM	51.00	2,131	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	23,124	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	11,780	0		17.00
18.00	CT SCAN	57.00	1,856	0		18.00
19.00	PHYSICAL THERAPY	66.00	5,882	0		19.00
20.00	ASC (NON-DISTINCT PART)	75.00	5,550	0		20.00
21.00	KEDZIE CLINIC	90.02	1,000	0		21.00
22.00	LITTLE VILLAGE CLINIC	90.03	1,000	0		22.00
23.00	EMERGENCY	91.00	11,035	0		23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,534	0		24.00
25.00	NEPHROLOGY	192.02	19,250	0		25.00
	0		246,713	0		
500.00	Grand Total: Increases		771,491	8,501,605		500.00

RECLASSIFICATIONS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/22/2019 8:18 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - LAUNDRY						1.00
	HOUSEKEEPING	9.00	0	412,341	0		
	0		0	412,341			
1.00	B - CAFETERIA RECLASS						1.00
	DIETARY	10.00	524,778	833,842	0		
	0		524,778	833,842			
1.00	C - COST OF MEDICAL SUPPLIES						1.00
	CENTRAL SERVICES & SUPPLY	14.00	0	83,557	0		
	ADULTS & PEDIATRICS	30.00	0	344,574	0		
3.00	INTENSIVE CARE UNIT	31.00	0	204,181	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	27,609	0		4.00
5.00	NURSERY	43.00	0	32,886	0		5.00
6.00	OPERATING ROOM	50.00	0	1,272,719	0		6.00
7.00	RECOVERY ROOM	51.00	0	9,720	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	285,523	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	112,904	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	124,473	0		10.00
11.00	CT SCAN	57.00	0	70,418	0		11.00
12.00	MRI	58.00	0	13,486	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	182,126	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	46,695	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	22,478	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,642	0		16.00
17.00	ASC (NON-DISTINCT PART)	75.00	0	11,079	0		17.00
18.00	CLINIC	90.00	0	65,124	0		18.00
19.00	CHEMOTHERAPY	90.01	0	36,167	0		19.00
20.00	KEDZIE CLINIC	90.02	0	5,818	0		20.00
21.00	LITTLE VILLAGE CLINIC	90.03	0	11,122	0		21.00
22.00	EMERGENCY	91.00	0	532,463	0		22.00
	0		0	3,497,764			
1.00	D - COST OF DRUGS SOLD						1.00
	PHARMACY	15.00	0	3,757,658	0		
	0		0	3,757,658			
1.00	E - HIRING INCENTIVES						1.00
	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,500	0		
	ADMINISTRATIVE & GENERAL	5.00	0	45,750	0		
3.00	MAINTENANCE & REPAIRS	6.00	0	1,682	0		3.00
4.00	DIETARY	10.00	0	3,000	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	11,364	0		5.00
6.00	PHARMACY	15.00	0	7,188	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,365	0		7.00
8.00	SOCIAL SERVICE	17.00	0	4,207	0		8.00
9.00	I&R SERVICES-OTHER PRGM	22.00	0	38,170	0		9.00
10.00	COSTS APPRV						
10.00	ADULTS & PEDIATRICS	30.00	0	9,126	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	15,772	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	2,689	0		12.00
13.00	NURSERY	43.00	0	4,487	0		13.00
14.00	OPERATING ROOM	50.00	0	4,271	0		14.00
15.00	RECOVERY ROOM	51.00	0	2,131	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	23,124	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,780	0		17.00
18.00	CT SCAN	57.00	0	1,856	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	5,882	0		19.00
20.00	ASC (NON-DISTINCT PART)	75.00	0	5,550	0		20.00
21.00	KEDZIE CLINIC	90.02	0	1,000	0		21.00
22.00	LITTLE VILLAGE CLINIC	90.03	0	1,000	0		22.00
23.00	EMERGENCY	91.00	0	11,035	0		23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,534	0		24.00
25.00	NEPHROLOGY	192.02	0	19,250	0		25.00
	0		0	246,713			
500.00	Grand Total: Decreases		524,778	8,748,318			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/22/2019 8:18 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	991,639	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	31,750,598	1,086,001	0	1,086,001	0	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	40,452,314	678,772	0	678,772	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	73,194,551	1,764,773	0	1,764,773	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	73,194,551	1,764,773	0	1,764,773	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	991,639	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	32,836,599	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	41,131,086	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	74,959,324	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	74,959,324	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,688,790	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,688,790	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		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	2,688,790				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,688,790				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	32,836,599	0	32,836,599	0.443932	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	41,131,085	0	41,131,085	0.556068	0	2.00
3.00	Total (sum of lines 1-2)	73,967,684	0	73,967,684	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	3,089,005	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,089,005	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	3,089,005	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,089,005	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0095

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

Worksheet A-8

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-17,389	ADMINISTRATIVE & GENERAL	5.00	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)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-6,140,924			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-737,841	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-2,198	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** 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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0095

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

Worksheet A-8

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
36.00	OTHER REVENUE	B	-132,623	ADMINISTRATIVE & GENERAL	5.00	0	36.00
36.01	OTHER REVENUE	B	-16,988	OPERATION OF PLANT	7.00	0	36.01
36.02	OTHER REVENUE	B	-82,187	DIETARY	10.00	0	36.02
36.03	OTHER REVENUE	B	-4,750	NURSING ADMINISTRATION	13.00	0	36.03
36.04	OTHER REVENUE	B	-194,950	PHARMACY	15.00	0	36.04
36.05	OTHER REVENUE		0		0.00	0	36.05
36.06	OTHER REVENUE		0		0.00	0	36.06
36.07	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.07
36.08	OTHER REVENUE		0		0.00	0	36.08
36.09	OTHER REVENUE	B	-4,020	KEDZIE CLINIC	90.02	0	36.09
36.10	OTHER REVENUE		0		0.00	0	36.10
36.11	OTHER REVENUE	B	-15,722	LABORATORY	60.00	0	36.11
36.12	OTHER REVENUE	B	-200,874	ELECTROCARDIOLOGY	69.00	0	36.12
36.13	OTHER REVENUE	B	-204	CLINIC	90.00	0	36.13
39.00	MILLENIUM BLDG NON ALLOW COST	A	-101,843	CAP REL COSTS-BLDG & FIXT	1.00	9	39.00
40.00	AMORTIZATION OF IMPAIRMENT LOSS	A	502,058	CAP REL COSTS-BLDG & FIXT	1.00	9	40.00
41.00	SPONSORSHIP	A	-145,668	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00	MEDICAID ASSESSMENT TAX	A	-6,365,172	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00	MID WIFERY PROGRAM	A	-1,211,016	DELIVERY ROOM & LABOR ROOM	52.00	0	43.00
45.00	IHA MCHC DUE NON ALLOWABLE	A	-11,060	ADMINISTRATIVE & GENERAL	5.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,883,371				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0095

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2019 8:18 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	2,000,028	0	2,000,028	211,500	11,467	1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	18,000	0	18,000	211,500	143	2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	1,775,432	1,460,493	314,939	211,500	2,501	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	532,384	532,384	0	0	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	100,833	0	100,833	211,500	801	5.00
6.00	43.00	AGGREGATE-NURSERY	711,889	711,889	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	993,784	993,784	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	1,416,177	1,416,177	0	0	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	6,000	0	6,000	260,300	48	9.00
10.00	66.00	AGGREGATE-PHYSICAL THERAPY	25,000	0	25,000	211,500	199	10.00
11.00	90.00	AGGREGATE-CLINIC	102,148	28,198	73,950	211,500	587	11.00
12.00	90.01	AGGREGATE-CHEMOTHERAPY	61,464	61,464	0	0	0	12.00
200.00			7,743,139	5,204,389	2,538,750		15,746	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,165,995	58,300	0	0	0	1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	14,541	727	0	0	0	2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	254,308	12,715	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	81,448	4,072	0	0	0	5.00
6.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	6,007	300	0	0	0	9.00
10.00	66.00	AGGREGATE-PHYSICAL THERAPY	20,235	1,012	0	0	0	10.00
11.00	90.00	AGGREGATE-CLINIC	59,688	2,984	0	0	0	11.00
12.00	90.01	AGGREGATE-CHEMOTHERAPY	0	0	0	0	0	12.00
200.00			1,602,222	80,110	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	1,165,995	834,033	834,033		1.00
2.00	17.00	AGGREGATE-SOCIAL SERVICE	0	14,541	3,459	3,459		2.00
3.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	254,308	60,631	1,521,124		3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	532,384		4.00
5.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	81,448	19,385	19,385		5.00
6.00	43.00	AGGREGATE-NURSERY	0	0	0	711,889		6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	993,784		7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	1,416,177		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	6,007	0	0		9.00
10.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	20,235	4,765	4,765		10.00
11.00	90.00	AGGREGATE-CLINIC	0	59,688	14,262	42,460		11.00
12.00	90.01	AGGREGATE-CHEMOTHERAPY	0	0	0	61,464		12.00
200.00			0	1,602,222	936,535	6,140,924		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,089,005	3,089,005			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,174,878	12,148	0	7,187,026	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	26,595,972	381,065	0	1,430,440	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,947,651	115,432	0	49,126	6.00
7.00	00700	OPERATION OF PLANT	2,815,655	380,882	0	161,528	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	412,341	53,852	0	0	8.00
9.00	00900	HOUSEKEEPING	1,368,878	27,726	0	108,080	9.00
10.00	01000	DIETARY	451,859	55,895	0	64,892	10.00
11.00	01100	CAFETERIA	1,358,620	77,402	0	68,897	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,208,638	54,066	0	140,732	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	220,804	79,719	0	36,078	14.00
15.00	01500	PHARMACY	1,129,477	44,082	0	193,949	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,469,593	56,321	0	102,693	16.00
17.00	01700	SOCIAL SERVICE	888,189	15,212	0	105,556	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,071,723	0	0	243,520	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,341,806	642,399	0	787,286	30.00
31.00	03100	INTENSIVE CARE UNIT	2,434,402	87,401	0	291,383	31.00
40.00	04000	SUBPROVIDER - IPF	2,667,079	192,163	0	274,492	40.00
43.00	04300	NURSERY	870,811	19,328	0	179,530	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,084,225	88,377	0	168,049	50.00
51.00	05100	RECOVERY ROOM	316,900	0	0	38,764	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,631,036	59,187	0	576,916	52.00
53.00	05300	ANESTHESIOLOGY	561,383	11,401	0	224,168	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,602,736	163,843	0	248,772	54.00
57.00	05700	CT SCAN	790,072	0	0	53,239	57.00
58.00	05800	MRI	207,992	0	0	15,995	58.00
60.00	06000	LABORATORY	3,236,151	108,665	0	195,425	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	464,373	0	0	1,196	63.00
65.00	06500	RESPIRATORY THERAPY	707,465	20,014	0	85,835	65.00
66.00	06600	PHYSICAL THERAPY	1,123,223	26,339	0	131,842	66.00
69.00	06900	ELECTROCARDIOLOGY	259,502	15,273	0	40,497	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54,209	9,649	0	6,488	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,062,025	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	435,739	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,757,658	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	455,784	0	0	54,823	75.00
76.00	03951	HEMODIALYSIS	361,390	0	0	458	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,827,781	92,096	0	247,577	90.00
90.01	09001	CHEMOTHERAPY	461,178	0	0	57,610	90.01
90.02	09002	KEDZIE CLINIC	731,184	0	0	68,743	90.02
90.03	09003	LITTLE VILLAGE CLINIC	1,522,425	0	0	97,757	90.03
91.00	09100	EMERGENCY	6,004,848	56,626	0	432,682	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100,176,660	2,946,563	0	6,985,018	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	83,889	2,286	0	5,755	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,199,561	140,156	0	103,951	192.00
192.01	19201	OTHER NON-REIMBURSABLE	138,416	0	0	16,191	192.01
192.02	19202	NEPHROLOGY	1,622,078	0	0	76,111	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
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)	103,220,604	3,089,005	0	7,187,026	103,220,604	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,407,477					5.00
6.00	00600	MAINTENANCE & REPAIRS	802,031	2,914,240				6.00
7.00	00700	OPERATION OF PLANT	1,275,098	430,166	5,063,329			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	177,019	60,820	123,971	828,003		8.00
9.00	00900	HOUSEKEEPING	571,347	31,314	63,828	0	2,171,173	9.00
10.00	01000	DIETARY	217,441	63,127	128,673	0	57,301	10.00
11.00	01100	CAFETERIA	571,436	87,417	178,184	0	79,349	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	532,901	61,061	124,462	0	55,425	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,811	90,034	183,518	0	81,724	14.00
15.00	01500	PHARMACY	519,259	49,785	101,479	0	45,190	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	618,402	63,609	129,655	0	57,738	16.00
17.00	01700	SOCIAL SERVICE	383,113	17,180	35,019	0	15,595	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	499,414	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,950,963	725,525	1,478,842	468,862	658,559	30.00
31.00	03100	INTENSIVE CARE UNIT	1,068,200	98,710	201,203	96,989	89,600	31.00
40.00	04000	SUBPROVIDER - IPF	1,189,916	217,028	442,372	262,152	196,997	40.00
43.00	04300	NURSERY	406,166	21,828	44,493	0	19,814	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,268,485	99,812	203,448	0	90,600	50.00
51.00	05100	RECOVERY ROOM	135,050	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,240,572	66,845	136,252	0	60,676	52.00
53.00	05300	ANESTHESIOLOGY	302,612	12,877	26,247	0	11,688	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,524,677	185,043	377,176	0	167,964	54.00
57.00	05700	CT SCAN	320,215	0	0	0	0	57.00
58.00	05800	MRI	85,051	0	0	0	0	58.00
60.00	06000	LABORATORY	1,344,272	122,725	250,152	0	111,398	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	176,782	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	308,825	22,603	46,072	0	20,517	65.00
66.00	06600	PHYSICAL THERAPY	486,564	29,747	60,634	0	27,002	66.00
69.00	06900	ELECTROCARDIOLOGY	119,713	17,249	35,160	0	15,657	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,711	10,897	22,212	0	9,891	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,162,688	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	165,455	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,426,828	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	193,884	0	0	0	0	75.00
76.00	03951	HEMODIALYSIS	137,398	0	0	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
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	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,202,720	104,012	212,010	0	94,412	90.00
90.01	09001	CHEMOTHERAPY	196,990	0	0	0	0	90.01
90.02	09002	KEDZIE CLINIC	303,742	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	615,203	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,465,909	63,953	130,357	0	58,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,120,863	2,753,367	4,735,419	828,003	2,025,148	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,907	2,582	5,263	0	2,344	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	548,178	158,291	322,647	0	143,681	192.00
192.01	19201	OTHER NON-REIMBURSABLE	58,706	0	0	0	0	192.01
192.02	19202	NEPHROLOGY	644,823	0	0	0	0	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	28,407,477	2,914,240	5,063,329	828,003	2,171,173	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,039,188					10.00
11.00	01100	CAFETERIA	0	2,421,305				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	117,162	0	2,294,447		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,728	0	0	850,416	14.00
15.00	01500	PHARMACY	0	87,426	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	56,698	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	46,042	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	45,695	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	588,446	394,753	0	581,847	0	30.00
31.00	03100	INTENSIVE CARE UNIT	121,727	87,921	0	129,592	0	31.00
40.00	04000	SUBPROVIDER - IPF	329,015	171,481	0	252,755	0	40.00
43.00	04300	NURSERY	0	65,916	0	97,157	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	80,785	0	119,073	0	50.00
51.00	05100	RECOVERY ROOM	0	13,927	0	20,527	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	202,259	0	298,120	0	52.00
53.00	05300	ANESTHESIOLOGY	0	24,235	0	35,722	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	152,698	0	0	0	54.00
57.00	05700	CT SCAN	0	18,585	0	0	0	57.00
58.00	05800	MRI	0	4,659	0	0	0	58.00
60.00	06000	LABORATORY	0	125,191	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	743	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	49,660	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	70,476	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	22,154	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,114	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	744,474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	105,942	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	28,250	0	41,639	0	75.00
76.00	03951	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	210,833	0	310,757	0	90.00
90.01	09001	CHEMOTHERAPY	0	39,748	0	58,587	0	90.01
90.02	09002	KEDZIE CLINIC	0	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	236,555	0	348,671	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,039,188	2,388,694	0	2,294,447	850,416	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,807	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	27,804	0	0	0	192.01
192.02	19202	NEPHROLOGY	0	0	0	0	0	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,039,188	2,421,305	0	2,294,447	850,416	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0095

Period:
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To 06/30/2019Worksheet B
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	2,170,647					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,554,709				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,505,906			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	241,609	852,728	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	158	83,279	176,397	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	106,824	476,781	0	0	40.00
43.00	04300	NURSERY	0	36,320	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21	40,873	0	0	0	50.00
51.00	05100	RECOVERY ROOM	14	7,758	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	82,347	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	470	50,699	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	168,086	0	0	0	54.00
57.00	05700	CT SCAN	0	178,658	0	0	0	57.00
58.00	05800	MRI	0	21,302	0	0	0	58.00
60.00	06000	LABORATORY	0	236,536	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	27,398	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	113,588	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66,436	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	43,695	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,479	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	52,440	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,997	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,169,604	370,623	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	4,635	0	0	0	75.00
76.00	03951	HEMODIALYSIS	0	4,731	0	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	85,127	0	0	0	90.00
90.01	09001	CHEMOTHERAPY	0	28,202	0	0	0	90.01
90.02	09002	KEDZIE CLINIC	0	38,956	0	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	380	72,332	0	0	0	90.03
91.00	09100	EMERGENCY	0	371,779	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,170,647	2,554,709	1,505,906	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	NEPHROLOGY	0	0	0	0	0	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,170,647	2,554,709	1,505,906	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0095

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,860,352				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	744,141	0	17,457,766	-744,141	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	4,966,962	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,779,055	0	40.00
43.00	04300	NURSERY	0	0	0	1,761,363	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	5,243,748	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	532,940	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,354,210	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,261,502	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	6,590,995	0	54.00
57.00	05700	CT SCAN	0	0	0	1,360,769	0	57.00
58.00	05800	MRI	0	0	0	334,999	0	58.00
60.00	06000	LABORATORY	0	0	0	5,730,515	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	670,492	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,374,579	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,022,263	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	568,900	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	154,650	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,021,627	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	717,133	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,724,713	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	779,015	0	75.00
76.00	03951	HEMODIALYSIS	0	0	0	503,977	0	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	372,070	0	5,759,395	-372,070	90.00
90.01	09001	CHEMOTHERAPY	0	0	0	842,315	0	90.01
90.02	09002	KEDZIE CLINIC	0	0	0	1,142,625	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	0	0	2,308,097	0	90.03
91.00	09100	EMERGENCY	0	744,141	0	10,913,572	-744,141	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,860,352	0	97,878,177	-1,860,352	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	141,833	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,616,465	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	241,117	0	192.01
192.02	19202	NEPHROLOGY	0	0	0	2,343,012	0	192.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,860,352	0	103,220,604	-1,860,352	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0095

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03951	HEMODIALYSIS	76.00
76.01	03952	DIABETES CENTER	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	CHEMOTHERAPY	90.01
90.02	09002	KEDZIE CLINIC	90.02
90.03	09003	LITTLE VILLAGE CLINIC	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.20	09920	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	99.40
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	OTHER NON-REIMBURSABLE	192.01
192.02	19202	NEPHROLOGY	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0095

Period:
From 07/01/2018
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Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,148	0	12,148	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	381,065	0	381,065	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	115,432	0	115,432	6.00
7.00	00700	OPERATION OF PLANT	0	380,882	0	380,882	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	53,852	0	53,852	8.00
9.00	00900	HOUSEKEEPING	0	27,726	0	27,726	9.00
10.00	01000	DIETARY	0	55,895	0	55,895	10.00
11.00	01100	CAFETERIA	0	77,402	0	77,402	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	54,066	0	54,066	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	79,719	0	79,719	14.00
15.00	01500	PHARMACY	0	44,082	0	44,082	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	56,321	0	56,321	16.00
17.00	01700	SOCIAL SERVICE	0	15,212	0	15,212	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	642,399	0	642,399	30.00
31.00	03100	INTENSIVE CARE UNIT	0	87,401	0	87,401	31.00
40.00	04000	SUBPROVIDER - IPF	0	192,163	0	192,163	40.00
43.00	04300	NURSERY	0	19,328	0	19,328	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	88,377	0	88,377	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	59,187	0	59,187	52.00
53.00	05300	ANESTHESIOLOGY	0	11,401	0	11,401	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	163,843	0	163,843	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	108,665	0	108,665	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	20,014	0	20,014	65.00
66.00	06600	PHYSICAL THERAPY	0	26,339	0	26,339	66.00
69.00	06900	ELECTROCARDIOLOGY	0	15,273	0	15,273	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,649	0	9,649	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	92,096	0	92,096	90.00
90.01	09001	CHEMOTHERAPY	0	0	0	0	90.01
90.02	09002	KEDZIE CLINIC	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	56,626	0	56,626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,946,563	0	2,946,563	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,286	0	2,286	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	140,156	0	140,156	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	192.01
192.02	19202	NEPHROLOGY	0	0	0	0	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	3,089,005	0	3,089,005	12,148	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0095

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	383,477					5.00
6.00	00600	MAINTENANCE & REPAIRS	10,827	126,342				6.00
7.00	00700	OPERATION OF PLANT	17,213	18,649	417,017			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,390	2,637	10,210	69,089		8.00
9.00	00900	HOUSEKEEPING	7,713	1,358	5,257	0	42,237	9.00
10.00	01000	DIETARY	2,935	2,737	10,598	0	1,115	10.00
11.00	01100	CAFETERIA	7,714	3,790	14,675	0	1,544	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,194	2,647	10,251	0	1,078	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,725	3,903	15,115	0	1,590	14.00
15.00	01500	PHARMACY	7,010	2,158	8,358	0	879	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,348	2,758	10,678	0	1,123	16.00
17.00	01700	SOCIAL SERVICE	5,172	745	2,884	0	303	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,742	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,824	31,454	121,798	39,122	12,814	30.00
31.00	03100	INTENSIVE CARE UNIT	14,420	4,279	16,571	8,093	1,743	31.00
40.00	04000	SUBPROVIDER - IPF	16,064	9,409	36,434	21,874	3,832	40.00
43.00	04300	NURSERY	5,483	946	3,664	0	385	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,124	4,327	16,756	0	1,762	50.00
51.00	05100	RECOVERY ROOM	1,823	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,747	2,898	11,222	0	1,180	52.00
53.00	05300	ANESTHESIOLOGY	4,085	558	2,162	0	227	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,583	8,022	31,064	0	3,267	54.00
57.00	05700	CT SCAN	4,323	0	0	0	0	57.00
58.00	05800	MRI	1,148	0	0	0	0	58.00
60.00	06000	LABORATORY	18,147	5,321	20,603	0	2,167	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,387	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,169	980	3,795	0	399	65.00
66.00	06600	PHYSICAL THERAPY	6,568	1,290	4,994	0	525	66.00
69.00	06900	ELECTROCARDIOLOGY	1,616	748	2,896	0	305	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	361	472	1,829	0	192	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,696	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,234	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,262	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,617	0	0	0	0	75.00
76.00	03951	HEMODIALYSIS	1,855	0	0	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
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	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	16,236	4,509	17,461	0	1,837	90.00
90.01	09001	CHEMOTHERAPY	2,659	0	0	0	0	90.01
90.02	09002	KEDZIE CLINIC	4,100	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	8,305	0	0	0	0	90.03
91.00	09100	EMERGENCY	33,289	2,773	10,736	0	1,129	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	366,108	119,368	390,011	69,089	39,396	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	471	112	433	0	46	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,400	6,862	26,573	0	2,795	192.00
192.01	19201	OTHER NON-REIMBURSABLE	793	0	0	0	0	192.01
192.02	19202	NEPHROLOGY	8,705	0	0	0	0	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	383,477	126,342	417,017	69,089	42,237	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0095

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	73,390					10.00
11.00	01100	CAFETERIA	0	105,242				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	5,092	0	80,566		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,336	0	0	103,449	14.00
15.00	01500	PHARMACY	0	3,800	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,464	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,001	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,986	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,557	17,162	0	20,431	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,597	3,821	0	4,550	0	31.00
40.00	04000	SUBPROVIDER - IPF	23,236	7,453	0	8,875	0	40.00
43.00	04300	NURSERY	0	2,865	0	3,412	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,511	0	4,181	0	50.00
51.00	05100	RECOVERY ROOM	0	605	0	721	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,791	0	10,468	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,053	0	1,254	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,637	0	0	0	54.00
57.00	05700	CT SCAN	0	808	0	0	0	57.00
58.00	05800	MRI	0	202	0	0	0	58.00
60.00	06000	LABORATORY	0	5,441	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	32	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,158	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,063	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	963	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	179	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	90,562	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,887	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,228	0	1,462	0	75.00
76.00	03951	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	9,164	0	10,912	0	90.00
90.01	09001	CHEMOTHERAPY	0	1,728	0	2,057	0	90.01
90.02	09002	KEDZIE CLINIC	0	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	10,282	0	12,243	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	73,390	103,825	0	80,566	103,449	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	209	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	1,208	0	0	0	192.01
192.02	19202	NEPHROLOGY	0	0	0	0	0	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	73,390	105,242	0	80,566	103,449	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	66,615					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	81,866				16.00
17.00	01700	SOCIAL SERVICE	0	0	26,495			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,743	15,002			30.00
31.00	03100	INTENSIVE CARE UNIT	5	2,669	3,104			31.00
40.00	04000	SUBPROVIDER - IPF	0	3,423	8,389			40.00
43.00	04300	NURSERY	0	1,164	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1	1,310	0			50.00
51.00	05100	RECOVERY ROOM	0	249	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,639	0			52.00
53.00	05300	ANESTHESIOLOGY	14	1,625	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,387	0			54.00
57.00	05700	CT SCAN	0	5,725	0			57.00
58.00	05800	MRI	0	683	0			58.00
60.00	06000	LABORATORY	0	7,580	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	878	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	3,640	0			65.00
66.00	06600	PHYSICAL THERAPY	0	2,129	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,400	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	336	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,680	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	320	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,583	11,877	0			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	149	0			75.00
76.00	03951	HEMODIALYSIS	0	152	0			76.00
76.01	03952	DIABETES CENTER	0	0	0			76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,728	0			90.00
90.01	09001	CHEMOTHERAPY	0	904	0			90.01
90.02	09002	KEDZIE CLINIC	0	1,248	0			90.02
90.03	09003	LITTLE VILLAGE CLINIC	12	2,318	0			90.03
91.00	09100	EMERGENCY	0	11,910	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66,615	81,866	26,495	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0			192.01
192.02	19202	NEPHROLOGY	0	0	0			192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	66,615	81,866	26,495	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0095

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		9,140				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				990,637	0	30.00
31.00	03100	INTENSIVE CARE UNIT				155,746	0	31.00
40.00	04000	SUBPROVIDER - IPF				331,616	0	40.00
43.00	04300	NURSERY				37,551	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				137,633	0	50.00
51.00	05100	RECOVERY ROOM				3,464	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				114,108	0	52.00
53.00	05300	ANESTHESIOLOGY				22,758	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				239,224	0	54.00
57.00	05700	CT SCAN				10,946	0	57.00
58.00	05800	MRI				2,060	0	58.00
60.00	06000	LABORATORY				168,254	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				3,299	0	63.00
65.00	06500	RESPIRATORY THERAPY				35,300	0	65.00
66.00	06600	PHYSICAL THERAPY				45,131	0	66.00
69.00	06900	ELECTROCARDIOLOGY				23,269	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				13,029	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				107,938	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				15,441	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				97,722	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)				5,549	0	75.00
76.00	03951	HEMODIALYSIS				2,008	0	76.00
76.01	03952	DIABETES CENTER				0	0	76.01
76.97	07697	CARDIAC REHABILITATION				0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				155,362	0	90.00
90.01	09001	CHEMOTHERAPY				7,445	0	90.01
90.02	09002	KEDZIE CLINIC				5,464	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC				10,800	0	90.03
91.00	09100	EMERGENCY				139,720	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY				0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	2,881,474	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				3,567	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				183,962	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE				2,028	0	192.01
192.02	19202	NEPHROLOGY				8,834	0	192.02

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS				0	0	194.00
200.00		Cross Foot Adjustments	0	9,140	0	9,140	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	9,140	0	3,089,005	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0095

Period:
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To 06/30/2019Worksheet B
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03951	HEMODIALYSIS	76.00
76.01	03952	DIABETES CENTER	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	CHEMOTHERAPY	90.01
90.02	09002	KEDZIE CLINIC	90.02
90.03	09003	LITTLE VILLAGE CLINIC	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.20	09920	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	99.40
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	OTHER NON-REIMBURSABLE	192.01
192.02	19202	NEPHROLOGY	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0095

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	202,656					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	797	0	54,743,057			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,000	0	10,895,704	-28,407,477	74,813,127	5.00
6.00	00600	MAINTENANCE & REPAIRS	7,573	0	374,189	0	2,112,209	6.00
7.00	00700	OPERATION OF PLANT	24,988	0	1,230,345	0	3,358,065	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,533	0	0	0	466,193	8.00
9.00	00900	HOUSEKEEPING	1,819	0	823,232	0	1,504,684	9.00
10.00	01000	DIETARY	3,667	0	494,277	0	572,646	10.00
11.00	01100	CAFETERIA	5,078	0	524,778	0	1,504,919	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,547	0	1,071,941	0	1,403,436	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,230	0	274,804	0	336,601	14.00
15.00	01500	PHARMACY	2,892	0	1,477,292	0	1,367,508	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,695	0	782,202	0	1,628,607	16.00
17.00	01700	SOCIAL SERVICE	998	0	804,008	0	1,008,957	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,854,868	0	1,315,243	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,145	0	5,996,679	0	7,771,491	30.00
31.00	03100	INTENSIVE CARE UNIT	5,734	0	2,219,433	0	2,813,186	31.00
40.00	04000	SUBPROVIDER - IPF	12,607	0	2,090,778	0	3,133,734	40.00
43.00	04300	NURSERY	1,268	0	1,367,465	0	1,069,669	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,798	0	1,280,016	0	3,340,651	50.00
51.00	05100	RECOVERY ROOM	0	0	295,259	0	355,664	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,883	0	4,394,315	0	3,267,139	52.00
53.00	05300	ANESTHESIOLOGY	748	0	1,707,468	0	796,952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,749	0	1,894,868	0	4,015,351	54.00
57.00	05700	CT SCAN	0	0	405,516	0	843,311	57.00
58.00	05800	MRI	0	0	121,829	0	223,987	58.00
60.00	06000	LABORATORY	7,129	0	1,488,530	0	3,540,241	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	9,108	0	465,569	63.00
65.00	06500	RESPIRATORY THERAPY	1,313	0	653,799	0	813,314	65.00
66.00	06600	PHYSICAL THERAPY	1,728	0	1,004,224	0	1,281,404	66.00
69.00	06900	ELECTROCARDIOLOGY	1,002	0	308,459	0	315,272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	633	0	49,422	0	70,346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,062,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	435,739	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,757,658	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	417,583	0	510,607	75.00
76.00	03951	HEMODIALYSIS	0	0	3,486	0	361,848	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,042	0	1,885,772	0	3,167,454	90.00
90.01	09001	CHEMOTHERAPY	0	0	438,813	0	518,788	90.01
90.02	09002	KEDZIE CLINIC	0	0	523,612	0	799,927	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	0	744,609	0	1,620,182	90.03
91.00	09100	EMERGENCY	3,715	0	3,295,697	0	6,494,156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	193,311	0	53,204,380	-28,407,477	71,424,733	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	150	0	43,836	0	91,930	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,195	0	791,786	0	1,443,668	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	123,324	0	154,607	192.01
192.02	19202	NEPHROLOGY	0	0	579,731	0	1,698,189	192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0095

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

Worksheet B-1

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,089,005	0	7,187,026		28,407,477	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.242603	0.000000	0.131287		0.379712	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			12,148		383,477	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000222		0.005126	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: 14-0095

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	169,286					6.00
7.00	00700	OPERATION OF PLANT	24,988	144,298				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,533	3,533	72,582			8.00
9.00	00900	HOUSEKEEPING	1,819	1,819	0	138,946		9.00
10.00	01000	DIETARY	3,667	3,667	0	3,667	72,582	10.00
11.00	01100	CAFETERIA	5,078	5,078	0	5,078	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,547	3,547	0	3,547	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,230	5,230	0	5,230	0	14.00
15.00	01500	PHARMACY	2,892	2,892	0	2,892	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,695	3,695	0	3,695	0	16.00
17.00	01700	SOCIAL SERVICE	998	998	0	998	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,145	42,145	41,100	42,145	41,100	30.00
31.00	03100	INTENSIVE CARE UNIT	5,734	5,734	8,502	5,734	8,502	31.00
40.00	04000	SUBPROVIDER - IPF	12,607	12,607	22,980	12,607	22,980	40.00
43.00	04300	NURSERY	1,268	1,268	0	1,268	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,798	5,798	0	5,798	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,883	3,883	0	3,883	0	52.00
53.00	05300	ANESTHESIOLOGY	748	748	0	748	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,749	10,749	0	10,749	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	7,129	7,129	0	7,129	0	60.00
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	1,313	1,313	0	1,313	0	65.00
66.00	06600	PHYSICAL THERAPY	1,728	1,728	0	1,728	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,002	1,002	0	1,002	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	633	633	0	633	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,042	6,042	0	6,042	0	90.00
90.01	09001	CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	09002	KEDZIE CLINIC	0	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,715	3,715	0	3,715	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	159,941	134,953	72,582	129,601	72,582	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	150	150	0	150	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,195	9,195	0	9,195	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	NEPHROLOGY	0	0	0	0	0	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0095

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

Worksheet B-1

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	2,914,240	5,063,329	828,003	2,171,173	1,039,188	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.214891	35.089391	11.407828	15.626020	14.317434	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	126,342	417,017	69,089	42,237	73,390	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.746323	2.889971	0.951875	0.303981	1.011132	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: 14-0095

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

Worksheet B-1

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description			CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS DIRECT FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUI)	PHARMACY (COSTED REQUI)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	48,855					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,364	0	31,409			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	620	0	0	3,497,764		14.00
15.00	01500	PHARMACY	1,764	0	0	0	3,759,465	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,144	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	929	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	922	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,965	0	7,965	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,774	0	1,774	0	274	31.00
40.00	04000	SUBPROVIDER - IPF	3,460	0	3,460	0	0	40.00
43.00	04300	NURSERY	1,330	0	1,330	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,630	0	1,630	0	37	50.00
51.00	05100	RECOVERY ROOM	281	0	281	0	24	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,081	0	4,081	0	0	52.00
53.00	05300	ANESTHESIOLOGY	489	0	489	0	814	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,081	0	0	0	0	54.00
57.00	05700	CT SCAN	375	0	0	0	0	57.00
58.00	05800	MRI	94	0	0	0	0	58.00
60.00	06000	LABORATORY	2,526	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,002	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,422	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	447	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,062,025	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	435,739	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,757,658	73.00
75.00	07500	ASC (NON-DISTINCT PART)	570	0	570	0	0	75.00
76.00	03951	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,254	0	4,254	0	0	90.00
90.01	09001	CHEMOTHERAPY	802	0	802	0	0	90.01
90.02	09002	KEDZIE CLINIC	0	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	0	0	0	658	90.03
91.00	09100	EMERGENCY	4,773	0	4,773	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,197	0	31,409	3,497,764	3,759,465	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	97	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	561	0	0	0	0	192.01
192.02	19202	NEPHROLOGY	0	0	0	0	0	192.02
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0095

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

Worksheet B-1

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURS DIRECT FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUI)	PHARMACY (COSTED REQUI)	
		11.00	12.00	13.00	14.00	15.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,421,305	0	2,294,447	850,416	2,170,647	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	49.561048	0.000000	73.050622	0.243131	0.577382	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	105,242	0	80,566	103,449	66,615	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.154171	0.000000	2.565061	0.029576	0.017719	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: 14-0095

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

Worksheet B-1

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	294,507,053					16.00
17.00	01700	SOCIAL SERVICE	0	72,582				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			1,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,851,176	41,100	0	0	400	30.00
31.00	03100	INTENSIVE CARE UNIT	9,599,871	8,502	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	12,314,017	22,980	0	0	0	40.00
43.00	04300	NURSERY	4,186,717	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,711,633	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	894,307	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,492,496	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,844,276	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,375,931	0	0	0	0	54.00
57.00	05700	CT SCAN	20,594,529	0	0	0	0	57.00
58.00	05800	MRI	2,455,616	0	0	0	0	58.00
60.00	06000	LABORATORY	27,266,424	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,158,249	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,093,722	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,658,374	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	5,036,924	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,207,917	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,044,920	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,152,439	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,723,077	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	534,342	0	0	0	0	75.00
76.00	03951	HEMODIALYSIS	545,382	0	0	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,812,868	0	0	0	200	90.00
90.01	09001	CHEMOTHERAPY	3,250,926	0	0	0	0	90.01
90.02	09002	KEDZIE CLINIC	4,490,613	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	8,338,010	0	0	0	0	90.03
91.00	09100	EMERGENCY	42,872,297	0	0	0	400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	294,507,053	72,582	0	0	1,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	NEPHROLOGY	0	0	0	0	0	192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0095

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

Worksheet B-1

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,554,709	1,505,906	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.008675	20.747651	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	81,866	26,495	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000278	0.365035	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0095

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

Worksheet B-1

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER		
			PRGM COSTS		
			APPRV (ASSIGNED TIME)		
			22.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,000		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	400	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	0	0	43.00
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
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03951	HEMODIALYSIS	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	200	0	90.00
90.01	09001	CHEMOTHERAPY	0	0	90.01
90.02	09002	KEDZIE CLINIC	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	400	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,000	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	192.01
192.02	19202	NEPHROLOGY	0	0	192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0095

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

Worksheet B-1

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00	23.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,860,352	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,860.352000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,140	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.140000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

Worksheet C
Part I
Date/Time Prepared:
11/22/2019 8:18 pm

MCRIF32 - 15.9.167.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/22/2019 8:18 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				9.00
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,676,120		24,676,120			30.00	
31.00	03100	INTENSIVE CARE UNIT	9,599,871		9,599,871			31.00	
40.00	04000	SUBPROVIDER - IPF	12,314,017		12,314,017			40.00	
43.00	04300	NURSERY	4,186,717		4,186,717			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,000,000	3,711,633	4,711,633	1.112936	0.000000	50.00	
51.00	05100	RECOVERY ROOM	249,449	644,858	894,307	0.595925	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,640,443	1,852,053	9,492,496	0.564047	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	2,230,522	3,613,754	5,844,276	0.215853	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,462,349	15,913,582	19,375,931	0.340164	0.000000	54.00	
57.00	05700	CT SCAN	5,183,291	15,411,238	20,594,529	0.066074	0.000000	57.00	
58.00	05800	MRI	548,389	1,907,227	2,455,616	0.136422	0.000000	58.00	
60.00	06000	LABORATORY	11,221,940	16,044,484	27,266,424	0.210167	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,432,249	726,000	3,158,249	0.212299	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	12,107,792	985,930	13,093,722	0.104980	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	650,530	7,007,844	7,658,374	0.264059	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	1,869,090	3,167,834	5,036,924	0.112946	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	102,024	1,105,893	1,207,917	0.128030	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,319,180	2,725,740	6,044,920	0.830719	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	389,755	762,684	1,152,439	0.622274	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	16,339,593	26,383,484	42,723,077	0.180809	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	2,194	532,148	534,342	1.457896	0.000000	75.00	
76.00	03951	HEMODIALYSIS	486,262	59,120	545,382	0.924081	0.000000	76.00	
76.01	03952	DIABETES CENTER	0	0	0	0.000000	0.000000	76.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	9,812,868	9,812,868	0.549006	0.000000	90.00	
90.01	09001	CHEMOTHERAPY	7,955	3,242,971	3,250,926	0.259100	0.000000	90.01	
90.02	09002	KEDZIE CLINIC	0	4,490,613	4,490,613	0.254447	0.000000	90.02	
90.03	09003	LITTLE VILLAGE CLINIC	0	8,338,010	8,338,010	0.276816	0.000000	90.03	
91.00	09100	EMERGENCY	6,959,202	35,913,095	42,872,297	0.237203	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	172,564	3,002,492	3,175,056	0.722656	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
200.00		Subtotal (see instructions)	127,151,498	167,355,555	294,507,053			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	127,151,498	167,355,555	294,507,053			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1.112936			50.00
51.00	05100	RECOVERY ROOM	0.595925			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.564047			52.00
53.00	05300	ANESTHESIOLOGY	0.215853			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.340164			54.00
57.00	05700	CT SCAN	0.066074			57.00
58.00	05800	MRI	0.136422			58.00
60.00	06000	LABORATORY	0.210167			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.212299			63.00
65.00	06500	RESPIRATORY THERAPY	0.104980			65.00
66.00	06600	PHYSICAL THERAPY	0.264681			66.00
69.00	06900	ELECTROCARDIOLOGY	0.112946			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128030			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.830719			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.622274			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180809			73.00
75.00	07500	ASC (NON-DISTINCT PART)	1.457896			75.00
76.00	03951	HEMODIALYSIS	0.924081			76.00
76.01	03952	DIABETES CENTER	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.550460			90.00
90.01	09001	CHEMOTHERAPY	0.259100			90.01
90.02	09002	KEDZIE CLINIC	0.254447			90.02
90.03	09003	LITTLE VILLAGE CLINIC	0.276816			90.03
91.00	09100	EMERGENCY	0.237203			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.722656			92.00
OTHER REIMBURSABLE COST CENTERS						
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

Worksheet C
Part I
Date/Time Prepared:
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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/22/2019 8:18 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,676,120		24,676,120			30.00
31.00	03100	INTENSIVE CARE UNIT	9,599,871		9,599,871			31.00
40.00	04000	SUBPROVIDER - IPF	12,314,017		12,314,017			40.00
43.00	04300	NURSERY	4,186,717		4,186,717			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,000,000	3,711,633	4,711,633	1.112936	0.000000	50.00
51.00	05100	RECOVERY ROOM	249,449	644,858	894,307	0.595925	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,640,443	1,852,053	9,492,496	0.564047	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,230,522	3,613,754	5,844,276	0.215853	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,462,349	15,913,582	19,375,931	0.340164	0.000000	54.00
57.00	05700	CT SCAN	5,183,291	15,411,238	20,594,529	0.066074	0.000000	57.00
58.00	05800	MRI	548,389	1,907,227	2,455,616	0.136422	0.000000	58.00
60.00	06000	LABORATORY	11,221,940	16,044,484	27,266,424	0.210167	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,432,249	726,000	3,158,249	0.212299	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	12,107,792	985,930	13,093,722	0.104980	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	650,530	7,007,844	7,658,374	0.264059	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	1,869,090	3,167,834	5,036,924	0.112946	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,024	1,105,893	1,207,917	0.128030	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,319,180	2,725,740	6,044,920	0.830719	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	389,755	762,684	1,152,439	0.622274	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,339,593	26,383,484	42,723,077	0.180809	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,194	532,148	534,342	1.457896	0.000000	75.00
76.00	03951	HEMODIALYSIS	486,262	59,120	545,382	0.924081	0.000000	76.00
76.01	03952	DIABETES CENTER	0	0	0	0.000000	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	9,812,868	9,812,868	0.549006	0.000000	90.00
90.01	09001	CHEMOTHERAPY	7,955	3,242,971	3,250,926	0.259100	0.000000	90.01
90.02	09002	KEDZIE CLINIC	0	4,490,613	4,490,613	0.254447	0.000000	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	8,338,010	8,338,010	0.276816	0.000000	90.03
91.00	09100	EMERGENCY	6,959,202	35,913,095	42,872,297	0.237203	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	172,564	3,002,492	3,175,056	0.722656	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
200.00		Subtotal (see instructions)	127,151,498	167,355,555	294,507,053			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	127,151,498	167,355,555	294,507,053			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
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
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03951	HEMODIALYSIS	0.000000			76.00
76.01	03952	DIABETES CENTER	0.000000			76.01
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CHEMOTHERAPY	0.000000			90.01
90.02	09002	KEDZIE CLINIC	0.000000			90.02
90.03	09003	LITTLE VILLAGE 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						
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/22/2019 8:18 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	990,637	0	990,637	15,246	64.98	30.00
31.00	INTENSIVE CARE UNIT	155,746		155,746	2,834	54.96	31.00
40.00	SUBPROVIDER - IPF	331,616	0	331,616	7,660	43.29	40.00
43.00	NURSERY	37,551		37,551	2,702	13.90	43.00
200.00	Total (lines 30 through 199)	1,515,550		1,515,550	28,442		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	1,986	129,050				
31.00	INTENSIVE CARE UNIT	609	33,471				
40.00	SUBPROVIDER - IPF	1,249	54,069				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	3,844	216,590				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/22/2019 8:18 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	137,633	4,711,633	0.029211	661,085	19,311	50.00
51.00	05100	RECOVERY ROOM	3,464	894,307	0.003873	45,255	175	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	114,108	9,492,496	0.012021	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,758	5,844,276	0.003894	239,991	935	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	239,224	19,375,931	0.012346	818,061	10,100	54.00
57.00	05700	CT SCAN	10,946	20,594,529	0.000532	1,001,991	533	57.00
58.00	05800	MRI	2,060	2,455,616	0.000839	113,294	95	58.00
60.00	06000	LABORATORY	168,254	27,266,424	0.006171	1,749,004	10,793	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,299	3,158,249	0.001045	484,199	506	63.00
65.00	06500	RESPIRATORY THERAPY	35,300	13,093,722	0.002696	2,348,687	6,332	65.00
66.00	06600	PHYSICAL THERAPY	45,131	7,658,374	0.005893	185,199	1,091	66.00
69.00	06900	ELECTROCARDIOLOGY	23,269	5,036,924	0.004620	528,848	2,443	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,029	1,207,917	0.010786	23,256	251	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	107,938	6,044,920	0.017856	778,430	13,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,441	1,152,439	0.013399	107,833	1,445	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,722	42,723,077	0.002287	2,771,548	6,339	73.00
75.00	07500	ASC (NON-DISTINCT PART)	5,549	534,342	0.010385	1,566	16	75.00
76.00	03951	HEMODIALYSIS	2,008	545,382	0.003682	150,756	555	76.00
76.01	03952	DIABETES CENTER	0	0	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	155,362	9,812,868	0.015832	0	0	90.00
90.01	09001	CHEMOTHERAPY	7,445	3,250,926	0.002290	4,774	11	90.01
90.02	09002	KEDZIE CLINIC	5,464	4,490,613	0.001217	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	10,800	8,338,010	0.001295	0	0	90.03
91.00	09100	EMERGENCY	139,720	42,872,297	0.003259	1,085,647	3,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	135,996	3,175,056	0.042833	9,125	391	92.00
200.00	Total (lines 50 through 199)		1,501,920	243,730,328		13,108,549	78,760	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0095		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/22/2019 8:18 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	15,246	0.00	1,986	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	0	2,834	0.00	609	31.00		
40.00	04000	SUBPROVIDER - IPF		0	0	7,660	0.00	1,249	40.00		
43.00	04300	NURSERY		0	0	2,702	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	0	28,442		3,844	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
40.00	04000	SUBPROVIDER - IPF		0						40.00	
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: 14-0095		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/22/2019 8:18 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	09002	KEDZIE CLINIC	0	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE 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
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0095		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/22/2019 8:18 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	0	4,711,633	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0	894,307	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	9,492,496	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,844,276	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	19,375,931	0.000000
57.00	05700	CT SCAN	0	0	0	0	20,594,529	0.000000
58.00	05800	MRI	0	0	0	0	2,455,616	0.000000
60.00	06000	LABORATORY	0	0	0	0	27,266,424	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	3,158,249	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	13,093,722	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	0	7,658,374	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	5,036,924	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,207,917	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,044,920	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,152,439	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	42,723,077	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	534,342	0.000000
76.00	03951	HEMODIALYSIS	0	0	0	0	545,382	0.000000
76.01	03952	DIABETES CENTER	0	0	0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	9,812,868	0.000000
90.01	09001	CHEMOTHERAPY	0	0	0	0	3,250,926	0.000000
90.02	09002	KEDZIE CLINIC	0	0	0	0	4,490,613	0.000000
90.03	09003	LITTLE VILLAGE CLINIC	0	0	0	0	8,338,010	0.000000
91.00	09100	EMERGENCY	0	0	0	0	42,872,297	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	3,175,056	0.000000
200.00		Total (lines 50 through 199)	0	0	0	0	243,730,328	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/22/2019 8:18 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	661,085	0	1,260,262	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	45,255	0	72,133	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	695	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	239,991	0	437,449	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	818,061	0	1,350,797	0	54.00
57.00	05700	CT SCAN	0.000000	1,001,991	0	1,595,123	0	57.00
58.00	05800	MRI	0.000000	113,294	0	313,116	0	58.00
60.00	06000	LABORATORY	0.000000	1,749,004	0	1,125,865	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	484,199	0	69,520	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,348,687	0	159,073	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	185,199	0	23,341	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	528,848	0	510,106	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	23,256	0	176,988	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	778,430	0	194,458	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	107,833	0	165,116	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	2,771,548	0	7,167,037	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	1,566	0	66,817	0	75.00
76.00	03951	HEMODIALYSIS	0.000000	150,756	0	0	0	76.00
76.01	03952	DIABETES CENTER	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	1,402,355	0	90.00
90.01	09001	CHEMOTHERAPY	0.000000	4,774	0	949,585	0	90.01
90.02	09002	KEDZIE CLINIC	0.000000	0	0	1,060	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0.000000	0	0	319,659	0	90.03
91.00	09100	EMERGENCY	0.000000	1,085,647	0	1,552,766	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	9,125	0	354,593	0	92.00
200.00		Total (lines 50 through 199)		13,108,549	0	19,267,914	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/22/2019 8:18 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	1.112936	1,260,262	0	0	1,402,591	50.00
51.00	05100	RECOVERY ROOM	0.595925	72,133	0	0	42,986	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.564047	695	0	0	392	52.00
53.00	05300	ANESTHESIOLOGY	0.215853	437,449	0	0	94,425	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.340164	1,350,797	0	0	459,493	54.00
57.00	05700	CT SCAN	0.066074	1,595,123	0	0	105,396	57.00
58.00	05800	MRI	0.136422	313,116	0	0	42,716	58.00
60.00	06000	LABORATORY	0.210167	1,125,865	0	0	236,620	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.212299	69,520	0	0	14,759	63.00
65.00	06500	RESPIRATORY THERAPY	0.104980	159,073	0	0	16,699	65.00
66.00	06600	PHYSICAL THERAPY	0.264059	23,341	0	0	6,163	66.00
69.00	06900	ELECTROCARDIOLOGY	0.112946	510,106	0	0	57,614	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128030	176,988	0	0	22,660	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.830719	194,458	0	0	161,540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.622274	165,116	0	0	102,747	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180809	7,167,037	0	35,663	1,295,865	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1.457896	66,817	0	0	97,412	75.00
76.00	03951	HEMODIALYSIS	0.924081	0	0	0	0	76.00
76.01	03952	DIABETES CENTER	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.549006	1,402,355	0	648	769,901	90.00
90.01	09001	CHEMOTHERAPY	0.259100	949,585	0	0	246,037	90.01
90.02	09002	KEDZIE CLINIC	0.254447	1,060	0	0	270	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0.276816	319,659	0	0	88,487	90.03
91.00	09100	EMERGENCY	0.237203	1,552,766	0	0	368,321	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.722656	354,593	0	0	256,249	92.00
200.00		Subtotal (see instructions)		19,267,914	0	36,311	5,889,343	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		19,267,914	0	36,311	5,889,343	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0095		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/22/2019 8:18 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
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,448		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03951	HEMODIALYSIS	0	0		76.00
76.01	03952	DIABETES CENTER	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	356		90.00
90.01	09001	CHEMOTHERAPY	0	0		90.01
90.02	09002	KEDZIE CLINIC	0	0		90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	6,804		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	6,804		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/22/2019 8:18 pm	
					Component CCN: 14-S095			
					Title XVIII	Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	137,633	4,711,633	0.029211	0	0	50.00
51.00	05100	RECOVERY ROOM	3,464	894,307	0.003873	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	114,108	9,492,496	0.012021	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,758	5,844,276	0.003894	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	239,224	19,375,931	0.012346	9,905	122	54.00
57.00	05700	CT SCAN	10,946	20,594,529	0.000532	18,955	10	57.00
58.00	05800	MRI	2,060	2,455,616	0.000839	0	0	58.00
60.00	06000	LABORATORY	168,254	27,266,424	0.006171	171,484	1,058	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,299	3,158,249	0.001045	4,824	5	63.00
65.00	06500	RESPIRATORY THERAPY	35,300	13,093,722	0.002696	19,464	52	65.00
66.00	06600	PHYSICAL THERAPY	45,131	7,658,374	0.005893	5,609	33	66.00
69.00	06900	ELECTROCARDIOLOGY	23,269	5,036,924	0.004620	13,243	61	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,029	1,207,917	0.010786	7,462	80	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	107,938	6,044,920	0.017856	390	7	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,441	1,152,439	0.013399	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,722	42,723,077	0.002287	201,624	461	73.00
75.00	07500	ASC (NON-DISTINCT PART)	5,549	534,342	0.010385	0	0	75.00
76.00	03951	HEMODIALYSIS	2,008	545,382	0.003682	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	155,362	9,812,868	0.015832	0	0	90.00
90.01	09001	CHEMOTHERAPY	7,445	3,250,926	0.002290	0	0	90.01
90.02	09002	KEDZIE CLINIC	5,464	4,490,613	0.001217	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	10,800	8,338,010	0.001295	0	0	90.03
91.00	09100	EMERGENCY	139,720	42,872,297	0.003259	157,077	512	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,175,056	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	1,365,924	243,730,328		610,037	2,401	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0095 Component CCN: 14-S095		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/22/2019 8:18 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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
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
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03951	HEMODIALYSIS		0	0	0	0	0	76.00
76.01	03952	DIABETES CENTER		0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CHEMOTHERAPY		0	0	0	0	0	90.01
90.02	09002	KEDZIE CLINIC		0	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE 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
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0095 Component CCN: 14-S095		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/22/2019 8:18 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	4,711,633	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	894,307	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	9,492,496	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	5,844,276	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	19,375,931	0.000000	54.00
57.00	05700	CT SCAN		0	0	0	20,594,529	0.000000	57.00
58.00	05800	MRI		0	0	0	2,455,616	0.000000	58.00
60.00	06000	LABORATORY		0	0	0	27,266,424	0.000000	60.00
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	3,158,249	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	13,093,722	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	7,658,374	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	5,036,924	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,207,917	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	6,044,920	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	1,152,439	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	42,723,077	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	534,342	0.000000	75.00
76.00	03951	HEMODIALYSIS		0	0	0	545,382	0.000000	76.00
76.01	03952	DIABETES CENTER		0	0	0	0	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	9,812,868	0.000000	90.00
90.01	09001	CHEMOTHERAPY		0	0	0	3,250,926	0.000000	90.01
90.02	09002	KEDZIE CLINIC		0	0	0	4,490,613	0.000000	90.02
90.03	09003	LITTLE VILLAGE CLINIC		0	0	0	8,338,010	0.000000	90.03
91.00	09100	EMERGENCY		0	0	0	42,872,297	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	3,175,056	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	243,730,328		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0095 Component CCN: 14-S095		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/22/2019 8:18 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	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	9,905	0	0	0	54.00
57.00	05700	CT SCAN		0.000000	18,955	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY		0.000000	171,484	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	4,824	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	19,464	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	5,609	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	13,243	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	7,462	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	390	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	201,624	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03951	HEMODIALYSIS		0.000000	0	0	0	0	76.00
76.01	03952	DIABETES CENTER		0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	CHEMOTHERAPY		0.000000	0	0	0	0	90.01
90.02	09002	KEDZIE CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC		0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY		0.000000	157,077	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			610,037	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0095 Component CCN: 14-S095		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/22/2019 8:18 pm	
			Title XVIII		Subprovider - IPF		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	1.112936	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.595925	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.564047	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.215853	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.340164	0	0	0	0	54.00
57.00	05700	CT SCAN	0.066074	0	0	0	0	57.00
58.00	05800	MRI	0.136422	0	0	0	0	58.00
60.00	06000	LABORATORY	0.210167	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.212299	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.104980	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.264059	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.112946	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128030	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.830719	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.622274	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180809	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1.457896	0	0	0	0	75.00
76.00	03951	HEMODIALYSIS	0.924081	0	0	0	0	76.00
76.01	03952	DIABETES CENTER	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.549006	0	0	0	0	90.00
90.01	09001	CHEMOTHERAPY	0.259100	0	0	0	0	90.01
90.02	09002	KEDZIE CLINIC	0.254447	0	0	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0.276816	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.237203	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.722656	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0095 Component CCN: 14-S095	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/22/2019 8:18 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03951	HEMODIALYSIS	0	0	76.00
76.01	03952	DIABETES CENTER	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CHEMOTHERAPY	0	0	90.01
90.02	09002	KEDZIE CLINIC	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/22/2019 8:18 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)		15,246	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,246	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)		13,153	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)		1,986	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		16,713,625	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)		16,713,625	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)		16,713,625	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)		1,096.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,177,172	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,177,172	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0095

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

Worksheet D-1

Date/Time Prepared:
11/22/2019 8:18 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	4,986,347	2,834	1,759.47	609	1,071,517		43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,624,948		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,873,637		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)					162,521		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					78,760		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					241,281		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,632,356		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					2,093		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,096.26		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,294,472		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0095

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

Worksheet D-1

Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		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	990,637	16,713,625	0.059271	2,294,472	135,996
91.00	Nursing School cost	0	16,713,625	0.000000	2,294,472	0
92.00	Allied health cost	0	16,713,625	0.000000	2,294,472	0
93.00	All other Medical Education	0	16,713,625	0.000000	2,294,472	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0095 Component CCN: 14-S095	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/22/2019 8:18 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,660	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,660	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)		7,660	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)		1,249	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,779,055	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,779,055	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,779,055	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)		884.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,105,353	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,105,353	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0095 Component CCN: 14-S095	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/22/2019 8:18 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					121,702
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,227,055
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					54,069
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,401
52.00 Total Program excludable cost (sum of lines 50 and 51)					56,470
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,170,585
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0095 Component CCN: 14-S095		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/22/2019 8:18 pm
			Title XVIII		Subprovider - IPF		PPS
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	331,616	6,779,055	0.048918	0	0	90.00
91.00	Nursing School cost	0	6,779,055	0.000000	0	0	91.00
92.00	Allied health cost	0	6,779,055	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,779,055	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/22/2019 8:18 pm
Cost Center Description		Title XIX	Hospital	Cost
PART I - ALL PROVIDER COMPONENTS				1.00
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			15,246 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			15,246 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)			13,153 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)			1,868 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)			2,702 15.00
16.00	Nursery days (title V or XIX only)			635 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)			16,713,625 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)			16,713,625 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)			16,713,625 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)			1,096.26 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,047,814 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,047,814 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0095

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

Worksheet D-1

Date/Time Prepared:
11/22/2019 8:18 pm

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)		1,761,363	2,702	651.87	635	413,937	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		4,966,962	2,834	1,752.63	243	425,889	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
								1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						2,047,581	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,935,221	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)						2,093	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,096.26	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						2,294,472	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0095

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

Worksheet D-1

Date/Time Prepared:
11/22/2019 8:18 pm

		Title XIX		Hospital	Cost	
Cost Center Description		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	990,637	16,713,625	0.059271	2,294,472	135,996
91.00	Nursing School cost	0	16,713,625	0.000000	2,294,472	0
92.00	Allied health cost	0	16,713,625	0.000000	2,294,472	0
93.00	All other Medical Education	0	16,713,625	0.000000	2,294,472	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/22/2019 8:18 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		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		3,917,891	30.00
31.00	03100	INTENSIVE CARE UNIT		2,064,778	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1.112936	661,085	50.00
51.00	05100	RECOVERY ROOM	0.595925	45,255	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.564047	0	52.00
53.00	05300	ANESTHESIOLOGY	0.215853	239,991	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.340164	818,061	54.00
57.00	05700	CT SCAN	0.066074	1,001,991	57.00
58.00	05800	MRI	0.136422	113,294	58.00
60.00	06000	LABORATORY	0.210167	1,749,004	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.212299	484,199	63.00
65.00	06500	RESPIRATORY THERAPY	0.104980	2,348,687	65.00
66.00	06600	PHYSICAL THERAPY	0.264681	185,199	66.00
69.00	06900	ELECTROCARDIOLOGY	0.112946	528,848	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128030	23,256	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.830719	778,430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.622274	107,833	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180809	2,771,548	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1.457896	1,566	75.00
76.00	03951	HEMODIALYSIS	0.924081	150,756	76.00
76.01	03952	DIABETES CENTER	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.550460	0	90.00
90.01	09001	CHEMOTHERAPY	0.259100	4,774	90.01
90.02	09002	KEDZIE CLINIC	0.254447	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0.276816	0	90.03
91.00	09100	EMERGENCY	0.237203	1,085,647	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.722656	9,125	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		13,108,549	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)		13,108,549	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0095 Component CCN: 14-S095	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/22/2019 8:18 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		2,023,175		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1.112936	0	0	50.00
51.00	05100 RECOVERY ROOM	0.595925	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.564047	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.215853	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.340164	9,905	3,369	54.00
57.00	05700 CT SCAN	0.066074	18,955	1,252	57.00
58.00	05800 MRI	0.136422	0	0	58.00
60.00	06000 LABORATORY	0.210167	171,484	36,040	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.212299	4,824	1,024	63.00
65.00	06500 RESPIRATORY THERAPY	0.104980	19,464	2,043	65.00
66.00	06600 PHYSICAL THERAPY	0.264681	5,609	1,485	66.00
69.00	06900 ELECTROCARDIOLOGY	0.112946	13,243	1,496	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.128030	7,462	955	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.830719	390	324	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.622274	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180809	201,624	36,455	73.00
75.00	07500 ASC (NON-DISTINCT PART)	1.457896	0	0	75.00
76.00	03951 HEMODIALYSIS	0.924081	0	0	76.00
76.01	03952 DIABETES CENTER	0.000000	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.550460	0	0	90.00
90.01	09001 CHEMOTHERAPY	0.259100	0	0	90.01
90.02	09002 KEDZIE CLINIC	0.254447	0	0	90.02
90.03	09003 LITTLE VILLAGE CLINIC	0.276816	0	0	90.03
91.00	09100 EMERGENCY	0.237203	157,077	37,259	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.722656	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		610,037	121,702	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)		610,037		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/22/2019 8:18 pm	
Cost Center Description			Title XIX	Hospital	Cost	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		2,307,396		30.00
31.00	03100	INTENSIVE CARE UNIT		1,196,076		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY		3,544,934		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1.112936	221,184	246,164	50.00
51.00	05100	RECOVERY ROOM	0.595925	21,635	12,893	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.564047	663,743	374,382	52.00
53.00	05300	ANESTHESIOLOGY	0.215853	243,259	52,508	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.340164	349,723	118,963	54.00
57.00	05700	CT SCAN	0.066074	356,897	23,582	57.00
58.00	05800	MRI	0.136422	34,178	4,663	58.00
60.00	06000	LABORATORY	0.210167	1,525,636	320,638	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.212299	455,941	96,796	63.00
65.00	06500	RESPIRATORY THERAPY	0.104980	898,182	94,291	65.00
66.00	06600	PHYSICAL THERAPY	0.264059	77,286	20,408	66.00
69.00	06900	ELECTROCARDIOLOGY	0.112946	121,362	13,707	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.128030	7,095	908	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.830719	232,739	193,341	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.622274	14,450	8,992	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180809	1,888,325	341,426	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1.457896	0	0	75.00
76.00	03951	HEMODIALYSIS	0.924081	28,082	25,950	76.00
76.01	03952	DIABETES CENTER	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.549006	0	0	90.00
90.01	09001	CHEMOTHERAPY	0.259100	0	0	90.01
90.02	09002	KEDZIE CLINIC	0.254447	0	0	90.02
90.03	09003	LITTLE VILLAGE CLINIC	0.276816	0	0	90.03
91.00	09100	EMERGENCY	0.237203	373,638	88,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.722656	12,926	9,341	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,526,281	2,047,581	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)		7,526,281		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/22/2019 8:18 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)			1,091,087	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			3,320,369	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)			66,268	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			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			103.27	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)			5.59	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			2.33	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.			1.17	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			2.09	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			3.45	10.00
11.00	FTE count for residents in dental and podiatric programs.			1.56	11.00
12.00	Current year allowable FTE (see instructions)			3.65	12.00
13.00	Total allowable FTE count for the prior year.			3.07	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.			3.61	14.00
15.00	Sum of lines 12 through 14 divided by 3.			3.44	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			3.44	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.033311	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.029884	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.029884	21.00
22.00	IME payment adjustment (see instructions)			71,448	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			1.36	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)			71,448	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			20.71	30.00
31.00	Percentage of Medicaid patient days (see instructions)			57.20	31.00
32.00	Sum of lines 30 and 31			77.91	32.00
33.00	Allowable disproportionate share percentage (see instructions)			53.49	33.00
34.00	Disproportionate share adjustment (see instructions)			589,922	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/22/2019 8:18 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,347,038	2,260,224	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	591,583	1,690,523	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,282,106		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)	7,421,200		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)		7,421,200	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		429,562	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).		46,701	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		7,897,463	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		7,897,463	61.00
62.00	Deductibles billed to program beneficiaries		546,016	62.00
63.00	Coinsurance billed to program beneficiaries		38,694	63.00
64.00	Allowable bad debts (see instructions)		290,201	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		188,631	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		86,525	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		7,501,384	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		9,146	70.93
70.94	HRR adjustment amount (see instructions)		-21,958	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/22/2019 8:18 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)		7,488,572	71.00	
71.01	Sequestration adjustment (see instructions)		149,771	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		7,006,442	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)		332,359	74.00	
75.00	Contested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		319,045	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: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/22/2019 8:18 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	1,091,087	0	1,091,087		1,091,087
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,320,369	0		3,320,369	3,320,369
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	66,268	0	34,323	31,945	66,268
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	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.029884	0.029884	0.029884	0.029884	
6.00	IME payment adjustment (see instructions)	22.00	71,448	0	17,671	53,777	71,448
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	71,448	0	17,671	53,777	71,448
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5349	0.5349	0.5349	0.5349	
11.00	Disproportionate share adjustment (see instructions)	34.00	589,922	0	145,906	444,016	589,922
11.01	Uncompensated care payments	36.00	2,282,106	0	591,583	1,690,523	2,282,106
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	7,421,200	0	1,880,570	5,540,630	7,421,200
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	7,421,200	0	1,880,570	5,540,630	7,421,200
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	429,562	0	106,727	322,835	429,562
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
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: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/22/2019 8:18 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	1,987,297	5,863,465	7,850,762
		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	358,991	0	88,864	270,127	358,991
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	1,465	0	757	708	1,465
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	0.0216	0.0216	0.0216	0.0216	
23.00	Indirect medical education adjustment (see instructions)	6.00	7,754	0	1,919	5,835	7,754
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1709	0.1709	0.1709	0.1709	
25.00	Disproportionate share adjustment (see instructions)	11.00	61,352	0	15,187	46,165	61,352
26.00	Total prospective capital payments (see instructions)	12.00	429,562	0	106,727	322,835	429,562
		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				0.150893	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			299,869		299,869
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/22/2019 8:18 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	1,091,087	1,091,087		1,091,087	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,320,369		3,320,369	3,320,369	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	66,268	34,323	31,945	66,268	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	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.029884	0.029884	0.029884		5.00
6.00	IME payment adjustment (see instructions)	22.00	71,448	17,671	53,777	71,448	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		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	71,448	17,671	53,777	71,448	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.5349	0.5349	0.5349		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	589,922	145,906	444,016	589,922	11.00
11.01	Uncompensated care payments	36.00	2,282,106	591,583	1,690,523	2,282,106	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	7,421,200	1,880,570	5,540,630	7,421,200	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	7,421,200	1,880,570	5,540,630	7,421,200	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	429,562	106,727	322,835	429,562	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			1,987,297	5,863,465	7,850,762	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/22/2019 8:18 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	358,991	88,864	270,127	358,991	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	1,465	757	708	1,465	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	0.0216	0.0216	0.0216		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	7,754	1,919	5,835	7,754	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1709	0.1709	0.1709		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	61,352	15,187	46,165	61,352	25.00
26.00	Total prospective capital payments (see instructions)	12.00	429,562	106,727	322,835	429,562	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	9,146	9,146	0	9,146	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	-21,958	-12,329	-9,629	-21,958	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: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/22/2019 8:18 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,804	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,889,343	2.00
3.00	OPPS payments		4,152,499	3.00
4.00	Outlier payment (see instructions)		16,003	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,804	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		36,311	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)		36,311	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)		36,311	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		29,507	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)		6,804	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		4,168,502	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		852,542	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)		3,322,764	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		33,992	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)		3,356,756	30.00
31.00	Primary payer payments		32	31.00
32.00	Subtotal (line 30 minus line 31)		3,356,724	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)		310,418	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		201,772	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		134,805	36.00
37.00	Subtotal (see instructions)		3,558,496	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)		3,558,496	40.00
40.01	Sequestration adjustment (see instructions)		71,170	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		3,555,177	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-67,851	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0095 Component CCN: 14-S095	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/22/2019 8:18 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/22/2019 8:18 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		7,006,442		3,555,177	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,006,442		3,555,177	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		332,359		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		67,851	6.02
7.00	Total Medicare program liability (see instructions)		7,338,801		3,487,326	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0095 Component CCN: 14-S095		Period: From 07/01/2018 To 06/30/2019		Worksheet E-1 Part I Date/Time Prepared: 11/22/2019 8:18 pm	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		907,194			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		907,194			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		22,976			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		930,170			0	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: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/22/2019 8:18 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: 14-0095 Component CCN: 14-S095	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/22/2019 8:18 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
	PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,130,679 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instnctions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instnctions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			20.986301 9.00
10.00	Teaching Adjustment Factor {(1 + (line 8/line 9)) raised to the power of .5150 -1}.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,130,679 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,130,679 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,130,679 18.00
19.00	Deductibles			86,552 19.00
20.00	Subtotal (line 18 minus line 19)			1,044,127 20.00
21.00	Coinsurance			118,418 21.00
22.00	Subtotal (line 20 minus line 21)			925,709 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			36,068 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			23,444 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,446 25.00
26.00	Subtotal (sum of lines 22 and 24)			949,153 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			949,153 31.00
31.01	Sequestration adjustment (see instructions)			18,983 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			907,194 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			22,976 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/22/2019 8:18 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	4,935,221		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)	4,935,221	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)	4,935,221	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	7,048,406		8.00
9.00	Ancillary service charges	7,526,281	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)	14,574,687	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)	14,574,687	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	9,639,466	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	4,935,221	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)	4,935,221	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	4,935,221	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)	4,935,221	0	36.00
37.00	INTERIM PAYMENT RECONCILIATION	-2,020,280	0	37.00
38.00	Subtotal (line 36 ± line 37)	2,914,941	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)	2,914,941	0	40.00
41.00	Interim payments	2,914,941	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0095 Component CCN: 14-S095	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/22/2019 8:18 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	0		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/22/2019 8:18 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.			5.59	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.33	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)			1.17	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			2.09	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.45	6.00
7.00	Enter the lesser of line 5 or line 6			2.09	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.	3.45	0.00	3.45	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.	2.09	0.00	2.09	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.56		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	2.09	1.56		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.09	0.98		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.98	1.63		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	2.05	1.39		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	2.05	1.39		17.00
18.00	Per resident amount	151,223.10	142,355.05		18.00
19.00	Approved amount for resident costs	310,007	197,874	507,881	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.36	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)			507,881	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	3,844	0		26.00
27.00	Total Inpatient Days (see instructions)	24,194	24,194		27.00
28.00	Ratio of inpatient days to total inpatient days	0.158882	0.000000		28.00
29.00	Program direct GME amount	80,693	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			80,693	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/22/2019 8:18 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			8,100,692	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			8,100,692	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			5,896,147	42.00
43.00	Primary payer payments (see instructions)			32	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			5,896,115	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			13,996,807	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.578753	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.421247	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			80,693	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			46,701	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			33,992	50.00

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

Provider CCN: 14-0095

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

Worksheet G

Date/Time Prepared:
11/22/2019 8:18 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,442,952	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	113,476,894	0	0	0	4.00
5.00	Other receivable	-3,447,454	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-70,680,972	0	0	0	6.00
7.00	Inventory	1,989,255	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,529,341	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)	44,310,016	0	0	0	11.00
FIXED ASSETS						
12.00	Land	991,639	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	32,836,599	0	0	0	15.00
16.00	Accumulated depreciation	-25,743,592	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	41,131,085	0	0	0	23.00
24.00	Accumulated depreciation	-32,246,393	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)	16,969,338	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	37,348,522	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	37,348,522	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	98,627,876	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,031,344	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)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	17,735,580	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,766,924	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	34,610,474	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	34,610,474	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	60,377,398	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	38,250,478				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)	38,250,478	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	98,627,876	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0095

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

Worksheet G-1

Date/Time Prepared:
11/22/2019 8:18 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		62,355,743		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-24,770,889				2.00
3.00	Total (sum of line 1 and line 2)		37,584,854		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	CHANGE IN RESTRICTED NET ASSETS	665,624		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		665,624		0		10.00
11.00	Subtotal (line 3 plus line 10)		38,250,478		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		38,250,478		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	CHANGE IN RESTRICTED NET ASSETS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0095

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2019 8:18 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	23,888,981		23,888,981	1.00
2.00	SUBPROVIDER - IPF	0		0	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)	23,888,981		23,888,981	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,611,159		9,611,159	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,611,159		9,611,159	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	33,500,140		33,500,140	17.00
18.00	Ancillary services	101,251,927		101,251,927	18.00
19.00	Outpatient services	0	208,289,362	208,289,362	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.20	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)	134,752,067	208,289,362	343,041,429	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		118,103,975		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		118,103,975		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0095

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

Worksheet G-3

Date/Time Prepared:
11/22/2019 8:18 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	343,041,429	1.00
2.00	Less contractual allowances and discounts on patients' accounts	255,890,357	2.00
3.00	Net patient revenues (line 1 minus line 2)	87,151,072	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	118,103,975	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-30,952,903	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	737,841	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	2,198	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVE	5,441,975	24.00
24.01	OTHER (SPECIFY)	0	24.01
24.02	OTHER (SPECIFY)	0	24.02
24.03	OTHER (SPECIFY)	0	24.03
24.04	OTHER (SPECIFY)	0	24.04
24.05	OTHER (SPECIFY)	0	24.05
24.06	OTHER (SPECIFY)	0	24.06
24.07	OTHER (SPECIFY)	0	24.07
24.08	OTHER (SPECIFY)	0	24.08
24.09	OTHER (SPECIFY)	0	24.09
24.10	OTHER (SPECIFY)	0	24.10
25.00	Total other income (sum of lines 6-24)	6,182,014	25.00
26.00	Total (line 5 plus line 25)	-24,770,889	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-24,770,889	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0095	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/22/2019 8:18 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		358,991	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,465	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)		45.30	3.00
4.00	Number of interns & residents (see instructions)		3.44	4.00
5.00	Indirect medical education percentage (see instructions)		2.16	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)		7,754	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		20.71	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		57.20	8.00
9.00	Sum of lines 7 and 8		77.91	9.00
10.00	Allowable disproportionate share percentage (see instructions)		17.09	10.00
11.00	Disproportionate share adjustment (see instructions)		61,352	11.00
12.00	Total prospective capital payments (see instructions)		429,562	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