

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: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet S Parts I-III Date/Time Prepared: 2/28/2020 8:07 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 2/28/2020	Time: 8:07 am
	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 SWEDISH COVENANT HEALTH (14-0114) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 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)

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	127,220	33,003	0	0	1.00
2.00	Subprovider - IPF	0	87,047	1		0	2.00
3.00	Subprovider - IRF	0	-28,413	448		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	9,577	636		0	7.00
200.00	Total	0	195,431	34,088	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: 14-0114		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 8:07 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 5145 NORTH CALIFORNIA AVENUE			PO Box:				1.00				
2.00	City: CHICAGO			State: IL		Zip Code: 60625		County: COOK				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			SWEDISH COVENANT HEALTH	140114	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF			SCH PSYCHIATRIC UNIT	14S114	16974	4	02/01/1989	N	P	O	4.00
5.00	Subprovider - IRF			SCH REHABILITATION UNIT	14T114	16974	5	02/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF			SWEDISH COVENANT SKILLED CARE	145573	16974		04/22/1987	N	P	N	9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
17.20	Hospital-Based (OPT) I											17.20
17.30	Hospital-Based (OOT) I											17.30
17.40	Hospital-Based (OSP) I											17.40
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2018	09/30/2019		20.00		
21.00	Type of Control (see instructions)						1			21.00		
							1.00	2.00		3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00		

Worksheet S-2
Part I
Date/Time Prepared:
2/28/2020 8:07 am

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0114		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 8:07 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1			60.01
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				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: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part I
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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	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
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
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	0.00	0.000000
67.01	INTERNAL MEDICINE	3900	0.00	0.00	0.000000	67.01
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				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 N 0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y	75.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 8:07 am	
			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	N		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		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	N		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	N		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	N		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	N		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00
						1.00	2.00
						1.00	2.00
						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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1		118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,134,147		0		0	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N		118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N		122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	14H042	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0114		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 8:07 am				
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: COVENANT MINISTRIES OF BENEVOLENCE		Contractor's Name: WPS		Contractor's Number: 06101				141.00			
142.00	Street: 5145 N. CALIFORNIA AVENUE		PO Box:						142.00			
143.00	City: CITY: CHICAGO		State: IL		Zip Code: 60625				143.00			
									1.00			
144.00 Are provider based physicians' costs included in Worksheet A?									Y			
									1.00			
									2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					Y		N		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N				146.00		
									1.00			
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.									N			
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.									N			
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.									N			
				Part A		Part B		Title V		Title XIX		
				1.00		2.00		3.00		4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)												
155.00	Hospital			N		N		N		N	155.00	
156.00	Subprovider - IPF			N		N		N		N	156.00	
157.00	Subprovider - IRF			N		N		N		N	157.00	
158.00	SUBPROVIDER										158.00	
159.00	SNF			N		N		N		N	159.00	
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00	
161.00	CMHC					N		N		N	161.00	
161.10	CORF					N		N		N	161.10	
161.20	OUTPATIENT PHYSICAL THERAPY					N		N		N	161.20	
161.30	OUTPATIENT OCCUPATIONAL THERAPY					N		N		N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY					N		N		N	161.40	
									1.00			
Multicampus												
165.00 Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.									N			
				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			
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)												
168.01 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)												
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)									0.00			
									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)												

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 8:07 am
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0114		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part II Date/Time Prepared: 2/28/2020 8:07 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
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	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/24/2020	Y	01/24/2020		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part II
Date/Time Prepared:
2/28/2020 8:07 am

		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.	JENNY	DABROWSKI		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 104	JENNY.DABROWSKI@SRGROUPLLC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0114

Period:
From 10/01/2018
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Date/Time Prepared:
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		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: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 8:07 am

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	188	68,620	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)		188	68,620	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
8.01 SPECIAL CARE NURSERY	31.01	10	3,650	0.00	0	8.01
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)		216	78,840	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	31	11,315		0	16.00
17.00 SUBPROVIDER - IRF	41.00	25	9,125		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	34	12,410		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		306				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: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
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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)	13,496	4,868	38,683			1.00
2.00	HMO and other (see instructions)	6,398	8,620				2.00
3.00	HMO IPF Subprovider	393	1,968				3.00
4.00	HMO IRF Subprovider	731	365				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)	13,496	4,868	38,683			7.00
8.00	INTENSIVE CARE UNIT	880	157	2,769			8.00
8.01	SPECIAL CARE NURSERY	0	216	1,223			8.01
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		1,259	4,226			13.00
14.00	Total (see instructions)	14,376	6,500	46,901	65.60	1,543.62	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,757	536	7,206	0.00	29.63	16.00
17.00	SUBPROVIDER - IRF	1,926	215	3,968	0.00	17.71	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	3,012	0	5,072	0.00	18.97	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)			3			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				65.60	1,609.93	27.00
28.00	Observation Bed Days		0	6,907			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	248	675			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: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 8:07 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,236	1,765	10,869	1.00
2.00 HMO and other (see instructions)			1,289	2,718		2.00
3.00 HMO IPF Subprovider				332		3.00
4.00 HMO IRF Subprovider				26		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
8.01 SPECIAL CARE NURSERY						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,236	1,765	10,869	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	192	64	1,055	16.00
17.00 SUBPROVIDER - IRF	0.00	0	154	19	313	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/28/2020 8:07 am

	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	109,011,624	-1,169,965	107,841,659	3,355,234.00	32.14 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		690,412	0	690,412	4,013.00	172.04 4.00
4.01	Physicians - Part A - Teaching		721,693	0	721,693	3,368.00	214.28 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	2,913,831	-90,025	2,823,806	102,330.00	27.60 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	1,201,484	0	1,201,484	39,448.00	30.46 9.00
10.00	Excluded area salaries (see instructions)		7,168,497	388,378	7,556,875	271,711.00	27.81 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,414,721	0	1,414,721	18,651.73	75.85 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		0	0	0	0.00	0.00 14.01
14.02	Related organization salaries		526,556	0	526,556	3,479.15	151.35 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,447,423	0	20,447,423		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,779,758	0	1,779,758		
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		68,301	0	68,301		
22.01	Physician Part A - Teaching		67,649	0	67,649		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		668,668	0	668,668		
25.50	Home office wage-related (core)		88,571	0	88,571		
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	2,302,909	0	2,302,909	81,984.00	28.09 26.00
27.00	Administrative & General	5.00	19,990,552	-416,626	19,573,926	466,571.00	41.95 27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/28/2020 8:07 am

		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.)		960,064	0	960,064	2,556.24	375.58	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,346,399	0	2,346,399	82,500.00	28.44	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,105,409	0	2,105,409	138,109.00	15.24	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	325,328	-127,274	198,054	6,998.00	28.30	34.00
35.00	Dietary under contract (see instructions)		0	0	0	4,497.00	0.00	35.00
36.00	Cafeteria	11.00	0	127,274	127,274	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,420,966	0	1,420,966	50,274.00	28.26	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,208,559	0	2,208,559	49,911.00	44.25	40.00
41.00	Medical Records & Medical Records Library	16.00	1,399,548	0	1,399,548	48,962.00	28.58	41.00
42.00	Social Service	17.00	507,764	0	507,764	14,525.00	34.96	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part III
Date/Time Prepared:
2/28/2020 8:07 am

	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)	106,336,164	-1,079,940	105,256,224	3,256,589.24	32.32	1.00
2.00	Excluded area salaries (see instructions)	8,369,981	388,378	8,758,359	311,159.00	28.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	97,966,183	-1,468,318	96,497,865	2,945,430.24	32.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,941,277	0	1,941,277	22,130.88	87.72	4.00
5.00	Subtotal wage-related costs (see inst.)	20,604,295	0	20,604,295	0.00	21.35	5.00
6.00	Total (sum of lines 3 thru 5)	120,511,755	-1,468,318	119,043,437	2,967,561.12	40.11	6.00
7.00	Total overhead cost (see instructions)	33,567,498	-416,626	33,150,872	946,887.24	35.01	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
2/28/2020 8:07 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,948,882	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)	11,779,352	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	790,954	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	273,737	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)	138,474	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	448,964	14.00
15.00	'Workers' Compensation Insurance	-553,291	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	7,828,198	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	83,302	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	293,230	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,031,802	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0114

 Period:
 From 10/01/2018
 To 09/30/2019

 Worksheet S-3
 Part V
 Date/Time Prepared:
 2/28/2020 8:07 am

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	1,414,721	23,031,802	1.00
2.00	Hospital	1,414,721	23,031,802	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-7

Date/Time Prepared:
2/28/2020 8:07 am

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	23	0	23 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	12	0	12 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	28	0	28 12.00
13.00		RUB	188	0	188 13.00
14.00		RUA	1,328	0	1,328 14.00
15.00		RVC	52	0	52 15.00
16.00		RVB	279	0	279 16.00
17.00		RVA	836	0	836 17.00
18.00		RHC	12	0	12 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	84	0	84 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	3	0	3 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	15	0	15 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	18	0	18 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	55	0	55 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	7	0	7 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	5	0	5 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	8	0	8 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	5	0	5 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	19	0	19 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-7

Date/Time Prepared:
2/28/2020 8:07 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	16	0	16	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	14	0	14	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	4	0	4	78.00
199.00		AAA	1	0	1	199.00
200.00	TOTAL		3,012	0	3,012	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		5,733,621			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-10

Date/Time Prepared:
2/28/2020 8:07 am

			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)		0.161643	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		32,557,129	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		46,295,213	6.00
7.00	Medicaid cost (line 1 times line 6)		7,483,297	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		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)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	47,553,708	786,134	48,339,842
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,686,724	786,134	8,472,858
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	7,686,724	786,134	8,472,858
				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)		15,431,101	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,457,595	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,242,454	27.01
28.00	Non-Medicare bad debt expense (see instructions)		13,188,647	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,916,711	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,389,569	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,389,569	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	14,823,647	14,823,647	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	8,401,193	8,401,193	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,302,909	1,379,469	3,682,378	12,609,681	16,292,059	4.00
5.01	00540	NON-PATIENT PHONES	201,685	233,207	434,892	0	434,892	5.01
5.03	00560	PURCHASING	1,146,593	804,110	1,950,703	0	1,950,703	5.03
5.04	00570	ADMITTING	2,250,099	349,984	2,600,083	0	2,600,083	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	1,467,874	2,582,982	4,050,856	0	4,050,856	5.05
5.06	00590	ADMINISTRATION & GENERAL	14,924,301	69,594,397	84,518,698	-35,834,521	48,684,177	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,346,399	7,220,876	9,567,275	34,392	9,601,667	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	841,390	841,390	0	841,390	8.00
9.00	00900	HOUSEKEEPING	2,105,409	677,830	2,783,239	0	2,783,239	9.00
10.00	01000	DIETARY	325,328	3,176,594	3,501,922	-1,370,014	2,131,908	10.00
11.00	01100	CAFETERIA	0	0	0	1,370,014	1,370,014	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,420,966	428,614	1,849,580	0	1,849,580	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	2,208,559	15,334,399	17,542,958	-14,444,522	3,098,436	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,399,548	446,690	1,846,238	0	1,846,238	16.00
17.00	01700	SOCIAL SERVICE	507,764	50,773	558,537	0	558,537	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,913,831	1,604,835	4,518,666	-90,025	4,428,641	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,618,122	650,582	2,268,704	90,025	2,358,729	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	409,941	34,524	444,465	0	444,465	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,619,941	5,840,383	27,460,324	-8,642,784	18,817,540	30.00
31.00	03100	INTENSIVE CARE UNIT	3,492,273	763,615	4,255,888	-409,956	3,845,932	31.00
31.01	02060	SPECIAL CARE NURSERY	546,137	826	546,963	710,488	1,257,451	31.01
40.00	04000	SUBPROVIDER - IPF	2,028,455	170,002	2,198,457	-12,363	2,186,094	40.00
41.00	04100	SUBPROVIDER - IRF	1,233,496	147,490	1,380,986	-47,104	1,333,882	41.00
43.00	04300	NURSERY	555	573,192	573,747	2,855,190	3,428,937	43.00
44.00	04400	SKILLED NURSING FACILITY	1,201,484	143,404	1,344,888	-53,648	1,291,240	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,966,201	15,080,441	21,046,642	-11,660,944	9,385,698	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	44	44	2,966,504	2,966,548	52.00
53.00	05300	ANESTHESIOLOGY	35,607	469,336	504,943	-455,950	48,993	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,805,913	1,300,955	5,106,868	-55,164	5,051,704	54.00
54.02	03480	CANCER TREATMENT CENTER	625,982	290,956	916,938	-8,167	908,771	54.02
54.03	03630	ULTRASOUND	1,411,472	226,861	1,638,333	-85,041	1,553,292	54.03
54.04	05401	SPECIAL PROCEDURES	567,970	1,110,175	1,678,145	-954,747	723,398	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	696,732	277,661	974,393	-103,501	870,892	57.00
58.00	05800	MRI	424,318	191,992	616,310	0	616,310	58.00
59.00	05900	CARDIAC CATHETERIZATION	959,153	5,164,144	6,123,297	-2,960,824	3,162,473	59.00
60.00	06000	LABORATORY	3,672,557	4,217,326	7,889,883	0	7,889,883	60.00
60.01	03420	PATHOLOGY	705,431	587,003	1,292,434	0	1,292,434	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	281,095	1,064,754	1,345,849	-843,637	502,212	63.00
65.00	06500	RESPIRATORY THERAPY	1,637,690	392,782	2,030,472	-127,699	1,902,773	65.00
66.01	06601	REHABILITATION MEDICINE	4,996,511	481,745	5,478,256	0	5,478,256	66.01
69.00	06900	ELECTROCARDIOLOGY	718,522	441,246	1,159,768	-77,238	1,082,530	69.00
69.02	03140	CARDIOLOGY	1,830,349	810,659	2,641,008	-55,447	2,585,561	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	595,956	1,320,998	1,916,954	14,877,161	16,794,115	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,681,909	7,681,909	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,340,891	14,340,891	73.00
74.00	07400	RENAL DIALYSIS	0	823,529	823,529	0	823,529	74.00
75.00	07500	ASC (NON-DISTINCT PART)	522,658	557,411	1,080,069	-677,951	402,118	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	869,376	437,308	1,306,684	-332,124	974,560	90.02
90.03	09002	PAIN MANAGEMENT	276,982	190,754	467,736	0	467,736	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	152,410	12,056	164,466	0	164,466	90.06
90.07	09003	EVANSTON INFUSION CENTER	1,215,751	457,435	1,673,186	-217,870	1,455,316	90.07
91.00	09100	EMERGENCY	5,874,714	2,774,163	8,648,877	-1,205,462	7,443,415	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0114		Period: From 10/01/2018 To 09/30/2019		Worksheet A Date/Time Prepared: 2/28/2020 8:07 am	
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			
	OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0	0	0	99.10		
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20		
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30		
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40		
	SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,515,019	151,731,902	257,246,921	34,392	257,281,313	118.00		
	NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02		
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05		
190.07	19007	DENTAL	0	0	0	0	0	190.07		
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08		
190.09	19009	OP PHARMACY	65,558	1,771,142	1,836,700	0	1,836,700	190.09		
190.10	19010	PLAZA	0	191,065	191,065	-34,392	156,673	190.10		
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11		
190.12	19012	G PHARMACY	92,977	23,350	116,327	0	116,327	190.12		
190.13	19013	G SUITE	0	0	0	0	0	190.13		
190.14	19014	OFFSITE CLINICS	26,770	2,982,545	3,009,315	0	3,009,315	190.14		
190.15	19001	LIFE CENTER	3,311,300	1,890,300	5,201,600	0	5,201,600	190.15		
191.01	19101	OCC HEALTH	0	3,555	3,555	0	3,555	191.01		
200.00		TOTAL (SUM OF LINES 118 through 199)	109,011,624	158,593,859	267,605,483	0	267,605,483	200.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,348,374	10,475,273	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-393	8,400,800	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,251,956	15,040,103	4.00
5.01	00540	NON-PATIENT PHONES	-169,345	265,547	5.01
5.03	00560	PURCHASING	0	1,950,703	5.03
5.04	00570	ADMITTING	0	2,600,083	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	-199,847	3,851,009	5.05
5.06	00590	ADMINISTRATION & GENERAL	-19,932,940	28,751,237	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-2,107,227	7,494,440	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	841,390	8.00
9.00	00900	HOUSEKEEPING	0	2,783,239	9.00
10.00	01000	DIETARY	0	2,131,908	10.00
11.00	01100	CAFETERIA	-805,269	564,745	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-512,801	1,336,779	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	3,098,436	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20	1,846,218	16.00
17.00	01700	SOCIAL SERVICE	0	558,537	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-1,195,026	3,233,615	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,842,065	516,664	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	444,465	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,766,054	17,051,486	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,845,932	31.00
31.01	02060	SPECIAL CARE NURSERY	0	1,257,451	31.01
40.00	04000	SUBPROVIDER - IPF	0	2,186,094	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,333,882	41.00
43.00	04300	NURSERY	-573,192	2,855,745	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,291,240	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-995,410	8,390,288	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,966,548	52.00
53.00	05300	ANESTHESIOLOGY	0	48,993	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,051,704	54.00
54.02	03480	CANCER TREATMENT CENTER	-165,276	743,495	54.02
54.03	03630	ULTRASOUND	0	1,553,292	54.03
54.04	05401	SPECIAL PROCEDURES	-26,040	697,358	54.04
54.05	05402	OP ONCOLOGY	0	0	54.05
57.00	05700	CT SCAN	0	870,892	57.00
58.00	05800	MRI	0	616,310	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,162,473	59.00
60.00	06000	LABORATORY	-23,446	7,866,437	60.00
60.01	03420	PATHOLOGY	0	1,292,434	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	502,212	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,902,773	65.00
66.01	06601	REHABILITATION MEDICINE	-8,314	5,469,942	66.01
69.00	06900	ELECTROCARDIOLOGY	-91,015	991,515	69.00
69.02	03140	CARDIOLOGY	-4,500	2,581,061	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,794,115	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,681,909	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,340,891	73.00
74.00	07400	RENAL DIALYSIS	0	823,529	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	402,118	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	04040	FAMILY PRACTICE CLINIC	0	0	90.01
90.02	09001	WOUND CARE	0	974,560	90.02
90.03	09002	PAIN MANAGMENT	0	467,736	90.03
90.05	09004	WOMENS CENTER	0	0	90.05
90.06	09005	DIABETES CENTER	0	164,466	90.06
90.07	09003	EVANSTON INFUSION CENTER	-763	1,454,553	90.07
91.00	09100	EMERGENCY	-968,787	6,474,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
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)	-36,988,060	220,293,253	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	190.05
190.07	19007	DENTAL	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	190.08
190.09	19009	OP PHARMACY	0	1,836,700	190.09
190.10	19010	PLAZA	0	156,673	190.10
190.11	19011	G CAFETERIA	0	0	190.11
190.12	19012	G PHARMACY	0	116,327	190.12
190.13	19013	G SUITE	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	3,009,315	190.14
190.15	19001	LIFE CENTER	0	5,201,600	190.15
191.01	19101	OCC HEALTH	0	3,555	191.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-36,988,060	230,617,423	200.00

RECLASSIFICATIONS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/28/2020 8:07 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,866,695		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,372,394		2.00
	TOTALS		0	16,239,089		
	B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,706,677		1.00
	TOTALS		0	6,706,677		
	C - OB DEPT EXPENSES					
1.00	NURSERY	43.00	1,762,347	1,092,843		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,831,055	1,135,449		2.00
3.00	SPECIAL CARE NURSERY	31.01	438,948	272,195		3.00
	TOTALS		4,032,350	2,500,487		
	D - HOSPITAL USE OF PLAZA					
1.00	OPERATION OF PLANT	7.00	0	34,392		1.00
	TOTALS		0	34,392		
	F - DIETARY					
1.00	CAFETERIA	11.00	127,274	1,242,740		1.00
	TOTALS		127,274	1,242,740		
	G - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,609,681		1.00
	TOTALS		0	12,609,681		
	H - COST OF DRUGS SOLD (AC730380)					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,340,891		1.00
	TOTALS		0	14,340,891		
	M - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	250,275		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	28,799		2.00
	TOTALS		0	279,074		
	N - OUTPATIENT SURG RE OR CASES					
1.00	OPERATING ROOM	50.00	228,420	0		1.00
	TOTALS		228,420	0		
	O - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,877,161		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
	TOTALS		0	14,877,161		
	P - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,681,909		1.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
	TOTALS		0	7,681,909		
	S - MSO TRANSFER					
1.00	ADMINISTRATION & GENERAL	5.06	0	1,085,506		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	126,177		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	865,327		3.00
4.00	OPERATING ROOM	50.00	0	109,967		4.00
5.00	REHABILITATION MEDICINE	66.01	0	28,763		5.00

RECLASSIFICATIONS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/28/2020 8:07 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00	CARDIOLOGY	69.02	0	232,435	6.00
7.00	EMERGENCY	91.00	220,952	0	7.00
8.00	OP PHARMACY	190.09	161,751	0	8.00
9.00	G PHARMACY	190.12	226,627	0	9.00
	TOTALS		609,330	2,448,175	
T - SALARIED TEACHING PHYSICIANS					
1.00	I&R SERVICES-OTHER PRGM	22.00	90,025	0	1.00
	COSTS APPRV				
	TOTALS		90,025	0	
U - SCIS TRANSACTION BONUS					
1.00	ADMINISTRATION & GENERAL	5.06	668,880	0	1.00
	TOTALS		668,880	0	
500.00	Grand Total: Increases		5,756,279	78,960,276	500.00

RECLASSIFICATIONS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/28/2020 8:07 am

	Decreases							2/28/2020 8:07 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - DEPRECIATION							
1.00	ADMINISTRATION & GENERAL	5.06	0	16,239,089	9			1.00
2.00		0.00	0	0	9			2.00
	TOTALS		0	16,239,089				
	B - INTEREST EXPENSE							
1.00	ADMINISTRATION & GENERAL	5.06	0	6,706,677	11			1.00
	TOTALS		0	6,706,677				
	C - OB DEPT EXPENSES							
1.00	ADULTS & PEDIATRICS	30.00	4,032,350	2,500,487	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
	TOTALS		4,032,350	2,500,487				
	D - HOSPITAL USE OF PLAZA							
1.00	PLAZA	190.10	0	34,392	0			1.00
	TOTALS		0	34,392				
	F - DIETARY							
1.00	DIETARY	10.00	127,274	1,242,740	0			1.00
	TOTALS		127,274	1,242,740				
	G - EMPLOYEE BENEFITS							
1.00	ADMINISTRATION & GENERAL	5.06	0	12,609,681	0			1.00
	TOTALS		0	12,609,681				
	H - COST OF DRUGS SOLD (AC730380)							
1.00	PHARMACY	15.00	0	14,340,891	0			1.00
	TOTALS		0	14,340,891				
	M - PROPERTY INSURANCE							
1.00	ADMINISTRATION & GENERAL	5.06	0	279,074	12			1.00
2.00		0.00	0	0	12			2.00
	TOTALS		0	279,074				
	N - OUTPATIENT SURG RE OR CASES							
1.00	ASC (NON-DISTINCT PART)	75.00	228,420	0	0			1.00
	TOTALS		228,420	0				
	O - CHARGEABLE MEDICAL SUPPLIES							
1.00	PHARMACY	15.00	0	103,631	0			1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,109,783	0			2.00
3.00	INTENSIVE CARE UNIT	31.00	0	409,956	0			3.00
4.00	SPECIAL CARE NURSERY	31.01	0	655	0			4.00
5.00	SUBPROVIDER - IPF	40.00	0	12,363	0			5.00
6.00	SUBPROVIDER - IRF	41.00	0	47,104	0			6.00
8.00	SKILLED NURSING FACILITY	44.00	0	53,648	0			8.00
9.00	OPERATING ROOM	50.00	0	5,719,359	0			9.00
11.00	ANESTHESIOLOGY	53.00	0	455,950	0			11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55,164	0			12.00
13.00	CANCER TREATMENT CENTER	54.02	0	8,167	0			13.00
14.00	ULTRASOUND	54.03	0	85,041	0			14.00
15.00	SPECIAL PROCEDURES	54.04	0	828,265	0			15.00
16.00	CT SCAN	57.00	0	103,501	0			16.00
18.00	CARDIAC CATHETERIZATION	59.00	0	1,618,573	0			18.00
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	843,637	0			19.00
20.00	RESPIRATORY THERAPY	65.00	0	127,699	0			20.00
22.00	ELECTROCARDIOLOGY	69.00	0	77,238	0			22.00
23.00	CARDIOLOGY	69.02	0	55,447	0			23.00
24.00	ASC (NON-DISTINCT PART)	75.00	0	434,770	0			24.00
25.00	WOUND CARE	90.02	0	304,065	0			25.00
27.00	EVANSTON INFUSION CENTER	90.07	0	217,870	0			27.00
28.00	EMERGENCY	91.00	0	1,205,275	0			28.00
	TOTALS		0	14,877,161				
	P - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	6,170,005	0			1.00
3.00	SPECIAL PROCEDURES	54.04	0	126,482	0			3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	1,342,251	0			4.00
6.00	ASC (NON-DISTINCT PART)	75.00	0	14,761	0			6.00
7.00	WOUND CARE	90.02	0	28,059	0			7.00
8.00	EMERGENCY	91.00	0	187	0			8.00
9.00	ADULTS & PEDIATRICS	30.00	0	164	0			9.00
	TOTALS		0	7,681,909				
	S - MSO TRANSFER							
1.00	ADMINISTRATION & GENERAL	5.06	1,085,506	0	0			1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	126,177	0	0			2.00
	COSTS APPRV							
3.00	INTENSIVE CARE UNIT	31.00	865,327	0	0			3.00
4.00	OPERATING ROOM	50.00	109,967	0	0			4.00
5.00	REHABILITATION MEDICINE	66.01	28,763	0	0			5.00
6.00	CARDIOLOGY	69.02	232,435	0	0			6.00

RECLASSIFICATIONS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/28/2020 8:07 am

Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
7.00	EMERGENCY	91.00	0	220,952	0		7.00
8.00	OP PHARMACY	190.09	0	161,751	0		8.00
9.00	G PHARMACY	190.12	0	226,627	0		9.00
	TOTALS		2,448,175	609,330			
T - SALARIED TEACHING PHYSICIANS							
1.00	I&R SERVICES-SALARY &	21.00	90,025	0	0		1.00
	FRINGES APPRV						
	TOTALS		90,025	0			
U - SCIS TRANSACTION BONUS							
1.00	ADMINISTRATION & GENERAL	5.06	0	668,880	0		1.00
	TOTALS		0	668,880			
500.00	Grand Total: Decreases		6,926,244	77,790,311			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part I
Date/Time Prepared:
2/28/2020 8:07 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,610,158	0	0	0	0	1.00
2.00	Land Improvements	3,885,366	0	0	0	0	2.00
3.00	Buildings and Fixtures	301,935,730	18,122,794	0	18,122,794	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	46,494,755	47,835	0	47,835	0	5.00
6.00	Movable Equipment	177,180,771	0	0	0	11,689,739	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	538,106,780	18,170,629	0	18,170,629	11,689,739	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	538,106,780	18,170,629	0	18,170,629	11,689,739	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	8,610,158	0				1.00
2.00	Land Improvements	3,885,366	0				2.00
3.00	Buildings and Fixtures	320,058,524	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	46,542,590	0				5.00
6.00	Movable Equipment	165,491,032	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	544,587,670	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	544,587,670	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part II
Date/Time Prepared:
2/28/2020 8:07 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part III
Date/Time Prepared:
2/28/2020 8:07 am

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	320,058,524	0	320,058,524	0.587708	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	224,529,146	0	224,529,146	0.412292	0	2.00
3.00	Total (sum of lines 1-2)	544,587,670	0	544,587,670	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,571,901	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,372,001	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,943,902	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	2,653,097	250,275	0	0	10,475,273	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	28,799	0	0	8,400,800	2.00
3.00	Total (sum of lines 1-2)	2,653,097	279,074	0	0	18,876,073	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/28/2020 8:07 am

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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,965,733	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-40,163	NON-PATIENT PHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-5,113	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	A	-223,040	ADMINISTRATION & GENERAL	5.06	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,253,385			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	582,091			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-805,269	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	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
33.00	CHILD CARE REVENUE	B	-1,148,836	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			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			
36.00	OTHER REVENUE	B	-199,847	PATIENT ACCOUNTS & CASHIERS	5.05	0	36.00
40.00	COST OF PHYSICIAN RECRUITMENT	A	-23,989	ADMINISTRATION & GENERAL	5.06	0	40.00
41.00	DEVELOPMENT COSTS	A	0	ADMINISTRATION & GENERAL	5.06	0	41.00
42.00	AMORT '81 CAPITAL INTEREST	A	-2,514	CAP REL COSTS-BLDG & FIXT	1.00	11	42.00
44.00	OTHER INCOME	B	-129,182	NON-PATIENT PHONES	5.01	0	44.00
44.01	OTHER INCOME	B	-270	NURSING ADMINISTRATION	13.00	0	44.01
44.02	OTHER INCOME	B	-16,528	ADULTS & PEDIATRICS	30.00	0	44.02
44.03	OTHER INCOME	B	-20	MEDICAL RECORDS & LIBRARY	16.00	0	44.03
44.04	OTHER INCOME	B	-84	OPERATING ROOM	50.00	0	44.04
45.00	LOBBING DUES	A	-30,747	ADMINISTRATION & GENERAL	5.06	0	45.00
45.01	LOBBYIST	A	-153,000	ADMINISTRATION & GENERAL	5.06	0	45.01
45.02	HOSPICE	A	-53,372	ADMINISTRATION & GENERAL	5.06	0	45.02
45.03	MARKETING FEES	A	-462,984	ADMINISTRATION & GENERAL	5.06	0	45.03
45.04	REAL ESTATE TAXES	A	-951,545	ADMINISTRATION & GENERAL	5.06	0	45.04
45.05	SCIC TRANSACTION FEE	A	1,500,837	ADMINISTRATION & GENERAL	5.06	0	45.05
45.10	OTHER OPERATING REVENUE	B	-8,314	REHABILITATION MEDICINE	66.01	0	45.10
45.20	PRIVATE DUTY NURSES	A	-512,531	NURSING ADMINISTRATION	13.00	0	45.20
45.21	PDN FRINGE BENEFITS	A	-103,120	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.21
45.22	GMP AND HIAWATHA BLDG TAX	A	0	ADMINISTRATION & GENERAL	5.06	0	45.22
45.26	PARKING LOT DEPRECIATION	A	-294,794	CAP REL COSTS-BLDG & FIXT	1.00	9	45.26
45.27	PARKING LOT DEPRECIATION	A	-393	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.27
45.36	COURTESY CAR	A	-90,000	ADMINISTRATION & GENERAL	5.06	0	45.36
45.42	DSR INCOME NETTED ON FS	A	4,219	CAP REL COSTS-BLDG & FIXT	1.00	11	45.42
45.43	SEPARATE SWAP AGREEMENT INTERES	A	-1,089,552	CAP REL COSTS-BLDG & FIXT	1.00	11	45.43
45.57	CHEMO REV	B	-763	EVANSTON INFUSION CENTER	90.07	0	45.57
45.59	OTHER A&G INCOME	B	-3,428,730	ADMINISTRATION & GENERAL	5.06	0	45.59
45.60	OTHER PLANT OPS INCOME	B	-1,997,306	OPERATION OF PLANT	7.00	0	45.60
45.62	LAB OTHER INCOME	B	-23,446	LABORATORY	60.00	0	45.62
45.64	PHYSICIAN MALPRACTICE	A	-52,745	ADMINISTRATION & GENERAL	5.06	0	45.64
45.65	OTHER INCOME	B	-1,162,298	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	45.65
45.67	MSO DEPR	B	-104,808	OPERATION OF PLANT	7.00	0	45.67
48.00	MEDICAID TAX ASSESSMENT	A	-15,740,786	ADMINISTRATION & GENERAL	5.06	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,988,060				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 8:07 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATION & GENERAL	MANAGEMENT FEES	1,038,173	456,082	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			1,038,173	456,082	5.00

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

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

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

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

6.00	B	COV MIN OF BENEV	0.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 8:07 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	582,091	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	582,091			5.00

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

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

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:
2/28/2020 8:07 am

	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-ADMINISTRATION & GENERAL	1,146,807	456,395	690,412	177,200	4,013	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	1,195,026	1,195,026	0	177,200	0	3.00
4.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	966,695	245,002	721,693	177,200	3,368	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,749,526	1,749,526	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	43.00	AGGREGATE-NURSERY	573,192	573,192	0	0	0	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	995,326	995,326	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	54.02	AGGREGATE-CANCER TREATMENT CENTER	165,276	165,276	0	0	0	10.00
11.00	54.04	AGGREGATE-SPECIAL PROCEDURES	26,040	26,040	0	0	0	11.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	91,015	91,015	0	0	0	15.00
16.00	69.02	AGGREGATE-CARDIOLOGY	4,500	4,500	0	0	0	16.00
19.00	91.00	AGGREGATE-EMERGENCY	968,787	968,787	0	0	0	19.00
200.00			7,882,190	6,470,085	1,412,105		7,381	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-ADMINISTRATION & GENERAL	341,877	17,094	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	0	0	0	0	0	3.00
4.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	286,928	14,346	0	0	0	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	54.02	AGGREGATE-CANCER TREATMENT CENTER	0	0	0	0	0	10.00
11.00	54.04	AGGREGATE-SPECIAL PROCEDURES	0	0	0	0	0	11.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	15.00
16.00	69.02	AGGREGATE-CARDIOLOGY	0	0	0	0	0	16.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	19.00
200.00			628,805	31,440	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-ADMINISTRATION & GENERAL	0	341,877	348,535	804,930	1.00
2.00	0.00		0	0	0	0	2.00
3.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRIN	0	0	0	1,195,026	3.00
4.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	286,928	434,765	679,767	4.00
5.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,749,526	5.00
6.00	0.00		0	0	0	0	6.00
7.00	43.00	AGGREGATE-NURSERY	0	0	0	573,192	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	995,326	8.00
9.00	0.00		0	0	0	0	9.00
10.00	54.02	AGGREGATE-CANCER TREATMENT CENTER	0	0	0	165,276	10.00
11.00	54.04	AGGREGATE-SPECIAL PROCEDURES	0	0	0	26,040	11.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	91,015	15.00
16.00	69.02	AGGREGATE-CARDIOLOGY	0	0	0	4,500	16.00
19.00	91.00	AGGREGATE-EMERGENCY	0	0	0	968,787	19.00
200.00			0	628,805	783,300	7,253,385	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,475,273	10,475,273			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,400,800		8,400,800		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,040,103	26,596	32,382	15,099,081	4.00
5.01	00540	NON-PATIENT PHONES	265,547	13,818	28,904	28,854	337,123
5.03	00560	PURCHASING	1,950,703	73,785	7,729	164,040	3,273
5.04	00570	ADMITTING	2,600,083	44,655	17,928	321,915	6,546
5.05	00580	PATIENT ACCOUNTS & CASHIERS	3,851,009	32,357	6,170	210,004	22,366
5.06	00590	ADMINISTRATION & GENERAL	28,751,237	4,837,254	2,527,724	2,075,570	55,089
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	7,494,440	957,520	1,880,631	335,692	14,729
8.00	00800	LAUNDRY & LINEN SERVICE	841,390	33,451	6,008	0	546
9.00	00900	HOUSEKEEPING	2,783,239	74,372	3,855	301,215	2,182
10.00	01000	DIETARY	2,131,908	78,693	16,948	28,335	2,728
11.00	01100	CAFETERIA	564,745	139,073	10,892	18,209	2,728
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,336,779	35,679	198,828	203,293	8,728
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	3,098,436	45,308	98,311	315,972	4,910
16.00	01600	MEDICAL RECORDS & LIBRARY	1,846,218	67,876	2,290	200,228	8,183
17.00	01700	SOCIAL SERVICE	558,537	27,449	0	72,644	5,455
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,233,615	0	228	403,993	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	516,664	67,596	23,487	226,328	7,637
23.00	02300	PARAMED ED PRGM-PHARMACY	444,465	6,829	3,753	58,649	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,051,486	956,066	154,920	2,516,171	24,548
31.00	03100	INTENSIVE CARE UNIT	3,845,932	77,479	30,334	375,829	13,092
31.01	02060	SPECIAL CARE NURSERY	1,257,451	15,659	8,472	140,933	4,364
40.00	04000	SUBPROVIDER - IPF	2,186,094	140,007	6,959	290,205	6,001
41.00	04100	SUBPROVIDER - IRF	1,333,882	70,797	11,798	176,473	2,182
43.00	04300	NURSERY	2,855,745	6,162	4,293	252,213	4,910
44.00	04400	SKILLED NURSING FACILITY	1,291,240	155,065	4,960	171,893	2,182
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,390,288	329,470	757,357	870,513	15,820
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,966,548	21,194	9,654	261,964	0
53.00	05300	ANESTHESIOLOGY	48,993	19,607	75,203	5,094	1,637
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,051,704	201,387	570,566	544,501	18,547
54.02	03480	CANCER TREATMENT CENTER	743,495	122,481	10,381	89,557	9,274
54.03	03630	ULTRASOUND	1,553,292	3,254	126,033	201,935	2,182
54.04	05401	SPECIAL PROCEDURES	697,358	12,644	3,807	81,258	0
54.05	05402	OP ONCOLOGY	0	0	0	0	0
57.00	05700	CT SCAN	870,892	9,096	14,391	99,679	0
58.00	05800	MRI	616,310	21,394	15,211	60,706	0
59.00	05900	CARDIAC CATHETERIZATION	3,162,473	24,955	104,127	137,223	3,819
60.00	06000	LABORATORY	7,866,437	134,125	179,125	525,422	16,911
60.01	03420	PATHOLOGY	1,292,434	27,022	24,215	100,924	1,091
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	502,212	6,069	1,126	40,215	1,637
65.00	06500	RESPIRATORY THERAPY	1,902,773	19,100	39,162	234,299	2,182
66.01	06601	REHABILITATION MEDICINE	5,469,942	79,333	45,599	710,721	9,819
69.00	06900	ELECTROCARDIOLOGY	991,515	14,391	67,494	102,797	2,182
69.02	03140	CARDIOLOGY	2,581,061	54,765	133,785	228,609	3,819
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,794,115	136,739	55,042	85,262	1,091
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,681,909	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	14,340,891	0	0	0	0
74.00	07400	RENAL DIALYSIS	823,529	4,508	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	402,118	72,317	90,021	42,096	9,274
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0
90.02	09001	WOUND CARE	974,560	69,917	13,800	124,379	0
90.03	09002	PAIN MANAGMENT	467,736	73,158	218	39,627	0
90.05	09004	WOMENS CENTER	0	0	0	0	0
90.06	09005	DIABETES CENTER	164,466	10,564	0	21,805	0
90.07	09003	EVANSTON INFUSION CENTER	1,454,553	26,916	449,882	173,934	0
91.00	09100	EMERGENCY	6,474,628	316,279	52,363	872,089	15,820

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	220,293,253	9,794,231	7,926,366	14,543,268	317,484	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,190	0	0	1,091	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	1,836,700	14,512	0	32,520	546	190.09
190.10	19010	PLAZA	156,673	26,102	0	0	9,819	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	116,327	43,174	0	45,725	8,183	190.12
190.13	19013	G SUITE	0	0	7,151	0	0	190.13
190.14	19014	OFFSITE CLINICS	3,009,315	47,683	280,731	3,830	0	190.14
190.15	19001	LIFE CENTER	5,201,600	540,381	186,552	473,738	0	190.15
191.01	19101	OCC HEALTH	3,555	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	230,617,423	10,475,273	8,400,800	15,099,081	337,123	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING	2,199,530					5.03
5.04	00570	ADMITTING	1,155	2,992,282				5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	1,204	0	4,123,110			5.05
5.06	00590	ADMINISTRATION & GENERAL	20,166	0	0	38,267,040	38,267,040	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	15,920	0	0	10,698,932	2,128,488	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11	0	0	881,406	175,350	8.00
9.00	00900	HOUSEKEEPING	9,664	0	0	3,174,527	631,553	9.00
10.00	01000	DIETARY	23	0	0	2,258,635	449,342	10.00
11.00	01100	CAFETERIA	15	0	0	735,662	146,356	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,540	0	0	1,785,847	355,284	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	737	0	0	3,563,674	708,972	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	193	0	0	2,124,989	422,754	16.00
17.00	01700	SOCIAL SERVICE	7	0	0	664,092	132,117	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,606	0	0	3,644,442	725,040	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,807	0	0	844,519	168,012	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	185	0	0	513,881	102,234	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,458	295,312	406,860	21,417,821	4,261,032	30.00
31.00	03100	INTENSIVE CARE UNIT	709	42,334	58,326	4,444,035	884,114	31.00
31.01	02060	SPECIAL CARE NURSERY	1	9,035	12,448	1,448,363	288,143	31.01
40.00	04000	SUBPROVIDER - IPF	559	43,894	60,474	2,734,193	543,951	40.00
41.00	04100	SUBPROVIDER - IRF	285	24,827	34,204	1,654,448	329,143	41.00
43.00	04300	NURSERY	0	16,758	23,088	3,163,169	629,293	43.00
44.00	04400	SKILLED NURSING FACILITY	379	12,904	17,779	1,656,402	329,531	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,090	245,353	338,030	10,991,921	2,186,777	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3	37,689	51,925	3,348,977	666,259	52.00
53.00	05300	ANESTHESIOLOGY	676	76,632	105,578	333,420	66,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,279	167,298	230,491	6,788,773	1,350,586	54.00
54.02	03480	CANCER TREATMENT CENTER	64	23,327	32,138	1,030,717	205,055	54.02
54.03	03630	ULTRASOUND	503	63,512	87,502	2,038,213	405,490	54.03
54.04	05401	SPECIAL PROCEDURES	5,530	14,635	20,163	835,395	166,197	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	6,319	268,993	370,600	1,639,970	326,262	57.00
58.00	05800	MRI	7,772	81,470	112,244	915,107	182,055	58.00
59.00	05900	CARDIAC CATHETERIZATION	116,306	109,424	150,757	3,809,084	757,794	59.00
60.00	06000	LABORATORY	155,460	475,256	655,331	10,008,067	1,991,045	60.00
60.01	03420	PATHOLOGY	23,245	25,414	35,014	1,529,359	304,257	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,741	30,212	41,624	634,836	126,297	63.00
65.00	06500	RESPIRATORY THERAPY	6,424	56,678	78,087	2,338,705	465,271	65.00
66.01	06601	REHABILITATION MEDICINE	2,059	64,655	89,077	6,471,205	1,287,407	66.01
69.00	06900	ELECTROCARDIOLOGY	4,413	46,274	63,754	1,292,820	257,199	69.00
69.02	03140	CARDIOLOGY	30,822	78,786	108,545	3,220,192	640,638	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,116,509	73,754	101,612	18,364,124	3,653,432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	554,219	55,709	76,751	8,368,588	1,664,880	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	290,421	400,122	15,031,434	2,990,414	73.00
74.00	07400	RENAL DIALYSIS	0	20,511	28,258	876,806	174,435	74.00
75.00	07500	ASC (NON-DISTINCT PART)	759	20,475	28,209	665,269	132,351	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	775	26,545	36,572	1,246,548	247,993	90.02
90.03	09002	PAIN MANAGMENT	608	6,972	9,606	597,925	118,954	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	20	429	590	197,874	39,366	90.06
90.07	09003	EVANSTON INFUSION CENTER	677	11,639	16,035	2,133,636	424,474	90.07
91.00	09100	EMERGENCY	4,099	175,155	241,316	8,151,749	1,621,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
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Cost Center Description			PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
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)	2,173,996	2,992,282	4,123,110	218,536,791	35,863,671	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	10,281	2,045	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	0	0	1,884,278	374,866	190.09
190.10	19010	PLAZA	0	0	0	192,594	38,315	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	7	0	0	213,416	42,458	190.12
190.13	19013	G SUITE	0	0	0	7,151	1,423	190.13
190.14	19014	OFFSITE CLINICS	11,482	0	0	3,353,041	667,067	190.14
190.15	19001	LIFE CENTER	14,045	0	0	6,416,316	1,276,488	190.15
191.01	19101	OCC HEALTH	0	0	0	3,555	707	191.01
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)	2,199,530	2,992,282	4,123,110	230,617,423	38,267,040	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	12,827,420				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	95,581	1,152,337			8.00
9.00	00900	HOUSEKEEPING	0	212,505	0	4,018,585		9.00
10.00	01000	DIETARY	0	224,853	0	48,394	2,981,224	10.00
11.00	01100	CAFETERIA	0	397,379	0	85,530	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	101,946	0	21,945	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	129,462	0	27,864	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	193,945	0	41,744	0	16.00
17.00	01700	SOCIAL SERVICE	0	78,432	0	16,879	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	193,145	0	41,568	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	19,513	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,731,806	678,639	1,942,316	1,981,638	30.00
31.00	03100	INTENSIVE CARE UNIT	0	221,385	56,535	158,450	141,849	31.00
31.01	02060	SPECIAL CARE NURSERY	0	44,742	10,434	32,024	6,745	31.01
40.00	04000	SUBPROVIDER - IPF	0	400,047	0	286,324	203,271	40.00
41.00	04100	SUBPROVIDER - IRF	0	202,291	0	144,785	369,146	41.00
43.00	04300	NURSERY	0	17,607	19,353	2,758	18,749	43.00
44.00	04400	SKILLED NURSING FACILITY	0	443,074	0	317,116	259,826	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	941,408	56,292	202,620	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	60,558	43,527	13,033	0	52.00
53.00	05300	ANESTHESIOLOGY	0	56,023	0	12,055	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	575,432	33,766	127,730	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	349,970	21,054	75,327	0	54.02
54.03	03630	ULTRASOUND	0	9,299	15,796	2,001	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	36,129	0	7,778	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	25,991	2,757	0	0	57.00
58.00	05800	MRI	0	61,129	29,181	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	71,305	7,156	15,347	0	59.00
60.00	06000	LABORATORY	0	383,240	0	82,485	0	60.00
60.01	03420	PATHOLOGY	0	77,212	0	16,618	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	17,340	0	3,729	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	54,574	0	11,748	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	226,682	0	48,792	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	41,121	8,434	8,854	0	69.00
69.02	03140	CARDIOLOGY	0	156,482	10,015	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	390,710	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	12,881	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	206,636	11,125	44,476	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	199,776	4,288	42,996	0	90.02
90.03	09002	PAIN MANAGMENT	0	209,037	645	44,991	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	30,184	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	0	76,907	0	0	0	90.07
91.00	09100	EMERGENCY	0	903,717	143,340	84,656	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	10,881,456	1,152,337	4,012,933	2,981,224	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,258	0	5,652	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	41,464	0	0	0	190.09
190.10	19010	PLAZA	0	74,582	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	123,364	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	136,245	0	0	0	190.14
190.15	19001	LIFE CENTER	0	1,544,051	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	12,827,420	1,152,337	4,018,585	2,981,224	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			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
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
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	1,364,927					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	26,708	0	2,291,730			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	26,520	0	0	0	4,456,492	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,012	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	7,713	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	54,355	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,719	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	6,155	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	323,581	0	888,846	0	146	30.00
31.00	03100	INTENSIVE CARE UNIT	37,327	0	102,543	0	0	31.00
31.01	02060	SPECIAL CARE NURSERY	14,531	0	39,918	0	36	31.01
40.00	04000	SUBPROVIDER - IPF	32,741	0	89,939	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	19,570	0	53,768	0	0	41.00
43.00	04300	NURSERY	13,868	0	38,098	0	67	43.00
44.00	04400	SKILLED NURSING FACILITY	20,962	0	57,566	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	98,821	0	279,011	0	163	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,172	0	85,639	0	152	52.00
53.00	05300	ANESTHESIOLOGY	1,083	0	3,056	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,753	0	183,068	0	131,523	54.00
54.02	03480	CANCER TREATMENT CENTER	5,845	0	16,531	0	4,606	54.02
54.03	03630	ULTRASOUND	18,730	0	0	0	1,519	54.03
54.04	05401	SPECIAL PROCEDURES	8,111	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	9,801	0	0	0	43	57.00
58.00	05800	MRI	5,647	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,884	0	36,425	0	0	59.00
60.00	06000	LABORATORY	85,063	0	0	0	0	60.00
60.01	03420	PATHOLOGY	10,708	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,033	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	26,951	0	0	0	821	65.00
66.01	06601	REHABILITATION MEDICINE	71,925	0	0	0	7	66.01
69.00	06900	ELECTROCARDIOLOGY	11,371	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	25,813	0	72,970	0	87	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,536	0	0	0	100	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	4,299,013	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,392	0	15,603	0	39	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	13,901	0	39,287	0	2,747	90.02
90.03	09002	PAIN MANAGMENT	6,343	0	0	0	14,955	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	2,044	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	17,945	0	0	0	202	90.07
91.00	09100	EMERGENCY	102,412	0	289,462	0	260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,279,046	0	2,291,730	0	4,456,486	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	2,972	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	4,332	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	1,083	0	0	0	0	190.14
190.15	19001	LIFE CENTER	77,494	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	6	191.01
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)	1,364,927	0	2,291,730	0	4,456,492	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						APPRV	APPRV	
			16.00	17.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
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	2,809,444					16.00
17.00	01700	SOCIAL SERVICE	0	899,233				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		4,423,837		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			1,259,963	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	277,226	638,134	0	2,796,593	796,504	30.00
31.00	03100	INTENSIVE CARE UNIT	39,742	8,553	0	123,409	35,148	31.00
31.01	02060	SPECIAL CARE NURSERY	8,482	3,089	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	41,205	86,241	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	23,306	80,301	0	0	0	41.00
43.00	04300	NURSERY	15,732	3,089	0	48,554	13,829	43.00
44.00	04400	SKILLED NURSING FACILITY	12,114	77,688	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	230,327	0	0	526,005	149,813	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,380	0	0	109,922	31,307	52.00
53.00	05300	ANESTHESIOLOGY	71,939	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,052	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	21,898	0	0	0	0	54.02
54.03	03630	ULTRASOUND	59,622	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	13,739	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	252,519	0	0	0	0	57.00
58.00	05800	MRI	76,481	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	102,723	0	0	0	0	59.00
60.00	06000	LABORATORY	446,567	0	0	0	0	60.00
60.01	03420	PATHOLOGY	23,858	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,362	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	53,207	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	60,696	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	43,441	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	73,961	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,237	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,297	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	272,635	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	19,255	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	19,221	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	24,919	0	0	0	0	90.02
90.03	09002	PAIN MANAGEMENT	6,545	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	402	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	10,926	0	0	0	0	90.07
91.00	09100	EMERGENCY	164,428	2,138	0	819,354	233,362	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						16.00	17.00	
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,809,444	899,233	0	4,423,837	1,259,963	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	0	0	0	0	190.14
190.15	19001	LIFE CENTER	0	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments			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)	2,809,444	899,233	0	4,423,837	1,259,963	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
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Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT PHONES					5.01
5.03	00560	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS					5.05
5.06	00590	ADMINISTRATION & GENERAL					5.06
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	641,783				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	38,734,282	-3,593,097	35,141,185	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,253,090	-158,557	6,094,533	31.00
31.01	02060	SPECIAL CARE NURSERY	0	1,896,507	0	1,896,507	31.01
40.00	04000	SUBPROVIDER - IPF	0	4,417,912	0	4,417,912	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,876,758	0	2,876,758	41.00
43.00	04300	NURSERY	0	3,984,166	-62,383	3,921,783	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,174,279	0	3,174,279	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	15,663,158	-675,818	14,987,340	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,425,926	-141,229	4,284,697	52.00
53.00	05300	ANESTHESIOLOGY	0	543,908	0	543,908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,412,683	0	9,412,683	54.00
54.02	03480	CANCER TREATMENT CENTER	0	1,731,003	0	1,731,003	54.02
54.03	03630	ULTRASOUND	0	2,550,670	0	2,550,670	54.03
54.04	05401	SPECIAL PROCEDURES	0	1,067,349	0	1,067,349	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	54.05
57.00	05700	CT SCAN	0	2,257,343	0	2,257,343	57.00
58.00	05800	MRI	0	1,269,600	0	1,269,600	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,812,718	0	4,812,718	59.00
60.00	06000	LABORATORY	0	12,996,467	0	12,996,467	60.00
60.01	03420	PATHOLOGY	0	1,962,012	0	1,962,012	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	814,597	0	814,597	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,951,277	0	2,951,277	65.00
66.01	06601	REHABILITATION MEDICINE	0	8,166,714	0	8,166,714	66.01
69.00	06900	ELECTROCARDIOLOGY	0	1,663,240	0	1,663,240	69.00
69.02	03140	CARDIOLOGY	0	4,200,158	0	4,200,158	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,493,139	0	22,493,139	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,085,765	0	10,085,765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	641,783	23,235,279	0	23,235,279	73.00
74.00	07400	RENAL DIALYSIS	0	1,083,377	0	1,083,377	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,100,112	0	1,100,112	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	1,822,455	0	1,822,455	90.02
90.03	09002	PAIN MANAGEMENT	0	999,395	0	999,395	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	269,870	0	269,870	90.06
90.07	09003	EVANSTON INFUSION CENTER	0	2,664,090	0	2,664,090	90.07
91.00	09100	EMERGENCY	0	12,516,620	-1,052,716	11,463,904	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
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Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	641,783	214,095,919	-5,683,800	208,412,119		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	44,236	0	44,236		190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0		190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0		190.05
190.07	19007	DENTAL	0	0	0	0		190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0		190.08
190.09	19009	OP PHARMACY	0	2,303,580	0	2,303,580		190.09
190.10	19010	PLAZA	0	305,491	0	305,491		190.10
190.11	19011	G CAFETERIA	0	0	0	0		190.11
190.12	19012	G PHARMACY	0	383,570	0	383,570		190.12
190.13	19013	G SUITE	0	8,574	0	8,574		190.13
190.14	19014	OFFSITE CLINICS	0	4,157,436	0	4,157,436		190.14
190.15	19001	LIFE CENTER	0	9,314,349	0	9,314,349		190.15
191.01	19101	OCC HEALTH	0	4,268	0	4,268		191.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	641,783	230,617,423	-5,683,800	224,933,623		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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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	
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	8,728	26,596	32,382	67,706	4.00
5.01	00540	NON-PATIENT PHONES	73,795	13,818	28,904	116,517	5.01
5.03	00560	PURCHASING	73,493	73,785	7,729	155,007	5.03
5.04	00570	ADMITTING	3,887	44,655	17,928	66,470	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	5,580	32,357	6,170	44,107	5.05
5.06	00590	ADMINISTRATION & GENERAL	77,460	4,837,254	2,527,724	7,442,438	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,058	957,520	1,880,631	2,845,209	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	33,451	6,008	39,459	8.00
9.00	00900	HOUSEKEEPING	246	74,372	3,855	78,473	9.00
10.00	01000	DIETARY	3,710	78,693	16,948	99,351	10.00
11.00	01100	CAFETERIA	1,377	139,073	10,892	151,342	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,129	35,679	198,828	245,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	2,531	45,308	98,311	146,150	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,939	67,876	2,290	75,105	16.00
17.00	01700	SOCIAL SERVICE	16	27,449	0	27,465	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	228	228	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	201	67,596	23,487	91,284	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	6,829	3,753	10,582	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,924	956,066	154,920	1,133,910	30.00
31.00	03100	INTENSIVE CARE UNIT	877	77,479	30,334	108,690	31.00
31.01	02060	SPECIAL CARE NURSERY	156	15,659	8,472	24,287	31.01
40.00	04000	SUBPROVIDER - IPF	1,419	140,007	6,959	148,385	40.00
41.00	04100	SUBPROVIDER - IRF	1,540	70,797	11,798	84,135	41.00
43.00	04300	NURSERY	1,587	6,162	4,293	12,042	43.00
44.00	04400	SKILLED NURSING FACILITY	1,954	155,065	4,960	161,979	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,994	329,470	757,357	1,126,821	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,568	21,194	9,654	34,416	52.00
53.00	05300	ANESTHESIOLOGY	1,188	19,607	75,203	95,998	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,830	201,387	570,566	779,783	54.00
54.02	03480	CANCER TREATMENT CENTER	0	122,481	10,381	132,862	54.02
54.03	03630	ULTRASOUND	581	3,254	126,033	129,868	54.03
54.04	05401	SPECIAL PROCEDURES	2,467	12,644	3,807	18,918	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	54.05
57.00	05700	CT SCAN	673	9,096	14,391	24,160	57.00
58.00	05800	MRI	117	21,394	15,211	36,722	58.00
59.00	05900	CARDIAC CATHETERIZATION	460	24,955	104,127	129,542	59.00
60.00	06000	LABORATORY	4,215	134,125	179,125	317,465	60.00
60.01	03420	PATHOLOGY	808	27,022	24,215	52,045	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	389	6,069	1,126	7,584	63.00
65.00	06500	RESPIRATORY THERAPY	49,541	19,100	39,162	107,803	65.00
66.01	06601	REHABILITATION MEDICINE	4,552	79,333	45,599	129,484	66.01
69.00	06900	ELECTROCARDIOLOGY	4,087	14,391	67,494	85,972	69.00
69.02	03140	CARDIOLOGY	3,316	54,765	133,785	191,866	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,173	136,739	55,042	246,954	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	30	4,508	0	4,538	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,324	72,317	90,021	166,662	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	90.01
90.02	09001	WOUND CARE	1,333	69,917	13,800	85,050	90.02
90.03	09002	PAIN MANAGMENT	2,017	73,158	218	75,393	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	10,564	0	10,564	90.06
90.07	09003	EVANSTON INFUSION CENTER	5,089	26,916	449,882	481,887	90.07
91.00	09100	EMERGENCY	15,976	316,279	52,363	384,618	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
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Part II
Date/Time Prepared:
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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	
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	512,335	9,794,231	7,926,366	18,232,932	65,212	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,190	0	9,190	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	14,512	0	14,512	146	190.09
190.10	19010	PLAZA	0	26,102	0	26,102	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	43,174	0	43,174	205	190.12
190.13	19013	G SUITE	0	0	7,151	7,151	0	190.13
190.14	19014	OFFSITE CLINICS	33	47,683	280,731	328,447	17	190.14
190.15	19001	LIFE CENTER	8,926	540,381	186,552	735,859	2,126	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
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)	521,294	10,475,273	8,400,800	19,397,367	67,706	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
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Cost Center Description			NON-PATIENT PHONES	PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	ADMINISTRATION & GENERAL	
			5.01	5.03	5.04	5.05	5.06	
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
5.01	00540	NON-PATIENT PHONES	116,646					5.01
5.03	00560	PURCHASING	1,132	156,875				5.03
5.04	00570	ADMITTING	2,265	82	70,262			5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	7,739	86	0	52,874		5.05
5.06	00590	ADMINISTRATION & GENERAL	19,066	1,438	0	0	7,472,256	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,096	1,136	0	0	415,621	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	189	1	0	0	34,240	8.00
9.00	00900	HOUSEKEEPING	755	689	0	0	123,321	9.00
10.00	01000	DIETARY	944	2	0	0	87,741	10.00
11.00	01100	CAFETERIA	944	1	0	0	28,578	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,020	181	0	0	69,375	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,699	53	0	0	138,438	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,831	14	0	0	82,549	16.00
17.00	01700	SOCIAL SERVICE	1,887	1	0	0	25,798	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	471	0	0	141,576	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,642	200	0	0	32,807	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	13	0	0	19,963	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,494	889	6,956	5,185	832,039	30.00
31.00	03100	INTENSIVE CARE UNIT	4,530	51	997	743	172,637	31.00
31.01	02060	SPECIAL CARE NURSERY	1,510	0	213	159	56,265	31.01
40.00	04000	SUBPROVIDER - IPF	2,076	40	1,034	771	106,215	40.00
41.00	04100	SUBPROVIDER - IRF	755	20	585	436	64,270	41.00
43.00	04300	NURSERY	1,699	0	395	294	122,880	43.00
44.00	04400	SKILLED NURSING FACILITY	755	27	304	227	64,346	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,474	3,216	5,779	4,308	427,003	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	888	662	130,098	52.00
53.00	05300	ANESTHESIOLOGY	566	48	1,805	1,346	12,952	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,417	305	3,941	2,938	263,723	54.00
54.02	03480	CANCER TREATMENT CENTER	3,209	5	549	410	40,040	54.02
54.03	03630	ULTRASOUND	755	36	1,496	1,115	79,178	54.03
54.04	05401	SPECIAL PROCEDURES	0	394	345	257	32,453	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	451	6,336	4,723	63,708	57.00
58.00	05800	MRI	0	554	1,919	1,431	35,549	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,321	8,296	2,577	1,921	147,971	59.00
60.00	06000	LABORATORY	5,851	11,089	10,974	8,678	388,783	60.00
60.01	03420	PATHOLOGY	377	1,658	599	446	59,411	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	566	837	712	530	24,661	63.00
65.00	06500	RESPIRATORY THERAPY	755	458	1,335	995	90,852	65.00
66.01	06601	REHABILITATION MEDICINE	3,397	147	1,523	1,135	251,387	66.01
69.00	06900	ELECTROCARDIOLOGY	755	315	1,090	813	50,222	69.00
69.02	03140	CARDIOLOGY	1,321	2,198	1,856	1,383	125,095	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	377	79,628	1,737	1,295	713,391	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,531	1,312	978	325,095	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,841	5,099	583,926	73.00
74.00	07400	RENAL DIALYSIS	0	0	483	360	34,061	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,209	54	482	360	25,844	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	55	625	466	48,425	90.02
90.03	09002	PAIN MANAGMENT	0	43	164	122	23,228	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	1	10	8	7,687	90.06
90.07	09003	EVANSTON INFUSION CENTER	0	48	274	204	82,885	90.07
91.00	09100	EMERGENCY	5,474	292	4,126	3,076	316,671	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NON-PATIENT PHONES	PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	ADMINISTRATION & GENERAL	
			5.01	5.03	5.04	5.05	5.06	
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)	109,852	155,054	70,262	52,874	7,002,958	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	377	0	0	0	399	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	189	0	0	0	73,199	190.09
190.10	19010	PLAZA	3,397	0	0	0	7,482	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	2,831	0	0	0	8,291	190.12
190.13	19013	G SUITE	0	0	0	0	278	190.13
190.14	19014	OFFSITE CLINICS	0	819	0	0	130,256	190.14
190.15	19001	LIFE CENTER	0	1,002	0	0	249,255	190.15
191.01	19101	OCC HEALTH	0	0	0	0	138	191.01
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)	116,646	156,875	70,262	52,874	7,472,256	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	3,268,568				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	24,355	98,244			8.00
9.00	00900	HOUSEKEEPING	0	54,149	0	258,739		9.00
10.00	01000	DIETARY	0	57,295	0	3,116	248,576	10.00
11.00	01100	CAFETERIA	0	101,257	0	5,507		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	25,977	0	1,413	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	32,988	0	1,794	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49,419	0	2,688	0	16.00
17.00	01700	SOCIAL SERVICE	0	19,985	0	1,087	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	49,215	0	2,676	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	4,972	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	696,098	57,856	125,055	165,231	30.00
31.00	03100	INTENSIVE CARE UNIT	0	56,411	4,820	10,202	11,827	31.00
31.01	02060	SPECIAL CARE NURSERY	0	11,401	890	2,062	562	31.01
40.00	04000	SUBPROVIDER - IPF	0	101,936	0	18,435	16,949	40.00
41.00	04100	SUBPROVIDER - IRF	0	51,546	0	9,322	30,780	41.00
43.00	04300	NURSERY	0	4,486	1,650	178	1,563	43.00
44.00	04400	SKILLED NURSING FACILITY	0	112,900	0	20,418	21,664	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	239,881	4,799	13,046	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,431	3,711	839	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,275	0	776	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	146,626	2,879	8,224	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	89,176	1,795	4,850	0	54.02
54.03	03630	ULTRASOUND	0	2,369	1,347	129	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	9,206	0	501	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	6,623	235	0	0	57.00
58.00	05800	MRI	0	15,576	2,488	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,169	610	988	0	59.00
60.00	06000	LABORATORY	0	97,654	0	5,311	0	60.00
60.01	03420	PATHOLOGY	0	19,674	0	1,070	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,419	0	240	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,906	0	756	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	57,761	0	3,142	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	10,478	719	570	0	69.00
69.02	03140	CARDIOLOGY	0	39,873	854	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	99,557	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,282	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	52,653	949	2,864	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	50,905	366	2,768	0	90.02
90.03	09002	PAIN MANAGMENT	0	53,265	55	2,897	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	7,691	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	0	19,597	0	0	0	90.07
91.00	09100	EMERGENCY	0	230,277	12,221	5,451	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,772,714	98,244	258,375	248,576	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,691	0	364	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	10,566	0	0	0	190.09
190.10	19010	PLAZA	0	19,004	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	31,435	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	34,717	0	0	0	190.14
190.15	19001	LIFE CENTER	0	393,441	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,268,568	98,244	258,739	248,576	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			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
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
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	287,711					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	5,630	0	352,144			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	5,590	0	0	0	328,130	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,483	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,626	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	11,457	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,681	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,297	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,207	0	136,578	0	11	30.00
31.00	03100	INTENSIVE CARE UNIT	7,868	0	15,757	0	0	31.00
31.01	02060	SPECIAL CARE NURSERY	3,063	0	6,134	0	3	31.01
40.00	04000	SUBPROVIDER - IPF	6,902	0	13,820	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,125	0	8,262	0	0	41.00
43.00	04300	NURSERY	2,923	0	5,854	0	5	43.00
44.00	04400	SKILLED NURSING FACILITY	4,419	0	8,846	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,830	0	42,872	0	12	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,571	0	13,159	0	11	52.00
53.00	05300	ANESTHESIOLOGY	228	0	470	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,649	0	28,130	0	9,684	54.00
54.02	03480	CANCER TREATMENT CENTER	1,232	0	2,540	0	339	54.02
54.03	03630	ULTRASOUND	3,948	0	0	0	112	54.03
54.04	05401	SPECIAL PROCEDURES	1,710	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	2,066	0	0	0	3	57.00
58.00	05800	MRI	1,190	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,716	0	5,597	0	0	59.00
60.00	06000	LABORATORY	17,930	0	0	0	0	60.00
60.01	03420	PATHOLOGY	2,257	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	850	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,681	0	0	0	60	65.00
66.01	06601	REHABILITATION MEDICINE	15,161	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	2,397	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	5,441	0	11,213	0	6	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,275	0	0	0	7	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	316,537	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,137	0	2,397	0	3	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	2,930	0	6,037	0	202	90.02
90.03	09002	PAIN MANAGMENT	1,337	0	0	0	1,101	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	431	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	3,783	0	0	0	15	90.07
91.00	09100	EMERGENCY	21,587	0	44,478	0	19	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	269,608	0	352,144	0	328,130	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	627	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	913	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	228	0	0	0	0	190.14
190.15	19001	LIFE CENTER	16,335	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
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)	287,711	0	352,144	0	328,130	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
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Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS			
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR Y & FRINGES APPRV
			16.00	17.00	19.00	21.00
						22.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NON-PATIENT PHONES				5.01
5.03	00560	PURCHASING				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS				5.05
5.06	00590	ADMINISTRATION & GENERAL				5.06
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	218,988			16.00
17.00	01700	SOCIAL SERVICE	0	78,175		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,627	55,475		30.00
31.00	03100	INTENSIVE CARE UNIT	3,100	744		31.00
31.01	02060	SPECIAL CARE NURSERY	662	269		31.01
40.00	04000	SUBPROVIDER - IPF	3,214	7,497		40.00
41.00	04100	SUBPROVIDER - IRF	1,818	6,981		41.00
43.00	04300	NURSERY	1,227	269		43.00
44.00	04400	SKILLED NURSING FACILITY	945	6,754		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,968	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,760	0		52.00
53.00	05300	ANESTHESIOLOGY	5,612	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,252	0		54.00
54.02	03480	CANCER TREATMENT CENTER	1,708	0		54.02
54.03	03630	ULTRASOUND	4,651	0		54.03
54.04	05401	SPECIAL PROCEDURES	1,072	0		54.04
54.05	05402	OP ONCOLOGY	0	0		54.05
57.00	05700	CT SCAN	19,699	0		57.00
58.00	05800	MRI	5,966	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	8,014	0		59.00
60.00	06000	LABORATORY	34,658	0		60.00
60.01	03420	PATHOLOGY	1,861	0		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,213	0		63.00
65.00	06500	RESPIRATORY THERAPY	4,151	0		65.00
66.01	06601	REHABILITATION MEDICINE	4,735	0		66.01
69.00	06900	ELECTROCARDIOLOGY	3,389	0		69.00
69.02	03140	CARDIOLOGY	5,770	0		69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,401	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,080	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,269	0		73.00
74.00	07400	RENAL DIALYSIS	1,502	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,499	0		75.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPS	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	FAMILY PRACTICE CLINIC	0	0		90.01
90.02	09001	WOUND CARE	1,944	0		90.02
90.03	09002	PAIN MANAGMENT	511	0		90.03
90.05	09004	WOMENS CENTER	0	0		90.05
90.06	09005	DIABETES CENTER	31	0		90.06
90.07	09003	EVANSTON INFUSION CENTER	852	0		90.07
91.00	09100	EMERGENCY	12,827	186		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
93.01	04950	OCCUP HEALTH	0	0		93.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						16.00	17.00	
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0				99.40
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	218,988	78,175	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0				190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0				190.05
190.07	19007	DENTAL	0	0				190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0				190.08
190.09	19009	OP PHARMACY	0	0				190.09
190.10	19010	PLAZA	0	0				190.10
190.11	19011	G CAFETERIA	0	0				190.11
190.12	19012	G PHARMACY	0	0				190.12
190.13	19013	G SUITE	0	0				190.13
190.14	19014	OFFSITE CLINICS	0	0				190.14
190.15	19001	LIFE CENTER	0	0				190.15
191.01	19101	OCC HEALTH	0	0				191.01
200.00		Cross Foot Adjustments			0	155,545	182,521	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	218,988	78,175	0	155,545	182,521	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT PHONES					5.01
5.03	00560	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS					5.05
5.06	00590	ADMINISTRATION & GENERAL					5.06
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	37,090				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		3,324,854	0	3,324,854	30.00
31.00	03100	INTENSIVE CARE UNIT		400,063	0	400,063	31.00
31.01	02060	SPECIAL CARE NURSERY		108,112	0	108,112	31.01
40.00	04000	SUBPROVIDER - IPF		428,576	0	428,576	40.00
41.00	04100	SUBPROVIDER - IRF		263,827	0	263,827	41.00
43.00	04300	NURSERY		156,597	0	156,597	43.00
44.00	04400	SKILLED NURSING FACILITY		404,355	0	404,355	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		1,915,915	0	1,915,915	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		209,722	0	209,722	52.00
53.00	05300	ANESTHESIOLOGY		134,099	0	134,099	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,280,994	0	1,280,994	54.00
54.02	03480	CANCER TREATMENT CENTER		279,117	0	279,117	54.02
54.03	03630	ULTRASOUND		225,910	0	225,910	54.03
54.04	05401	SPECIAL PROCEDURES		65,221	0	65,221	54.04
54.05	05402	OP ONCOLOGY		0	0	0	54.05
57.00	05700	CT SCAN		128,451	0	128,451	57.00
58.00	05800	MRI		101,667	0	101,667	58.00
59.00	05900	CARDIAC CATHETERIZATION		328,338	0	328,338	59.00
60.00	06000	LABORATORY		900,751	0	900,751	60.00
60.01	03420	PATHOLOGY		139,851	0	139,851	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		42,792	0	42,792	63.00
65.00	06500	RESPIRATORY THERAPY		227,803	0	227,803	65.00
66.01	06601	REHABILITATION MEDICINE		471,061	0	471,061	66.01
69.00	06900	ELECTROCARDIOLOGY		157,181	0	157,181	69.00
69.02	03140	CARDIOLOGY		387,902	0	387,902	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,152,005	0	1,152,005	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		370,996	0	370,996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		933,672	0	933,672	73.00
74.00	07400	RENAL DIALYSIS		44,226	0	44,226	74.00
75.00	07500	ASC (NON-DISTINCT PART)		258,302	0	258,302	75.00
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							
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	90.01
90.02	09001	WOUND CARE		200,331	0	200,331	90.02
90.03	09002	PAIN MANAGMENT		158,294	0	158,294	90.03
90.05	09004	WOMENS CENTER		0	0	0	90.05
90.06	09005	DIABETES CENTER		26,521	0	26,521	90.06
90.07	09003	EVANSTON INFUSION CENTER		590,326	0	590,326	90.07
91.00	09100	EMERGENCY		1,045,216	0	1,045,216	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
93.01	04950	OCCUP HEALTH		0	0	0	93.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	16,863,048	0	16,863,048	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,021	0	17,021		190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0		190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0		190.05
190.07	19007	DENTAL	0	0	0		190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0		190.08
190.09	19009	OP PHARMACY	99,239	0	99,239		190.09
190.10	19010	PLAZA	55,985	0	55,985		190.10
190.11	19011	G CAFETERIA	0	0	0		190.11
190.12	19012	G PHARMACY	86,849	0	86,849		190.12
190.13	19013	G SUITE	7,429	0	7,429		190.13
190.14	19014	OFFSITE CLINICS	494,484	0	494,484		190.14
190.15	19001	LIFE CENTER	1,398,018	0	1,398,018		190.15
191.01	19101	OCC HEALTH	138	0	138		191.01
200.00		Cross Foot Adjustments	37,090	0	375,156		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	37,090	19,397,367	0	19,397,367	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT PHONES ((PHONES))	PURCHASING ((SUPPLY EXPENSE))	
			BLDG & FIXT ((SQUARE FEET))	MVBLE EQUIP ((DOLLAR VALUE))				
			1.00	2.00	4.00	5.01	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	785,383					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,249,982				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,994	31,801	105,538,750			4.00
5.01	00540	NON-PATIENT PHONES	1,036	28,385	201,685	618		5.01
5.03	00560	PURCHASING	5,532	7,590	1,146,593	6	30,487,207	5.03
5.04	00570	ADMITTING	3,348	17,606	2,250,099	12	16,007	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	2,426	6,059	1,467,874	41	16,695	5.05
5.06	00590	ADMINISTRATION & GENERAL	362,673	2,482,345	14,507,675	101	279,510	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	71,790	1,846,868	2,346,399	27	220,667	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,508	5,900	0	1	150	8.00
9.00	00900	HOUSEKEEPING	5,576	3,786	2,105,409	4	133,946	9.00
10.00	01000	DIETARY	5,900	16,644	198,054	5	319	10.00
11.00	01100	CAFETERIA	10,427	10,696	127,274	5	295	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,675	195,258	1,420,966	16	35,203	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,397	96,546	2,208,559	9	10,212	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,089	2,249	1,399,548	15	2,670	16.00
17.00	01700	SOCIAL SERVICE	2,058	0	507,764	10	98	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	224	2,823,806	0	91,565	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,068	23,065	1,581,970	14	38,901	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	512	3,686	409,941	0	2,566	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,681	152,139	17,587,591	45	172,679	30.00
31.00	03100	INTENSIVE CARE UNIT	5,809	29,789	2,626,946	24	9,821	31.00
31.01	02060	SPECIAL CARE NURSERY	1,174	8,320	985,085	8	14	31.01
40.00	04000	SUBPROVIDER - IPF	10,497	6,834	2,028,455	11	7,744	40.00
41.00	04100	SUBPROVIDER - IRF	5,308	11,586	1,233,496	4	3,952	41.00
43.00	04300	NURSERY	462	4,216	1,762,902	9	0	43.00
44.00	04400	SKILLED NURSING FACILITY	11,626	4,871	1,201,484	4	5,254	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,702	743,760	6,084,654	29	624,987	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,589	9,481	1,831,055	0	44	52.00
53.00	05300	ANESTHESIOLOGY	1,470	73,853	35,607	3	9,370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,099	560,323	3,805,913	34	59,304	54.00
54.02	03480	CANCER TREATMENT CENTER	9,183	10,195	625,982	17	883	54.02
54.03	03630	ULTRASOUND	244	123,770	1,411,472	4	6,969	54.03
54.04	05401	SPECIAL PROCEDURES	948	3,739	567,970	0	76,646	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	682	14,133	696,732	0	87,583	57.00
58.00	05800	MRI	1,604	14,938	424,318	0	107,726	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,871	102,258	959,153	7	1,612,087	59.00
60.00	06000	LABORATORY	10,056	175,909	3,672,557	31	2,154,802	60.00
60.01	03420	PATHOLOGY	2,026	23,780	705,431	2	322,190	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	455	1,106	281,095	3	162,746	63.00
65.00	06500	RESPIRATORY THERAPY	1,432	38,459	1,637,690	4	89,043	65.00
66.01	06601	REHABILITATION MEDICINE	5,948	44,780	4,967,748	18	28,545	66.01
69.00	06900	ELECTROCARDIOLOGY	1,079	66,282	718,522	4	61,166	69.00
69.02	03140	CARDIOLOGY	4,106	131,383	1,597,914	7	427,222	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,252	54,054	595,956	2	15,475,710	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,681,909	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	338	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,422	88,405	294,238	17	10,519	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	5,242	13,552	869,376	0	10,740	90.02
90.03	09002	PAIN MANAGMENT	5,485	214	276,982	0	8,430	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	792	0	152,410	0	275	90.06
90.07	09003	EVANSTON INFUSION CENTER	2,018	441,805	1,215,751	0	9,388	90.07
91.00	09100	EMERGENCY	23,713	51,423	6,095,666	29	56,822	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT PHONES ((PHONES))	PURCHASING ((SUPPLY EXPENSE))	
			BLDG & FIXT ((SQUARE FEET))	MVBLE EQUIP ((DOLLAR VALUE))				
			1.00	2.00	4.00	5.01	5.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	734,322	7,784,065	101,653,767	582	30,133,284	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	689	0	0	2	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	1,088	0	227,309	1	0	190.09
190.10	19010	PLAZA	1,957	0	0	18	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	3,237	0	319,604	15	95	190.12
190.13	19013	G SUITE	0	7,023	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	3,575	275,691	26,770	0	159,149	190.14
190.15	19001	LIFE CENTER	40,515	183,203	3,311,300	0	194,679	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,475,273	8,400,800	15,099,081	337,123	2,199,530	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.337789	1.018281	0.143067	545.506472	0.072146	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			67,706	116,646	156,875	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000642	188.747573	0.005146	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: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			ADMITTING (GROSS REVENUE)	PATIENT ACCOUNTS & CASHIERS (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	6.00	
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
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING	1,281,486,571					5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	0	1,281,486,571				5.05
5.06	00590	ADMINISTRATION & GENERAL	0	0	-38,267,040	192,350,383		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	10,698,932	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	881,406	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,174,527	0	9.00
10.00	01000	DIETARY	0	0	0	2,258,635	0	10.00
11.00	01100	CAFETERIA	0	0	0	735,662	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,785,847	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	3,563,674	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,124,989	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	664,092	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	3,644,442	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	844,519	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	513,881	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	126,471,843	126,471,843	0	21,417,821	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,130,406	18,130,406	0	4,444,035	0	31.00
31.01	02060	SPECIAL CARE NURSERY	3,869,318	3,869,318	0	1,448,363	0	31.01
40.00	04000	SUBPROVIDER - IPF	18,798,106	18,798,106	0	2,734,193	0	40.00
41.00	04100	SUBPROVIDER - IRF	10,632,376	10,632,376	0	1,654,448	0	41.00
43.00	04300	NURSERY	7,176,858	7,176,858	0	3,163,169	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,526,521	5,526,521	0	1,656,402	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	105,076,065	105,076,065	0	10,991,921	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,140,710	16,140,710	0	3,348,977	0	52.00
53.00	05300	ANESTHESIOLOGY	32,818,701	32,818,701	0	333,420	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,647,791	71,647,791	0	6,788,773	0	54.00
54.02	03480	CANCER TREATMENT CENTER	9,990,054	9,990,054	0	1,030,717	0	54.02
54.03	03630	ULTRASOUND	27,199,892	27,199,892	0	2,038,213	0	54.03
54.04	05401	SPECIAL PROCEDURES	6,267,622	6,267,622	0	835,395	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	115,200,469	115,200,469	0	1,639,970	0	57.00
58.00	05800	MRI	34,890,761	34,890,761	0	915,107	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,862,665	46,862,665	0	3,809,084	0	59.00
60.00	06000	LABORATORY	203,532,826	203,532,826	0	10,008,067	0	60.00
60.01	03420	PATHOLOGY	10,883,982	10,883,982	0	1,529,359	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,938,651	12,938,651	0	634,836	0	63.00
65.00	06500	RESPIRATORY THERAPY	24,273,127	24,273,127	0	2,338,705	0	65.00
66.01	06601	REHABILITATION MEDICINE	27,689,593	27,689,593	0	6,471,205	0	66.01
69.00	06900	ELECTROCARDIOLOGY	19,817,759	19,817,759	0	1,292,820	0	69.00
69.02	03140	CARDIOLOGY	33,741,137	33,741,137	0	3,220,192	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,586,100	31,586,100	0	18,364,124	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,858,068	23,858,068	0	8,368,588	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	124,377,324	124,377,324	0	15,031,434	0	73.00
74.00	07400	RENAL DIALYSIS	8,784,035	8,784,035	0	876,806	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	8,768,604	8,768,604	0	665,269	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	11,368,237	11,368,237	0	1,246,548	0	90.02
90.03	09002	PAIN MANAGEMENT	2,985,990	2,985,990	0	597,925	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	183,547	183,547	0	197,874	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	4,984,584	4,984,584	0	2,133,636	0	90.07
91.00	09100	EMERGENCY	75,012,849	75,012,849	0	8,151,749	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			ADMITTING (GROSS REVENUE)	PATIENT ACCOUNTS & CASHIERS (GROSS REVENUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	6.00	
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,281,486,571	1,281,486,571	-38,267,040	180,269,751	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	10,281	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	0	0	1,884,278	0	190.09
190.10	19010	PLAZA	0	0	0	192,594	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	0	0	213,416	0	190.12
190.13	19013	G SUITE	0	0	0	7,151	0	190.13
190.14	19014	OFFSITE CLINICS	0	0	0	3,353,041	0	190.14
190.15	19001	LIFE CENTER	0	0	0	6,416,316	0	190.15
191.01	19101	OCC HEALTH	0	0	0	3,555	0	191.01
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)	2,992,282	4,123,110		38,267,040	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002335	0.003217		0.198944	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	70,262	52,874		7,472,256	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000055	0.000041		0.038847	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			OPERATION OF PLANT ((SQUARE FEET))	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	CAFETERIA ((FTE'S))	
			7.00	8.00	9.00	10.00	11.00	
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
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	336,584					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,508	1,947,663				8.00
9.00	00900	HOUSEKEEPING	5,576	0	616,393			9.00
10.00	01000	DIETARY	5,900	0	7,423	174,587		10.00
11.00	01100	CAFETERIA	10,427	0	13,119	0	123,522	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,675	0	3,366	0	2,417	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,397	0	4,274	0	2,400	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,089	0	6,403	0	2,354	16.00
17.00	01700	SOCIAL SERVICE	2,058	0	2,589	0	698	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	4,919	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,068	0	6,376	0	1,151	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	512	0	0	0	557	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,681	1,147,023	297,923	116,049	29,283	30.00
31.00	03100	INTENSIVE CARE UNIT	5,809	95,555	24,304	8,307	3,378	31.00
31.01	02060	SPECIAL CARE NURSERY	1,174	17,636	4,912	395	1,315	31.01
40.00	04000	SUBPROVIDER - IPF	10,497	0	43,918	11,904	2,963	40.00
41.00	04100	SUBPROVIDER - IRF	5,308	0	22,208	21,618	1,771	41.00
43.00	04300	NURSERY	462	32,711	423	1,098	1,255	43.00
44.00	04400	SKILLED NURSING FACILITY	11,626	0	48,641	15,216	1,897	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,702	95,144	31,079	0	8,943	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,589	73,568	1,999	0	2,821	52.00
53.00	05300	ANESTHESIOLOGY	1,470	0	1,849	0	98	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,099	57,071	19,592	0	5,860	54.00
54.02	03480	CANCER TREATMENT CENTER	9,183	35,585	11,554	0	529	54.02
54.03	03630	ULTRASOUND	244	26,698	307	0	1,695	54.03
54.04	05401	SPECIAL PROCEDURES	948	0	1,193	0	734	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	682	4,660	0	0	887	57.00
58.00	05800	MRI	1,604	49,321	0	0	511	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,871	12,095	2,354	0	1,166	59.00
60.00	06000	LABORATORY	10,056	0	12,652	0	7,698	60.00
60.01	03420	PATHOLOGY	2,026	0	2,549	0	969	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	455	0	572	0	365	63.00
65.00	06500	RESPIRATORY THERAPY	1,432	0	1,802	0	2,439	65.00
66.01	06601	REHABILITATION MEDICINE	5,948	0	7,484	0	6,509	66.01
69.00	06900	ELECTROCARDIOLOGY	1,079	14,255	1,358	0	1,029	69.00
69.02	03140	CARDIOLOGY	4,106	16,928	0	0	2,336	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,252	0	0	0	1,406	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	338	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,422	18,804	6,822	0	488	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	5,242	7,247	6,595	0	1,258	90.02
90.03	09002	PAIN MANAGMENT	5,485	1,090	6,901	0	574	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	792	0	0	0	185	90.06
90.07	09003	EVANSTON INFUSION CENTER	2,018	0	0	0	1,624	90.07
91.00	09100	EMERGENCY	23,713	242,272	12,985	0	9,268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description		OPERATION OF PLANT ((SQUARE FEET))	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	CAFETERIA ((FTE'S))	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	285,523	1,947,663	615,526	174,587	115,750	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	689	0	867	0	0	190.00
190.02	19002 COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005 BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007 DENTAL	0	0	0	0	0	190.07
190.08	19008 COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009 OP PHARMACY	1,088	0	0	0	269	190.09
190.10	19010 PLAZA	1,957	0	0	0	0	190.10
190.11	19011 G CAFETERIA	0	0	0	0	0	190.11
190.12	19012 G PHARMACY	3,237	0	0	0	392	190.12
190.13	19013 G SUITE	0	0	0	0	0	190.13
190.14	19014 OFFSITE CLINICS	3,575	0	0	0	98	190.14
190.15	19001 LIFE CENTER	40,515	0	0	0	7,013	190.15
191.01	19101 OCC HEALTH	0	0	0	0	0	191.01
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)	12,827,420	1,152,337	4,018,585	2,981,224	1,364,927	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	38.110605	0.591651	6.519518	17.075865	11.050072	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,268,568	98,244	258,739	248,576	287,711	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.711002	0.050442	0.419763	1.423794	2.329229	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: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION ((DIRECT NRSG HRS))	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY ((COSTED REQUIS))	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			12.00	13.00	14.00	15.00	16.00	
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
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
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	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	1,570,439				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	14,866,219		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,281,486,571	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	609,094	0	488	126,471,843	30.00
31.00	03100	INTENSIVE CARE UNIT	0	70,269	0	0	18,130,406	31.00
31.01	02060	SPECIAL CARE NURSERY	0	27,354	0	121	3,869,318	31.01
40.00	04000	SUBPROVIDER - IPF	0	61,632	0	0	18,798,106	40.00
41.00	04100	SUBPROVIDER - IRF	0	36,845	0	0	10,632,376	41.00
43.00	04300	NURSERY	0	26,107	0	225	7,176,858	43.00
44.00	04400	SKILLED NURSING FACILITY	0	39,448	0	0	5,526,521	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	191,196	0	543	105,076,065	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,685	0	507	16,140,710	52.00
53.00	05300	ANESTHESIOLOGY	0	2,094	0	0	32,818,701	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	125,450	0	438,741	71,647,791	54.00
54.02	03480	CANCER TREATMENT CENTER	0	11,328	0	15,364	9,990,054	54.02
54.03	03630	ULTRASOUND	0	0	0	5,067	27,199,892	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0	6,267,622	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	0	0	144	115,200,469	57.00
58.00	05800	MRI	0	0	0	0	34,890,761	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,961	0	0	46,862,665	59.00
60.00	06000	LABORATORY	0	0	0	0	203,532,826	60.00
60.01	03420	PATHOLOGY	0	0	0	0	10,883,982	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	12,938,651	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,740	24,273,127	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	22	27,689,593	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	19,817,759	69.00
69.02	03140	CARDIOLOGY	0	50,004	0	290	33,741,137	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	332	31,586,100	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23,858,068	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,340,891	124,377,324	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	8,784,035	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10,692	0	129	8,768,604	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	26,922	0	9,164	11,368,237	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	49,889	2,985,990	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	0	0	183,547	90.06
90.07	09003	EVANSTON INFUSION CENTER	0	0	0	675	4,984,584	90.07
91.00	09100	EMERGENCY	0	198,358	0	866	75,012,849	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION ((DIRECT NRSG HRS))	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY ((COSTED REQUIS))	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		12.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,570,439	0	14,866,198	1,281,486,571
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	0	0	0	190.14
190.15	19001	LIFE CENTER	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	21	191.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,291,730	0	4,456,492	2,809,444
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.459293	0.000000	0.299773	0.002192
204.00		Cost to be allocated (per Wkst. B, Part II)	0	352,144	0	328,130	218,988
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.224233	0.000000	0.022072	0.000171
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))		
			17.00	19.00	21.00	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
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
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	3,785					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		6,560			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			6,560		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0				100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,686	0	4,147	4,147	0	30.00
31.00	03100	INTENSIVE CARE UNIT	36	0	183	183	0	31.00
31.01	02060	SPECIAL CARE NURSERY	13	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	363	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	338	0	0	0	0	41.00
43.00	04300	NURSERY	13	0	72	72	0	43.00
44.00	04400	SKILLED NURSING FACILITY	327	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	780	780	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	163	163	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0	0	54.02
54.03	03630	ULTRASOUND	0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	03420	PATHOLOGY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	0	0	0	0	0	69.02
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	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	9	0	1,215	1,215	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description			SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))		
			17.00	19.00	21.00	22.00	23.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,785	0	6,560	6,560	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	0	0	0	0	190.14
190.15	19001	LIFE CENTER	0	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
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)	899,233	0	4,423,837	1,259,963	641,783	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	237.578071	0.000000	674.365396	192.067530	6,417.830000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	78,175	0	155,545	182,521	37,090	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	20.653897	0.000000	23.711128	27.823323	370.900000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,141,185		35,141,185	0	35,141,185
31.00	03100	INTENSIVE CARE UNIT	6,094,533		6,094,533	0	6,094,533
31.01	02060	SPECIAL CARE NURSERY	1,896,507		1,896,507	0	1,896,507
40.00	04000	SUBPROVIDER - IPF	4,417,912		4,417,912	0	4,417,912
41.00	04100	SUBPROVIDER - IRF	2,876,758		2,876,758	0	2,876,758
43.00	04300	NURSERY	3,921,783		3,921,783	0	3,921,783
44.00	04400	SKILLED NURSING FACILITY	3,174,279		3,174,279	0	3,174,279
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,987,340		14,987,340	0	14,987,340
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,284,697		4,284,697	0	4,284,697
53.00	05300	ANESTHESIOLOGY	543,908		543,908	0	543,908
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,412,683		9,412,683	0	9,412,683
54.02	03480	CANCER TREATMENT CENTER	1,731,003		1,731,003	0	1,731,003
54.03	03630	ULTRASOUND	2,550,670		2,550,670	0	2,550,670
54.04	05401	SPECIAL PROCEDURES	1,067,349		1,067,349	0	1,067,349
54.05	05402	OP ONCOLOGY	0		0	0	0
57.00	05700	CT SCAN	2,257,343		2,257,343	0	2,257,343
58.00	05800	MRI	1,269,600		1,269,600	0	1,269,600
59.00	05900	CARDIAC CATHETERIZATION	4,812,718		4,812,718	0	4,812,718
60.00	06000	LABORATORY	12,996,467		12,996,467	0	12,996,467
60.01	03420	PATHOLOGY	1,962,012		1,962,012	0	1,962,012
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	814,597		814,597	0	814,597
65.00	06500	RESPIRATORY THERAPY	2,951,277	0	2,951,277	0	2,951,277
66.01	06601	REHABILITATION MEDICINE	8,166,714	0	8,166,714	0	8,166,714
69.00	06900	ELECTROCARDIOLOGY	1,663,240		1,663,240	0	1,663,240
69.02	03140	CARDIOLOGY	4,200,158		4,200,158	0	4,200,158
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,493,139		22,493,139	0	22,493,139
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,085,765		10,085,765	0	10,085,765
73.00	07300	DRUGS CHARGED TO PATIENTS	23,235,279		23,235,279	0	23,235,279
74.00	07400	RENAL DIALYSIS	1,083,377		1,083,377	0	1,083,377
75.00	07500	ASC (NON-DISTINCT PART)	1,100,112		1,100,112	0	1,100,112
76.97	07697	CARDIAC REHABILITATION	0		0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0		0	0	0
90.02	09001	WOUND CARE	1,822,455		1,822,455	0	1,822,455
90.03	09002	PAIN MANAGMENT	999,395		999,395	0	999,395
90.05	09004	WOMENS CENTER	0		0	0	0
90.06	09005	DIABETES CENTER	269,870		269,870	0	269,870
90.07	09003	EVANSTON INFUSION CENTER	2,664,090		2,664,090	0	2,664,090
91.00	09100	EMERGENCY	11,463,904		11,463,904	0	11,463,904
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,323,985		5,323,985	0	5,323,985
93.01	04950	OCCUP HEALTH	0		0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0
200.00		Subtotal (see instructions)	213,736,104	0	213,736,104	0	213,736,104
201.00		Less Observation Beds	5,323,985		5,323,985	0	5,323,985
202.00		Total (see instructions)	208,412,119	0	208,412,119	0	208,412,119

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet C
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			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	108,567,927		108,567,927		30.00
31.00	03100	INTENSIVE CARE UNIT	18,130,406		18,130,406		31.00
31.01	02060	SPECIAL CARE NURSERY	3,869,318		3,869,318		31.01
40.00	04000	SUBPROVIDER - IPF	18,798,106		18,798,106		40.00
41.00	04100	SUBPROVIDER - IRF	10,632,376		10,632,376		41.00
43.00	04300	NURSERY	7,176,858		7,176,858		43.00
44.00	04400	SKILLED NURSING FACILITY	5,526,521		5,526,521		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,478,124	67,597,941	105,076,065	0.142633	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,100,483	40,227	16,140,710	0.265459	52.00
53.00	05300	ANESTHESIOLOGY	17,558,183	15,260,518	32,818,701	0.016573	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,672,823	52,974,968	71,647,791	0.131374	54.00
54.02	03480	CANCER TREATMENT CENTER	366,948	9,623,106	9,990,054	0.173273	54.02
54.03	03630	ULTRASOUND	2,942,478	24,257,414	27,199,892	0.093775	54.03
54.04	05401	SPECIAL PROCEDURES	3,141,074	3,126,548	6,267,622	0.170296	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0.000000	54.05
57.00	05700	CT SCAN	36,717,241	78,483,227	115,200,468	0.019595	57.00
58.00	05800	MRI	8,785,122	26,105,639	34,890,761	0.036388	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,414,369	21,448,297	46,862,666	0.102698	59.00
60.00	06000	LABORATORY	90,935,124	112,597,702	203,532,826	0.063854	60.00
60.01	03420	PATHOLOGY	2,855,461	8,028,521	10,883,982	0.180266	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,957,104	2,981,547	12,938,651	0.062958	63.00
65.00	06500	RESPIRATORY THERAPY	22,507,865	1,765,261	24,273,126	0.121586	65.00
66.01	06601	REHABILITATION MEDICINE	13,518,151	14,171,442	27,689,593	0.294938	66.01
69.00	06900	ELECTROCARDIOLOGY	6,737,913	13,079,846	19,817,759	0.083927	69.00
69.02	03140	CARDIOLOGY	11,078,149	22,662,988	33,741,137	0.124482	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,007,164	12,578,936	31,586,100	0.712121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,968,290	9,889,778	23,858,068	0.422740	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,262,130	71,115,195	124,377,325	0.186813	73.00
74.00	07400	RENAL DIALYSIS	8,075,463	708,572	8,784,035	0.123335	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,608,703	7,159,901	8,768,604	0.125460	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE	588,912	10,779,325	11,368,237	0.160311	90.02
90.03	09002	PAIN MANAGMENT	3,688	2,982,302	2,985,990	0.334695	90.03
90.05	09004	WOMENS CENTER	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER	0	183,547	183,547	1.470305	90.06
90.07	09003	EVANSTON INFUSION CENTER	502,107	4,482,477	4,984,584	0.534466	90.07
91.00	09100	EMERGENCY	20,713,917	54,298,933	75,012,850	0.152826	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,274,667	23,475,508	25,750,175	0.206755	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
200.00		Subtotal (see instructions)	617,473,165	671,859,666	1,289,332,831		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	617,473,165	671,859,666	1,289,332,831		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
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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
31.01	02060	SPECIAL CARE NURSERY				31.01
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.142633			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265459			52.00
53.00	05300	ANESTHESIOLOGY	0.016573			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131374			54.00
54.02	03480	CANCER TREATMENT CENTER	0.173273			54.02
54.03	03630	ULTRASOUND	0.093775			54.03
54.04	05401	SPECIAL PROCEDURES	0.170296			54.04
54.05	05402	OP ONCOLOGY	0.000000			54.05
57.00	05700	CT SCAN	0.019595			57.00
58.00	05800	MRI	0.036388			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102698			59.00
60.00	06000	LABORATORY	0.063854			60.00
60.01	03420	PATHOLOGY	0.180266			60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.062958			63.00
65.00	06500	RESPIRATORY THERAPY	0.121586			65.00
66.01	06601	REHABILITATION MEDICINE	0.294938			66.01
69.00	06900	ELECTROCARDIOLOGY	0.083927			69.00
69.02	03140	CARDIOLOGY	0.124482			69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.712121			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.422740			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186813			73.00
74.00	07400	RENAL DIALYSIS	0.123335			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.125460			75.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	FAMILY PRACTICE CLINIC	0.000000			90.01
90.02	09001	WOUND CARE	0.160311			90.02
90.03	09002	PAIN MANAGMENT	0.334695			90.03
90.05	09004	WOMENS CENTER	0.000000			90.05
90.06	09005	DIABETES CENTER	1.470305			90.06
90.07	09003	EVANSTON INFUSION CENTER	0.534466			90.07
91.00	09100	EMERGENCY	0.152826			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206755			92.00
93.01	04950	OCCUP HEALTH	0.000000			93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
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Part I
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			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,734,282		38,734,282	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	6,253,090		6,253,090	0	0 31.00
31.01	02060	SPECIAL CARE NURSERY	1,896,507		1,896,507	0	0 31.01
40.00	04000	SUBPROVIDER - IPF	4,417,912		4,417,912	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	2,876,758		2,876,758	0	0 41.00
43.00	04300	NURSERY	3,984,166		3,984,166	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	3,174,279		3,174,279	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,663,158		15,663,158	0	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,425,926		4,425,926	0	0 52.00
53.00	05300	ANESTHESIOLOGY	543,908		543,908	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,412,683		9,412,683	0	0 54.00
54.02	03480	CANCER TREATMENT CENTER	1,731,003		1,731,003	0	0 54.02
54.03	03630	ULTRASOUND	2,550,670		2,550,670	0	0 54.03
54.04	05401	SPECIAL PROCEDURES	1,067,349		1,067,349	0	0 54.04
54.05	05402	OP ONCOLOGY	0		0	0	0 54.05
57.00	05700	CT SCAN	2,257,343		2,257,343	0	0 57.00
58.00	05800	MRI	1,269,600		1,269,600	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	4,812,718		4,812,718	0	0 59.00
60.00	06000	LABORATORY	12,996,467		12,996,467	0	0 60.00
60.01	03420	PATHOLOGY	1,962,012		1,962,012	0	0 60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	814,597		814,597	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	2,951,277	0	2,951,277	0	0 65.00
66.01	06601	REHABILITATION MEDICINE	8,166,714	0	8,166,714	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	1,663,240		1,663,240	0	0 69.00
69.02	03140	CARDIOLOGY	4,200,158		4,200,158	0	0 69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,493,139		22,493,139	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,085,765		10,085,765	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,235,279		23,235,279	0	0 73.00
74.00	07400	RENAL DIALYSIS	1,083,377		1,083,377	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,100,112		1,100,112	0	0 75.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0 76.98
76.99	07699	LITHOTRIPSY	0		0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0		0	0	0 90.01
90.02	09001	WOUND CARE	1,822,455		1,822,455	0	0 90.02
90.03	09002	PAIN MANAGMENT	999,395		999,395	0	0 90.03
90.05	09004	WOMENS CENTER	0		0	0	0 90.05
90.06	09005	DIABETES CENTER	269,870		269,870	0	0 90.06
90.07	09003	EVANSTON INFUSION CENTER	2,664,090		2,664,090	0	0 90.07
91.00	09100	EMERGENCY	12,516,620		12,516,620	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,868,325		5,868,325	0	0 92.00
93.01	04950	OCCUP HEALTH	0		0	0	0 93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0 99.40
200.00		Subtotal (see instructions)	219,964,244	0	219,964,244	0	0 200.00
201.00		Less Observation Beds	5,868,325		5,868,325		0 201.00
202.00		Total (see instructions)	214,095,919	0	214,095,919	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 14-0114		Period: From 10/01/2018 To 09/30/2019		Worksheet C Part I Date/Time Prepared: 2/28/2020 8:07 am		
					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	0		0					30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0					31.00	
31.01	02060	SPECIAL CARE NURSERY	0		0					31.01	
40.00	04000	SUBPROVIDER - IPF	0		0					40.00	
41.00	04100	SUBPROVIDER - IRF	0		0					41.00	
43.00	04300	NURSERY	0		0					43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0					44.00	
	ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000			50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000			52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000			53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000			54.00	
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0.000000	0.000000			54.02	
54.03	03630	ULTRASOUND	0	0	0	0.000000	0.000000			54.03	
54.04	05401	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000			54.04	
54.05	05402	OP ONCOLOGY	0	0	0	0.000000	0.000000			54.05	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000			57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000			58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000			59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000			60.00	
60.01	03420	PATHOLOGY	0	0	0	0.000000	0.000000			60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000			62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000			63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000			65.00	
66.01	06601	REHABILITATION MEDICINE	0	0	0	0.000000	0.000000			66.01	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000			69.00	
69.02	03140	CARDIOLOGY	0	0	0	0.000000	0.000000			69.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000			71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000			72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000			73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000			74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000			75.00	
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										
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000			90.01	
90.02	09001	WOUND CARE	0	0	0	0.000000	0.000000			90.02	
90.03	09002	PAIN MANAGMENT	0	0	0	0.000000	0.000000			90.03	
90.05	09004	WOMENS CENTER	0	0	0	0.000000	0.000000			90.05	
90.06	09005	DIABETES CENTER	0	0	0	0.000000	0.000000			90.06	
90.07	09003	EVANSTON INFUSION CENTER	0	0	0	0.000000	0.000000			90.07	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000			91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000			92.00	
93.01	04950	OCCUP HEALTH	0	0	0	0.000000	0.000000			93.01	
	OTHER REIMBURSABLE COST CENTERS										
99.10	09910	CORF	0	0	0					99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0					99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0					99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0					99.40	
200.00		Subtotal (see instructions)	0	0	0					200.00	
201.00		Less Observation Beds								201.00	
202.00		Total (see instructions)	0	0	0					202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 8:07 am

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
31.01	02060	SPECIAL CARE NURSERY				31.01
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.02	03480	CANCER TREATMENT CENTER	0.000000			54.02
54.03	03630	ULTRASOUND	0.000000			54.03
54.04	05401	SPECIAL PROCEDURES	0.000000			54.04
54.05	05402	OP ONCOLOGY	0.000000			54.05
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	03420	PATHOLOGY	0.000000			60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.01	06601	REHABILITATION MEDICINE	0.000000			66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.02	03140	CARDIOLOGY	0.000000			69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	FAMILY PRACTICE CLINIC	0.000000			90.01
90.02	09001	WOUND CARE	0.000000			90.02
90.03	09002	PAIN MANAGMENT	0.000000			90.03
90.05	09004	WOMENS CENTER	0.000000			90.05
90.06	09005	DIABETES CENTER	0.000000			90.06
90.07	09003	EVANSTON INFUSION CENTER	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.01	04950	OCCUP HEALTH	0.000000			93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part I
Date/Time Prepared:
2/28/2020 8:07 am

			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	3,324,854	0	3,324,854	45,590	72.93	30.00
31.00	INTENSIVE CARE UNIT	400,063		400,063	2,769	144.48	31.00
31.01	SPECIAL CARE NURSERY	108,112		108,112	1,223	88.40	31.01
40.00	SUBPROVIDER - IPF	428,576	0	428,576	7,206	59.47	40.00
41.00	SUBPROVIDER - IRF	263,827	0	263,827	3,968	66.49	41.00
43.00	NURSERY	156,597		156,597	4,226	37.06	43.00
44.00	SKILLED NURSING FACILITY	404,355		404,355	5,072	79.72	44.00
200.00	Total (lines 30 through 199)	5,086,384		5,086,384	70,054		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	13,496	984,263				
31.00	INTENSIVE CARE UNIT	880	127,142				
31.01	SPECIAL CARE NURSERY	0	0				
40.00	SUBPROVIDER - IPF	1,757	104,489				
41.00	SUBPROVIDER - IRF	1,926	128,060				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	3,012	240,117				
200.00	Total (lines 30 through 199)	21,071	1,584,071				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part II Date/Time Prepared: 2/28/2020 8:07 am		
				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	1,915,915	105,076,065	0.018234	11,183,442	203,919	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	209,722	16,140,710	0.012993	17,656	229	52.00
53.00	05300	ANESTHESIOLOGY	134,099	32,818,701	0.004086	4,726,926	19,314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,280,994	71,647,791	0.017879	7,622,948	136,291	54.00
54.02	03480	CANCER TREATMENT CENTER	279,117	9,990,054	0.027939	137,569	3,844	54.02
54.03	03630	ULTRASOUND	225,910	27,199,892	0.008306	850,924	7,068	54.03
54.04	05401	SPECIAL PROCEDURES	65,221	6,267,622	0.010406	1,481,305	15,414	54.04
54.05	05402	OP ONCOLOGY	0	0	0.000000	0	0	54.05
57.00	05700	CT SCAN	128,451	115,200,468	0.001115	13,555,621	15,115	57.00
58.00	05800	MRI	101,667	34,890,761	0.002914	3,243,074	9,450	58.00
59.00	05900	CARDIAC CATHETERIZATION	328,338	46,862,666	0.007006	9,332,661	65,385	59.00
60.00	06000	LABORATORY	900,751	203,532,826	0.004426	30,920,758	136,855	60.00
60.01	03420	PATHOLOGY	139,851	10,883,982	0.012849	691,516	8,885	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	42,792	12,938,651	0.003307	3,205,681	10,601	63.00
65.00	06500	RESPIRATORY THERAPY	227,803	24,273,126	0.009385	8,646,224	81,145	65.00
66.01	06601	REHABILITATION MEDICINE	471,061	27,689,593	0.017012	2,554,051	43,450	66.01
69.00	06900	ELECTROCARDIOLOGY	157,181	19,817,759	0.007931	2,432,055	19,289	69.00
69.02	03140	CARDIOLOGY	387,902	33,741,137	0.011496	4,302,819	49,465	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,152,005	31,586,100	0.036472	6,358,174	231,895	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,996	23,858,068	0.015550	4,876,898	75,836	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	933,672	124,377,325	0.007507	18,065,526	135,618	73.00
74.00	07400	RENAL DIALYSIS	44,226	8,784,035	0.005035	3,743,210	18,847	74.00
75.00	07500	ASC (NON-DISTINCT PART)	258,302	8,768,604	0.029458	702,264	20,687	75.00
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							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.01
90.02	09001	WOUND CARE	200,331	11,368,237	0.017622	348,050	6,133	90.02
90.03	09002	PAIN MANAGMENT	158,294	2,985,990	0.053012	3,086	164	90.03
90.05	09004	WOMENS CENTER	0	0	0.000000	0	0	90.05
90.06	09005	DIABETES CENTER	26,521	183,547	0.144492	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	590,326	4,984,584	0.118430	176,139	20,860	90.07
91.00	09100	EMERGENCY	1,045,216	75,012,850	0.013934	7,065,974	98,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	503,724	25,750,175	0.019562	969,516	18,966	92.00
93.01	04950	OCCUP HEALTH	0	0	0.000000	0	0	93.01
200.00		Total (lines 50 through 199)	12,280,388	1,116,631,319		147,214,067	1,453,182	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part III Date/Time Prepared: 2/28/2020 8:07 am	
					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	
31.01	02060	SPECIAL CARE NURSERY	0	0	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
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	45,590	0.00	13,496	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	2,769	0.00	880	31.00		
31.01	02060	SPECIAL CARE NURSERY	0	0	1,223	0.00	0	31.01		
40.00	04000	SUBPROVIDER - IPF	0	0	7,206	0.00	1,757	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,968	0.00	1,926	41.00		
43.00	04300	NURSERY	0	0	4,226	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	5,072	0.00	3,012	44.00		
200.00		Total (lines 30 through 199)	0	0	70,054		21,071	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	
31.01	02060	SPECIAL CARE NURSERY	0						31.01	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0	54.02
54.03	03630	ULTRASOUND	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	54.05
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	03420	PATHOLOGY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	93.01
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description		Title XVIII			Hospital		PPS	
		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	105,076,065	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	16,140,710	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	32,818,701	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	71,647,791	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	9,990,054	0.000000	54.02
54.03	03630	ULTRASOUND	0	0	0	27,199,892	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	6,267,622	0.000000	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN	0	0	0	115,200,468	0.000000	57.00
58.00	05800	MRI	0	0	0	34,890,761	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	46,862,666	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	203,532,826	0.000000	60.00
60.01	03420	PATHOLOGY	0	0	0	10,883,982	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,938,651	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,273,126	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	27,689,593	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	19,817,759	0.000000	69.00
69.02	03140	CARDIOLOGY	0	0	0	33,741,137	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	31,586,100	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,858,068	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	641,783	641,783	124,377,325	0.005160	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8,784,035	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	8,768,604	0.000000	75.00
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								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE	0	0	0	11,368,237	0.000000	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	2,985,990	0.000000	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER	0	0	0	183,547	0.000000	90.06
90.07	09003	EVANSTON INFUSION CENTER	0	0	0	4,984,584	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	75,012,850	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	25,750,175	0.000000	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)	0	641,783	641,783	1,116,631,319		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)				
								9.00	10.00	11.00	12.00
	ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0.000000	11,183,442		0	17,571,604		0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	17,656		0	0		0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	4,726,926		0	2,970,732		0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,622,948		0	13,424,656		0	54.00	
54.02	03480	CANCER TREATMENT CENTER	0.000000	137,569		0	2,512,176		0	54.02	
54.03	03630	ULTRASOUND	0.000000	850,924		0	2,180,740		0	54.03	
54.04	05401	SPECIAL PROCEDURES	0.000000	1,481,305		0	1,150,123		0	54.04	
54.05	05402	OP ONCOLOGY	0.000000	0		0	0		0	54.05	
57.00	05700	CT SCAN	0.000000	13,555,621		0	20,516,853		0	57.00	
58.00	05800	MRI	0.000000	3,243,074		0	6,852,220		0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	9,332,661		0	7,783,756		0	59.00	
60.00	06000	LABORATORY	0.000000	30,920,758		0	11,514,694		0	60.00	
60.01	03420	PATHOLOGY	0.000000	691,516		0	1,348,034		0	60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0		0	0		0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	3,205,681		0	552,912		0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	8,646,224		0	529,254		0	65.00	
66.01	06601	REHABILITATION MEDICINE	0.000000	2,554,051		0	95,543		0	66.01	
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,432,055		0	3,177,775		0	69.00	
69.02	03140	CARDIOLOGY	0.000000	4,302,819		0	7,160,734		0	69.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,358,174		0	3,633,862		0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,876,898		0	3,505,914		0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.005160	18,065,526		93,218	25,112,813		129,582	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	3,743,210		0	697,265		0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	702,264		0	1,462,332		0	75.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0		0	0		0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0		0	0		0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0		0	0		0	76.99	
	OUTPATIENT SERVICE COST CENTERS										
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0		0	0		0	90.01	
90.02	09001	WOUND CARE	0.000000	348,050		0	3,486,468		0	90.02	
90.03	09002	PAIN MANAGMENT	0.000000	3,086		0	1,383,048		0	90.03	
90.05	09004	WOMENS CENTER	0.000000	0		0	0		0	90.05	
90.06	09005	DIABETES CENTER	0.000000	0		0	0		0	90.06	
90.07	09003	EVANSTON INFUSION CENTER	0.000000	176,139		0	1,409,726		0	90.07	
91.00	09100	EMERGENCY	0.000000	7,065,974		0	7,210,288		0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	969,516		0	6,259,915		0	92.00	
93.01	04950	OCCUP HEALTH	0.000000	0		0	0		0	93.01	
200.00		Total (lines 50 through 199)		147,214,067		93,218	153,503,437		129,582	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part V
Date/Time Prepared:
2/28/2020 8:07 am

			Title XVIII		Hospital		PPS	
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.142633	17,571,604	0	0	2,506,291	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265459	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.016573	2,970,732	0	0	49,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131374	13,424,656	0	0	1,763,651	54.00
54.02	03480	CANCER TREATMENT CENTER	0.173273	2,512,176	0	0	435,292	54.02
54.03	03630	ULTRASOUND	0.093775	2,180,740	0	0	204,499	54.03
54.04	05401	SPECIAL PROCEDURES	0.170296	1,150,123	0	0	195,861	54.04
54.05	05402	OP ONCOLOGY	0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN	0.019595	20,516,853	0	0	402,028	57.00
58.00	05800	MRI	0.036388	6,852,220	0	0	249,339	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102698	7,783,756	0	0	799,376	59.00
60.00	06000	LABORATORY	0.063854	11,514,694	0	0	735,259	60.00
60.01	03420	PATHOLOGY	0.180266	1,348,034	0	0	243,005	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.062958	552,912	0	0	34,810	63.00
65.00	06500	RESPIRATORY THERAPY	0.121586	529,254	0	0	64,350	65.00
66.01	06601	REHABILITATION MEDICINE	0.294938	95,543	0	0	28,179	66.01
69.00	06900	ELECTROCARDIOLOGY	0.083927	3,177,775	0	0	266,701	69.00
69.02	03140	CARDIOLOGY	0.124482	7,160,734	0	0	891,382	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.712121	3,633,862	0	0	2,587,749	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.422740	3,505,914	0	0	1,482,090	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186813	25,112,813	516	96,040	4,691,400	73.00
74.00	07400	RENAL DIALYSIS	0.123335	697,265	0	0	85,997	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.125460	1,462,332	0	0	183,464	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE	0.160311	3,486,468	0	0	558,919	90.02
90.03	09002	PAIN MANAGMENT	0.334695	1,383,048	0	0	462,899	90.03
90.05	09004	WOMENS CENTER	0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	1.470305	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	0.534466	1,409,726	0	0	753,451	90.07
91.00	09100	EMERGENCY	0.152826	7,210,288	0	0	1,101,919	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206755	6,259,915	0	0	1,294,269	92.00
93.01	04950	OCCUP HEALTH	0.000000	0	0	0	0	93.01
200.00		Subtotal (see instructions)		153,503,437	516	96,040	22,071,414	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		153,503,437	516	96,040	22,071,414	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0114		Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 2/28/2020 8:07 am
			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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02	03480	CANCER TREATMENT CENTER	0	0		54.02
54.03	03630	ULTRASOUND	0	0		54.03
54.04	05401	SPECIAL PROCEDURES	0	0		54.04
54.05	05402	OP ONCOLOGY	0	0		54.05
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	03420	PATHOLOGY	0	0		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.01	06601	REHABILITATION MEDICINE	0	0		66.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.02	03140	CARDIOLOGY	0	0		69.02
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	96	17,942		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040	FAMILY PRACTICE CLINIC	0	0		90.01
90.02	09001	WOUND CARE	0	0		90.02
90.03	09002	PAIN MANAGMENT	0	0		90.03
90.05	09004	WOMENS CENTER	0	0		90.05
90.06	09005	DIABETES CENTER	0	0		90.06
90.07	09003	EVANSTON INFUSION CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.01	04950	OCCUP HEALTH	0	0		93.01
200.00		Subtotal (see instructions)	96	17,942		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	96	17,942		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-S114

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
2/28/2020 8:07 am

Title XVIII

Subprovider -

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,915,915	105,076,065	0.018234	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	209,722	16,140,710	0.012993	0	0	52.00
53.00	05300 ANESTHESIOLOGY	134,099	32,818,701	0.004086	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,280,994	71,647,791	0.017879	37,436	669	54.00
54.02	03480 CANCER TREATMENT CENTER	279,117	9,990,054	0.027939	0	0	54.02
54.03	03630 ULTRASOUND	225,910	27,199,892	0.008306	7,702	64	54.03
54.04	05401 SPECIAL PROCEDURES	65,221	6,267,622	0.010406	0	0	54.04
54.05	05402 OP ONCOLOGY	0	0	0.000000	0	0	54.05
57.00	05700 CT SCAN	128,451	115,200,468	0.001115	79,035	88	57.00
58.00	05800 MRI	101,667	34,890,761	0.002914	18,446	54	58.00
59.00	05900 CARDIAC CATHETERIZATION	328,338	46,862,666	0.007006	0	0	59.00
60.00	06000 LABORATORY	900,751	203,532,826	0.004426	525,326	2,325	60.00
60.01	03420 PATHOLOGY	139,851	10,883,982	0.012849	0	0	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	42,792	12,938,651	0.003307	2,850	9	63.00
65.00	06500 RESPIRATORY THERAPY	227,803	24,273,126	0.009385	11,071	104	65.00
66.01	06601 REHABILITATION MEDICINE	471,061	27,689,593	0.017012	45,032	766	66.01
69.00	06900 ELECTROCARDIOLOGY	157,181	19,817,759	0.007931	47,879	380	69.00
69.02	03140 CARDIOLOGY	387,902	33,741,137	0.011496	5,865	67	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,152,005	31,586,100	0.036472	3,043	111	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	370,996	23,858,068	0.015550	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	933,672	124,377,325	0.007507	347,865	2,611	73.00
74.00	07400 RENAL DIALYSIS	44,226	8,784,035	0.005035	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	258,302	8,768,604	0.029458	0	0	75.00
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							
90.01	04040 FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.01
90.02	09001 WOUND CARE	200,331	11,368,237	0.017622	0	0	90.02
90.03	09002 PAIN MANAGMENT	158,294	2,985,990	0.053012	0	0	90.03
90.05	09004 WOMENS CENTER	0	0	0.000000	0	0	90.05
90.06	09005 DIABETES CENTER	26,521	183,547	0.144492	0	0	90.06
90.07	09003 EVANSTON INFUSION CENTER	590,326	4,984,584	0.118430	0	0	90.07
91.00	09100 EMERGENCY	1,045,216	75,012,850	0.013934	257,276	3,585	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	25,750,175	0.000000	2,592	0	92.00
93.01	04950 OCCUP HEALTH	0	0	0.000000	0	0	93.01
200.00	Total (lines 50 through 199)	11,776,664	1,116,631,319		1,391,418	10,833	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				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
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0	54.05
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	03420	PATHOLOGY		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY		0	0	0	0	0	69.02
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	641,783	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0	90.01
90.02	09001	WOUND CARE		0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER		0	0	0	0	0	90.07
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
93.01	04950	OCCUP HEALTH		0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		0	0	0	0	641,783	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				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	105,076,065	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	16,140,710	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	32,818,701	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	71,647,791	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	9,990,054	0.000000	54.02
54.03	03630	ULTRASOUND		0	0	0	27,199,892	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	6,267,622	0.000000	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN		0	0	0	115,200,468	0.000000	57.00
58.00	05800	MRI		0	0	0	34,890,761	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	46,862,666	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	203,532,826	0.000000	60.00
60.01	03420	PATHOLOGY		0	0	0	10,883,982	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	12,938,651	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	24,273,126	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	27,689,593	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	19,817,759	0.000000	69.00
69.02	03140	CARDIOLOGY		0	0	0	33,741,137	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	31,586,100	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	23,858,068	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	641,783	641,783	124,377,325	0.005160	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	8,784,035	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	8,768,604	0.000000	75.00
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									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE		0	0	0	11,368,237	0.000000	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	2,985,990	0.000000	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER		0	0	0	183,547	0.000000	90.06
90.07	09003	EVANSTON INFUSION CENTER		0	0	0	4,984,584	0.000000	90.07
91.00	09100	EMERGENCY		0	0	0	75,012,850	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	25,750,175	0.000000	92.00
93.01	04950	OCCUP HEALTH		0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)		0	641,783	641,783	1,116,631,319		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114
Component CCN: 14-S114

Period:
From 10/01/2018
To 09/30/2019

Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 8:07 am

				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
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	37,436	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0.000000	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0.000000	7,702	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0.000000	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN		0.000000	79,035	0	0	0	57.00
58.00	05800	MRI		0.000000	18,446	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	525,326	0	0	0	60.00
60.01	03420	PATHOLOGY		0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	2,850	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	11,071	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0.000000	45,032	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	47,879	0	1,068	0	69.00
69.02	03140	CARDIOLOGY		0.000000	5,865	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	3,043	0	20	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		0.005160	347,865	1,795	254	1	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE		0.000000	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0.000000	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0.000000	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER		0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY		0.000000	257,276	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	2,592	0	0	0	92.00
93.01	04950	OCCUP HEALTH		0.000000	0	0	0	0	93.01
200.00		Total (lines 50 through 199)			1,391,418	1,795	1,342	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/28/2020 8:07 am	
				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	0.142633	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265459	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.016573	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131374	0	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0.173273	0	0	0	0	0	54.02
54.03	03630	ULTRASOUND	0.093775	0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0.170296	0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0.000000	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0.019595	0	0	0	0	0	57.00
58.00	05800	MRI	0.036388	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102698	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.063854	0	0	0	0	0	60.00
60.01	03420	PATHOLOGY	0.180266	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.062958	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.121586	0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0.294938	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.083927	1,068	0	0	0	90	69.00
69.02	03140	CARDIOLOGY	0.124482	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.712121	20	0	0	0	14	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.422740	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186813	254	0	0	0	47	73.00
74.00	07400	RENAL DIALYSIS	0.123335	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.125460	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0.160311	0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0.334695	0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0.000000	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	1.470305	0	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	0.534466	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.152826	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206755	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0.000000	0	0	0	0	0	93.01
200.00		Subtotal (see instructions)		1,342	0	0	0	151	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0		201.00
202.00		Net Charges (line 200 - line 201)		1,342	0	0	0	151	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/28/2020 8:07 am		
			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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.02	03480	CANCER TREATMENT CENTER	0	0					54.02
54.03	03630	ULTRASOUND	0	0					54.03
54.04	05401	SPECIAL PROCEDURES	0	0					54.04
54.05	05402	OP ONCOLOGY	0	0					54.05
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	03420	PATHOLOGY	0	0					60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.01	06601	REHABILITATION MEDICINE	0	0					66.01
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
69.02	03140	CARDIOLOGY	0	0					69.02
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
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC	0	0					90.01
90.02	09001	WOUND CARE	0	0					90.02
90.03	09002	PAIN MANAGMENT	0	0					90.03
90.05	09004	WOMENS CENTER	0	0					90.05
90.06	09005	DIABETES CENTER	0	0					90.06
90.07	09003	EVANSTON INFUSION CENTER	0	0					90.07
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.01	04950	OCCUP HEALTH	0	0					93.01
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-T114

From 10/01/2018

Part II

To 09/30/2019

Date/Time Prepared:

2/28/2020 8:07 am

Title XVIII				Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,915,915	105,076,065	0.018234	2,685	49
52.00	05200 DELIVERY ROOM & LABOR ROOM	209,722	16,140,710	0.012993	0	0
53.00	05300 ANESTHESIOLOGY	134,099	32,818,701	0.004086	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,280,994	71,647,791	0.017879	193,588	3,461
54.02	03480 CANCER TREATMENT CENTER	279,117	9,990,054	0.027939	0	0
54.03	03630 ULTRASOUND	225,910	27,199,892	0.008306	30,971	257
54.04	05401 SPECIAL PROCEDURES	65,221	6,267,622	0.010406	7,653	80
54.05	05402 OP ONCOLOGY	0	0	0.000000	0	0
57.00	05700 CT SCAN	128,451	115,200,468	0.001115	79,655	89
58.00	05800 MRI	101,667	34,890,761	0.002914	25,986	76
59.00	05900 CARDIAC CATHETERIZATION	328,338	46,862,666	0.007006	0	0
60.00	06000 LABORATORY	900,751	203,532,826	0.004426	926,940	4,103
60.01	03420 PATHOLOGY	139,851	10,883,982	0.012849	2,658	34
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	42,792	12,938,651	0.003307	29,180	96
65.00	06500 RESPIRATORY THERAPY	227,803	24,273,126	0.009385	523,214	4,910
66.01	06601 REHABILITATION MEDICINE	471,061	27,689,593	0.017012	2,009,960	34,193
69.00	06900 ELECTROCARDIOLOGY	157,181	19,817,759	0.007931	24,089	191
69.02	03140 CARDIOLOGY	387,902	33,741,137	0.011496	10,112	116
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,152,005	31,586,100	0.036472	228,570	8,336
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	370,996	23,858,068	0.015550	2,042	32
73.00	07300 DRUGS CHARGED TO PATIENTS	933,672	124,377,325	0.007507	1,082,098	8,123
74.00	07400 RENAL DIALYSIS	44,226	8,784,035	0.005035	425,133	2,141
75.00	07500 ASC (NON-DISTINCT PART)	258,302	8,768,604	0.029458	5,411	159
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01	04040 FAMILY PRACTICE CLINIC	0	0	0.000000	0	0
90.02	09001 WOUND CARE	200,331	11,368,237	0.017622	9,908	175
90.03	09002 PAIN MANAGMENT	158,294	2,985,990	0.053012	0	0
90.05	09004 WOMENS CENTER	0	0	0.000000	0	0
90.06	09005 DIABETES CENTER	26,521	183,547	0.144492	0	0
90.07	09003 EVANSTON INFUSION CENTER	590,326	4,984,584	0.118430	2,434	288
91.00	09100 EMERGENCY	1,045,216	75,012,850	0.013934	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	25,750,175	0.000000	0	0
93.01	04950 OCCUP HEALTH	0	0	0.000000	0	0
200.00	Total (lines 50 through 199)	11,776,664	1,116,631,319		5,622,287	66,909

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0	54.05
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	03420	PATHOLOGY		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY		0	0	0	0	0	69.02
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	641,783	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0	90.01
90.02	09001	WOUND CARE		0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER		0	0	0	0	0	90.07
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
93.01	04950	OCCUP HEALTH		0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		0	0	0	0	641,783	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	105,076,065	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	16,140,710	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	32,818,701	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	71,647,791	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	9,990,054	0.000000	54.02
54.03	03630	ULTRASOUND		0	0	0	27,199,892	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	6,267,622	0.000000	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN		0	0	0	115,200,468	0.000000	57.00
58.00	05800	MRI		0	0	0	34,890,761	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	46,862,666	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	203,532,826	0.000000	60.00
60.01	03420	PATHOLOGY		0	0	0	10,883,982	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	12,938,651	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	24,273,126	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	27,689,593	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	19,817,759	0.000000	69.00
69.02	03140	CARDIOLOGY		0	0	0	33,741,137	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	31,586,100	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	23,858,068	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	641,783	641,783	124,377,325	0.005160	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	8,784,035	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	8,768,604	0.000000	75.00
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									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE		0	0	0	11,368,237	0.000000	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	2,985,990	0.000000	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER		0	0	0	183,547	0.000000	90.06
90.07	09003	EVANSTON INFUSION CENTER		0	0	0	4,984,584	0.000000	90.07
91.00	09100	EMERGENCY		0	0	0	75,012,850	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	25,750,175	0.000000	92.00
93.01	04950	OCCUP HEALTH		0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)		0	641,783	641,783	1,116,631,319		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	2,685	0	0	0	50.00
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	193,588	0	28,346	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0.000000	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0.000000	30,971	0	1,513	0	54.03
54.04	05401	SPECIAL PROCEDURES		0.000000	7,653	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN		0.000000	79,655	0	25,392	0	57.00
58.00	05800	MRI		0.000000	25,986	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	926,940	0	102	0	60.00
60.01	03420	PATHOLOGY		0.000000	2,658	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	29,180	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	523,214	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0.000000	2,009,960	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	24,089	0	4,272	0	69.00
69.02	03140	CARDIOLOGY		0.000000	10,112	0	3,458	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	228,570	0	1,041	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	2,042	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.005160	1,082,098	5,584	27,736	143	73.00
74.00	07400	RENAL DIALYSIS		0.000000	425,133	0	11,307	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	5,411	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE		0.000000	9,908	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0.000000	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0.000000	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER		0.000000	2,434	0	0	0	90.07
91.00	09100	EMERGENCY		0.000000	0	0	180	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH		0.000000	0	0	0	0	93.01
200.00		Total (lines 50 through 199)			5,622,287	5,584	103,347	143	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/28/2020 8:07 am		
			Title XVIII		Subprovider - IRF		PPS		
	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00			
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.142633	0	0	0	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265459	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.016573	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131374	28,346	0	0	3,724	54.00	
54.02	03480	CANCER TREATMENT CENTER	0.173273	0	0	0	0	54.02	
54.03	03630	ULTRASOUND	0.093775	1,513	0	0	142	54.03	
54.04	05401	SPECIAL PROCEDURES	0.170296	0	0	0	0	54.04	
54.05	05402	OP ONCOLOGY	0.000000	0	0	0	0	54.05	
57.00	05700	CT SCAN	0.019595	25,392	0	0	498	57.00	
58.00	05800	MRI	0.036388	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.102698	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.063854	102	0	0	7	60.00	
60.01	03420	PATHOLOGY	0.180266	0	0	0	0	60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.062958	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.121586	0	0	0	0	65.00	
66.01	06601	REHABILITATION MEDICINE	0.294938	0	0	0	0	66.01	
69.00	06900	ELECTROCARDIOLOGY	0.083927	4,272	0	0	359	69.00	
69.02	03140	CARDIOLOGY	0.124482	3,458	0	0	430	69.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.712121	1,041	0	0	741	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.422740	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186813	27,736	0	2,003	5,181	73.00	
74.00	07400	RENAL DIALYSIS	0.123335	11,307	0	0	1,395	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.125460	0	0	0	0	75.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01	
90.02	09001	WOUND CARE	0.160311	0	0	0	0	90.02	
90.03	09002	PAIN MANAGMENT	0.334695	0	0	0	0	90.03	
90.05	09004	WOMENS CENTER	0.000000	0	0	0	0	90.05	
90.06	09005	DIABETES CENTER	1.470305	0	0	0	0	90.06	
90.07	09003	EVANSTON INFUSION CENTER	0.534466	0	0	0	0	90.07	
91.00	09100	EMERGENCY	0.152826	180	0	0	28	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206755	0	0	0	0	92.00	
93.01	04950	OCCUP HEALTH	0.000000	0	0	0	0	93.01	
200.00		Subtotal (see instructions)		103,347	0	2,003	12,505	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		103,347	0	2,003	12,505	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/28/2020 8:07 am		
			Title XVIII		Subprovider - IRF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.02	03480	CANCER TREATMENT CENTER	0	0					54.02
54.03	03630	ULTRASOUND	0	0					54.03
54.04	05401	SPECIAL PROCEDURES	0	0					54.04
54.05	05402	OP ONCOLOGY	0	0					54.05
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	03420	PATHOLOGY	0	0					60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.01	06601	REHABILITATION MEDICINE	0	0					66.01
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
69.02	03140	CARDIOLOGY	0	0					69.02
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	374					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC	0	0					90.01
90.02	09001	WOUND CARE	0	0					90.02
90.03	09002	PAIN MANAGMENT	0	0					90.03
90.05	09004	WOMENS CENTER	0	0					90.05
90.06	09005	DIABETES CENTER	0	0					90.06
90.07	09003	EVANSTON INFUSION CENTER	0	0					90.07
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.01	04950	OCCUP HEALTH	0	0					93.01
200.00		Subtotal (see instructions)	0	374					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	374					202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-5573		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0	54.05
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	03420	PATHOLOGY		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY		0	0	0	0	0	69.02
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	641,783	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0	90.01
90.02	09001	WOUND CARE		0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER		0	0	0	0	0	90.07
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
93.01	04950	OCCUP HEALTH		0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		0	0	0	0	641,783	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-5573		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	105,076,065	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	16,140,710	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	32,818,701	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	71,647,791	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	9,990,054	0.000000	54.02
54.03	03630	ULTRASOUND		0	0	0	27,199,892	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	6,267,622	0.000000	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN		0	0	0	115,200,468	0.000000	57.00
58.00	05800	MRI		0	0	0	34,890,761	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	46,862,666	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	203,532,826	0.000000	60.00
60.01	03420	PATHOLOGY		0	0	0	10,883,982	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	12,938,651	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	24,273,126	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	27,689,593	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	19,817,759	0.000000	69.00
69.02	03140	CARDIOLOGY		0	0	0	33,741,137	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	31,586,100	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	23,858,068	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	641,783	641,783	124,377,325	0.005160	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	8,784,035	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	8,768,604	0.000000	75.00
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									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE		0	0	0	11,368,237	0.000000	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	2,985,990	0.000000	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER		0	0	0	183,547	0.000000	90.06
90.07	09003	EVANSTON INFUSION CENTER		0	0	0	4,984,584	0.000000	90.07
91.00	09100	EMERGENCY		0	0	0	75,012,850	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	25,750,175	0.000000	92.00
93.01	04950	OCCUP HEALTH		0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)		0	641,783	641,783	1,116,631,319		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-5573		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	895	0	0	0	50.00
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	95,738	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0.000000	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0.000000	15,613	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0.000000	8,950	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN		0.000000	89,797	0	0	0	57.00
58.00	05800	MRI		0.000000	30,272	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	822,323	0	0	0	60.00
60.01	03420	PATHOLOGY		0.000000	509	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	2,143	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	613,162	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0.000000	2,242,151	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	22,229	0	0	0	69.00
69.02	03140	CARDIOLOGY		0.000000	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	155,337	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		0.005160	1,209,881	6,243	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	1,992	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE		0.000000	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0.000000	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0.000000	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER		0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH		0.000000	0	0	0	0	93.01
200.00		Total (lines 50 through 199)			5,310,992	6,243	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-5573

From 10/01/2018
To 09/30/2019Part V
Date/Time Prepared:
2/28/2020 8:07 am

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.142633	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.265459	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.016573	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131374	0	0	0	0 54.00
54.02	03480 CANCER TREATMENT CENTER	0.173273	0	0	0	0 54.02
54.03	03630 ULTRASOUND	0.093775	0	0	0	0 54.03
54.04	05401 SPECIAL PROCEDURES	0.170296	0	0	0	0 54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	0	0 54.05
57.00	05700 CT SCAN	0.019595	0	0	0	0 57.00
58.00	05800 MRI	0.036388	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.102698	0	0	0	0 59.00
60.00	06000 LABORATORY	0.063854	0	0	0	0 60.00
60.01	03420 PATHOLOGY	0.180266	0	0	0	0 60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.062958	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.121586	0	0	0	0 65.00
66.01	06601 REHABILITATION MEDICINE	0.294938	0	0	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY	0.083927	0	0	0	0 69.00
69.02	03140 CARDIOLOGY	0.124482	0	0	0	0 69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.712121	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.422740	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186813	0	0	3,476	0 73.00
74.00	07400 RENAL DIALYSIS	0.123335	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.125460	0	0	0	0 75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	0	0 90.01
90.02	09001 WOUND CARE	0.160311	0	0	0	0 90.02
90.03	09002 PAIN MANAGMENT	0.334695	0	0	0	0 90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	0	0 90.05
90.06	09005 DIABETES CENTER	1.470305	0	0	0	0 90.06
90.07	09003 EVANSTON INFUSION CENTER	0.534466	0	0	0	0 90.07
91.00	09100 EMERGENCY	0.152826	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.206755	0	0	0	0 92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	0	0 93.01
200.00	Subtotal (see instructions)		0	0	3,476	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		0	0	3,476	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0114 Component CCN: 14-5573		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/28/2020 8:07 am		
			Title XVIII		Skilled Nursing Facility		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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.02	03480	CANCER TREATMENT CENTER	0	0					54.02
54.03	03630	ULTRASOUND	0	0					54.03
54.04	05401	SPECIAL PROCEDURES	0	0					54.04
54.05	05402	OP ONCOLOGY	0	0					54.05
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	03420	PATHOLOGY	0	0					60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.01	06601	REHABILITATION MEDICINE	0	0					66.01
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
69.02	03140	CARDIOLOGY	0	0					69.02
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	649					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC	0	0					90.01
90.02	09001	WOUND CARE	0	0					90.02
90.03	09002	PAIN MANAGMENT	0	0					90.03
90.05	09004	WOMENS CENTER	0	0					90.05
90.06	09005	DIABETES CENTER	0	0					90.06
90.07	09003	EVANSTON INFUSION CENTER	0	0					90.07
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.01	04950	OCCUP HEALTH	0	0					93.01
200.00		Subtotal (see instructions)	0	649					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	649					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part I
Date/Time Prepared:
2/28/2020 8:07 am

			Title XIX		Hospital	Cost		
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	3,324,854	0	3,324,854	45,590	72.93	30.00	
31.00	INTENSIVE CARE UNIT	400,063		400,063	2,769	144.48	31.00	
31.01	SPECIAL CARE NURSERY	108,112		108,112	1,223	88.40	31.01	
40.00	SUBPROVIDER - IPF	428,576	0	428,576	7,206	59.47	40.00	
41.00	SUBPROVIDER - IRF	263,827	0	263,827	3,968	66.49	41.00	
43.00	NURSERY	156,597		156,597	4,226	37.06	43.00	
44.00	SKILLED NURSING FACILITY	404,355		404,355	5,072	79.72	44.00	
200.00	Total (lines 30 through 199)	5,086,384		5,086,384	70,054		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	4,868	355,023					30.00
31.00	INTENSIVE CARE UNIT	157	22,683					31.00
31.01	SPECIAL CARE NURSERY	216	19,094					31.01
40.00	SUBPROVIDER - IPF	536	31,876					40.00
41.00	SUBPROVIDER - IRF	215	14,295					41.00
43.00	NURSERY	1,259	46,659					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	7,251	489,630					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part II
Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description		Title XIX		Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,915,915	0	0.000000	0	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	209,722	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	134,099	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,280,994	0	0.000000	0	0 54.00
54.02	03480	CANCER TREATMENT CENTER	279,117	0	0.000000	0	0 54.02
54.03	03630	ULTRASOUND	225,910	0	0.000000	0	0 54.03
54.04	05401	SPECIAL PROCEDURES	65,221	0	0.000000	0	0 54.04
54.05	05402	OP ONCOLOGY	0	0	0.000000	0	0 54.05
57.00	05700	CT SCAN	128,451	0	0.000000	0	0 57.00
58.00	05800	MRI	101,667	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	328,338	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	900,751	0	0.000000	0	0 60.00
60.01	03420	PATHOLOGY	139,851	0	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	42,792	0	0.000000	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	227,803	0	0.000000	0	0 65.00
66.01	06601	REHABILITATION MEDICINE	471,061	0	0.000000	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	157,181	0	0.000000	0	0 69.00
69.02	03140	CARDIOLOGY	387,902	0	0.000000	0	0 69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,152,005	0	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	370,996	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	933,672	0	0.000000	0	0 73.00
74.00	07400	RENAL DIALYSIS	44,226	0	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	258,302	0	0.000000	0	0 75.00
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							
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0 90.01
90.02	09001	WOUND CARE	200,331	0	0.000000	0	0 90.02
90.03	09002	PAIN MANAGMENT	158,294	0	0.000000	0	0 90.03
90.05	09004	WOMENS CENTER	0	0	0.000000	0	0 90.05
90.06	09005	DIABETES CENTER	26,521	0	0.000000	0	0 90.06
90.07	09003	EVANSTON INFUSION CENTER	590,326	0	0.000000	0	0 90.07
91.00	09100	EMERGENCY	1,045,216	0	0.000000	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	503,725	0	0.000000	0	0 92.00
93.01	04950	OCCUP HEALTH	0	0	0.000000	0	0 93.01
200.00		Total (lines 50 through 199)	12,280,389	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part III Date/Time Prepared: 2/28/2020 8:07 am	
					Title XIX		Hospital		Cost	
Cost Center Description			Nursing School	Nursing School	Allied Health	Allied Health	All Other Medical Education Cost			
			Post-Stepdown Adjustments		Post-Stepdown Adjustments	Cost				
			1A	1.00	2A	2.00				
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	
31.01	02060	SPECIAL CARE NURSERY	0	0	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
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	45,590	0.00	4,868	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	2,769	0.00	157	31.00		
31.01	02060	SPECIAL CARE NURSERY	0	0	1,223	0.00	216	31.01		
40.00	04000	SUBPROVIDER - IPF	0	0	7,206	0.00	536	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,968	0.00	215	41.00		
43.00	04300	NURSERY	0	0	4,226	0.00	1,259	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	5,072	0.00	0	44.00		
200.00		Total (lines 30 through 199)	0	0	70,054		7,251	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
31.01	02060	SPECIAL CARE NURSERY	0							31.01
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XIX		Hospital		Cost	
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
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0	54.05
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	03420	PATHOLOGY		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY		0	0	0	0	0	69.02
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	641,783	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0	90.01
90.02	09001	WOUND CARE		0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER		0	0	0	0	0	90.07
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
93.01	04950	OCCUP HEALTH		0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		0	0	0	0	641,783	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description		Title XIX			Hospital		Cost	
		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	0.000000	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	54.00	
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0.000000	54.02	
54.03	03630	ULTRASOUND	0	0	0	0.000000	54.03	
54.04	05401	SPECIAL PROCEDURES	0	0	0	0.000000	54.04	
54.05	05402	OP ONCOLOGY	0	0	0	0.000000	54.05	
57.00	05700	CT SCAN	0	0	0	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	60.00	
60.01	03420	PATHOLOGY	0	0	0	0.000000	60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	65.00	
66.01	06601	REHABILITATION MEDICINE	0	0	0	0.000000	66.01	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00	
69.02	03140	CARDIOLOGY	0	0	0	0.000000	69.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	641,783	641,783	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0.000000	90.01	
90.02	09001	WOUND CARE	0	0	0	0.000000	90.02	
90.03	09002	PAIN MANAGMENT	0	0	0	0.000000	90.03	
90.05	09004	WOMENS CENTER	0	0	0	0.000000	90.05	
90.06	09005	DIABETES CENTER	0	0	0	0.000000	90.06	
90.07	09003	EVANSTON INFUSION CENTER	0	0	0	0.000000	90.07	
91.00	09100	EMERGENCY	0	0	0	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00	
93.01	04950	OCCUP HEALTH	0	0	0	0.000000	93.01	
200.00		Total (lines 50 through 199)	0	641,783	641,783	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0.000000	0	0	0	0	54.02
54.03	03630	ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	03420	PATHOLOGY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0.000000	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	0.000000	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE	0.000000	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0.000000	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0.000000	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0.000000	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XIX		Subprovider - IPF		Cost	
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
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0	54.05
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	03420	PATHOLOGY		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY		0	0	0	0	0	69.02
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	641,783	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0	90.01
90.02	09001	WOUND CARE		0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER		0	0	0	0	0	90.07
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
93.01	04950	OCCUP HEALTH		0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		0	0	0	0	641,783	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	0	0.000000	54.02
54.03	03630	ULTRASOUND		0	0	0	0	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	0	0.000000	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
60.01	03420	PATHOLOGY		0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	0	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.02	03140	CARDIOLOGY		0	0	0	0	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	641,783	641,783	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
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									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE		0	0	0	0	0.000000	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	0	0.000000	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER		0	0	0	0	0.000000	90.06
90.07	09003	EVANSTON INFUSION CENTER		0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
93.01	04950	OCCUP HEALTH		0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)		0	641,783	641,783	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XIX		Subprovider - IPF		Cost	
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
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0.000000	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0.000000	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0.000000	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
60.01	03420	PATHOLOGY		0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0.000000	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.02	03140	CARDIOLOGY		0.000000	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE		0.000000	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0.000000	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0.000000	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER		0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH		0.000000	0	0	0	0	93.01
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XIX		Subprovider - IRF		Cost	
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
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0	54.05
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	03420	PATHOLOGY		0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY		0	0	0	0	0	69.02
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	641,783	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0	90.01
90.02	09001	WOUND CARE		0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER		0	0	0	0	0	90.07
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
93.01	04950	OCCUP HEALTH		0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		0	0	0	0	641,783	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	0	0.000000	54.02
54.03	03630	ULTRASOUND		0	0	0	0	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	0	0.000000	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
60.01	03420	PATHOLOGY		0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	0	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.02	03140	CARDIOLOGY		0	0	0	0	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	641,783	641,783	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
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									
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE		0	0	0	0	0.000000	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	0	0.000000	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER		0	0	0	0	0.000000	90.06
90.07	09003	EVANSTON INFUSION CENTER		0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
93.01	04950	OCCUP HEALTH		0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)		0	641,783	641,783	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:07 am	
				Title XIX		Subprovider - IRF		Cost	
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
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0.000000	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0.000000	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0.000000	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
60.01	03420	PATHOLOGY		0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0.000000	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.02	03140	CARDIOLOGY		0.000000	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	04040	FAMILY PRACTICE CLINIC		0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE		0.000000	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0.000000	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0.000000	0	0	0	0	90.06
90.07	09003	EVANSTON INFUSION CENTER		0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH		0.000000	0	0	0	0	93.01
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am
		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)		45,590	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,590	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)		38,683	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)		13,496	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		35,141,185	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		35,141,185	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,141,185	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)		770.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,402,852	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)		10,402,852	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
2/28/2020 8:07 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,094,533	2,769	2,200.99	880	1,936,871
43.01	SPECIAL CARE NURSERY	1,896,507	1,223	1,550.70	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)					21,168,145
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,507,868
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,111,405
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,546,400
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,657,805
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,850,063
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)					6,907
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					770.81
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,323,985

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
2/28/2020 8:07 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,324,854	35,141,185	0.094614	5,323,985	503,724	90.00
91.00 Nursing School cost	0	35,141,185	0.000000	5,323,985	0	91.00
92.00 Allied health cost	0	35,141,185	0.000000	5,323,985	0	92.00
93.00 All other Medical Education	0	35,141,185	0.000000	5,323,985	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am
		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)		7,206	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,206	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)		7,206	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)		1,757	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,417,912	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,417,912	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,417,912	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)		613.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,077,199	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)		1,077,199	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am
			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
43.01 SPECIAL CARE NURSERY	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)					167,966
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,245,165
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					104,489
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,628
52.00 Total Program excludable cost (sum of lines 50 and 51)					117,117
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,128,048
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					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: 14-0114 Component CCN: 14-S114		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am	
				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	428,576	4,417,912	0.097009	0	0	90.00		
91.00	Nursing School cost	0	4,417,912	0.000000	0	0	91.00		
92.00	Allied health cost	0	4,417,912	0.000000	0	0	92.00		
93.00	All other Medical Education	0	4,417,912	0.000000	0	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,968	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,968	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,968	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)		1,926	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,876,758	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,876,758	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,876,758	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)		724.99	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,396,331	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)		1,396,331	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	SPECIAL CARE NURSERY	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,175,528	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,571,859	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)					128,060	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					72,493	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					200,553	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,371,306	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	263,827	2,876,758	0.091710	0	0	90.00
91.00	Nursing School cost	0	2,876,758	0.000000	0	0	91.00
92.00	Allied health cost	0	2,876,758	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,876,758	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-5573	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,072	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,072	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,072	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)		3,012	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,174,279	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,174,279	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,174,279	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-5573		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	SPECIAL CARE NURSERY						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					3,174,279	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					625.84	71.00
72.00	Program routine service cost (line 9 x line 71)					1,885,030	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					1,885,030	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					1,885,030	83.00
84.00	Program inpatient ancillary services (see instructions)					1,145,895	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					3,030,925	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:

Worksheet D-1

Component CCN: 14-5573

From 10/01/2018
To 09/30/2019Date/Time Prepared:
2/28/2020 8:07 am

Title XVIII

Skilled Nursing
Facility

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
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Title XIX		Hospital	Cost
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,590	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,590	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)	38,683	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)	4,868	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)	4,226	15.00
16.00	Nursery days (title V or XIX only)	1,259	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)	38,734,282	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)	38,734,282	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)	38,734,282	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)	849.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,135,950	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	4,135,950	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
2/28/2020 8:07 am

		Title XIX		Hospital		Cost		
	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	3,984,166	4,226	942.77	1,259	1,186,947	42.00	
	Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,253,090	2,769	2,258.25	157	354,545	43.00	
43.01	SPECIAL CARE NURSERY	1,896,507	1,223	1,550.70	216	334,951	43.01	
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)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						6,012,393	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)						6,907	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						849.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						5,868,325	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description		Title XIX		Hospital		Cost	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,324,854	38,734,282	0.085838	5,868,325	503,725	90.00
91.00	Nursing School cost	0	38,734,282	0.000000	5,868,325	0	91.00
92.00	Allied health cost	0	38,734,282	0.000000	5,868,325	0	92.00
93.00	All other Medical Education	0	38,734,282	0.000000	5,868,325	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,206 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,206 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)			7,206 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)			536 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)			4,226 15.00
16.00	Nursery days (title V or XIX only)			1,259 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,417,912 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,417,912 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,417,912 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)			613.09 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			328,616 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)			328,616 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am
			Title XIX	Subprovider - IPF	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01 SPECIAL CARE NURSERY	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)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					328,616
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					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: 14-0114 Component CCN: 14-S114		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
				1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	428,576	4,417,912	0.097009	0	0	90.00		
91.00	Nursing School cost	0	4,417,912	0.000000	0	0	91.00		
92.00	Allied health cost	0	4,417,912	0.000000	0	0	92.00		
93.00	All other Medical Education	0	4,417,912	0.000000	0	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,968 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,968 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,968 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)			215 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)			4,226 15.00
16.00	Nursery days (title V or XIX only)			1,259 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,876,758 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,876,758 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,876,758 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)			724.99 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			155,873 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)			155,873 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am
			Title XIX	Subprovider - IRF	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01 SPECIAL CARE NURSERY	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)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					155,873
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					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: 14-0114 Component CCN: 14-T114		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/28/2020 8:07 am	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
				1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	263,827	2,876,758	0.091710	0	0	90.00		
91.00	Nursing School cost	0	2,876,758	0.000000	0	0	91.00		
92.00	Allied health cost	0	2,876,758	0.000000	0	0	92.00		
93.00	All other Medical Education	0	2,876,758	0.000000	0	0	93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/28/2020 8:07 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		39,034,166	30.00
31.00	03100	INTENSIVE CARE UNIT		4,308,881	31.00
31.01	02060	SPECIAL CARE NURSERY		0	31.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,081	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.142633	11,183,442	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.265459	17,656	52.00
53.00	05300	ANESTHESIOLOGY	0.016573	4,726,926	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131374	7,622,948	54.00
54.02	03480	CANCER TREATMENT CENTER	0.173273	137,569	54.02
54.03	03630	ULTRASOUND	0.093775	850,924	54.03
54.04	05401	SPECIAL PROCEDURES	0.170296	1,481,305	54.04
54.05	05402	OP ONCOLOGY	0.000000	0	54.05
57.00	05700	CT SCAN	0.019595	13,555,621	57.00
58.00	05800	MRI	0.036388	3,243,074	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102698	9,332,661	59.00
60.00	06000	LABORATORY	0.063854	30,920,758	60.00
60.01	03420	PATHOLOGY	0.180266	691,516	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.062958	3,205,681	63.00
65.00	06500	RESPIRATORY THERAPY	0.121586	8,646,224	65.00
66.01	06601	REHABILITATION MEDICINE	0.294938	2,554,051	66.01
69.00	06900	ELECTROCARDIOLOGY	0.083927	2,432,055	69.00
69.02	03140	CARDIOLOGY	0.124482	4,302,819	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.712121	6,358,174	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.422740	4,876,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186813	18,065,526	73.00
74.00	07400	RENAL DIALYSIS	0.123335	3,743,210	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.125460	702,264	75.00
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					
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	90.01
90.02	09001	WOUND CARE	0.160311	348,050	90.02
90.03	09002	PAIN MANAGEMENT	0.334695	3,086	90.03
90.05	09004	WOMENS CENTER	0.000000	0	90.05
90.06	09005	DIABETES CENTER	1.470305	0	90.06
90.07	09003	EVANSTON INFUSION CENTER	0.534466	176,139	90.07
91.00	09100	EMERGENCY	0.152826	7,065,974	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.206755	969,516	92.00
93.01	04950	OCCUP HEALTH	0.000000	0	93.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		147,214,067	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)		147,214,067	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/28/2020 8:07 am	
		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
31.01	02060 SPECIAL CARE NURSERY		0		31.01
40.00	04000 SUBPROVIDER - IPF		4,591,036		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.142633	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.265459	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.016573	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131374	37,436	4,918	54.00
54.02	03480 CANCER TREATMENT CENTER	0.173273	0	0	54.02
54.03	03630 ULTRASOUND	0.093775	7,702	722	54.03
54.04	05401 SPECIAL PROCEDURES	0.170296	0	0	54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	54.05
57.00	05700 CT SCAN	0.019595	79,035	1,549	57.00
58.00	05800 MRI	0.036388	18,446	671	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.102698	0	0	59.00
60.00	06000 LABORATORY	0.063854	525,326	33,544	60.00
60.01	03420 PATHOLOGY	0.180266	0	0	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.062958	2,850	179	63.00
65.00	06500 RESPIRATORY THERAPY	0.121586	11,071	1,346	65.00
66.01	06601 REHABILITATION MEDICINE	0.294938	45,032	13,282	66.01
69.00	06900 ELECTROCARDIOLOGY	0.083927	47,879	4,018	69.00
69.02	03140 CARDIOLOGY	0.124482	5,865	730	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.712121	3,043	2,167	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.422740	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186813	347,865	64,986	73.00
74.00	07400 RENAL DIALYSIS	0.123335	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.125460	0	0	75.00
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					
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	90.01
90.02	09001 WOUND CARE	0.160311	0	0	90.02
90.03	09002 PAIN MANAGMENT	0.334695	0	0	90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	90.05
90.06	09005 DIABETES CENTER	1.470305	0	0	90.06
90.07	09003 EVANSTON INFUSION CENTER	0.534466	0	0	90.07
91.00	09100 EMERGENCY	0.152826	257,276	39,318	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.206755	2,592	536	92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	93.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,391,418	167,966	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,391,418		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/28/2020 8:07 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 SPECIAL CARE NURSERY		0		31.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		5,150,666		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.142633	2,685	383	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.265459	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.016573	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131374	193,588	25,432	54.00
54.02	03480 CANCER TREATMENT CENTER	0.173273	0	0	54.02
54.03	03630 ULTRASOUND	0.093775	30,971	2,904	54.03
54.04	05401 SPECIAL PROCEDURES	0.170296	7,653	1,303	54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	54.05
57.00	05700 CT SCAN	0.019595	79,655	1,561	57.00
58.00	05800 MRI	0.036388	25,986	946	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.102698	0	0	59.00
60.00	06000 LABORATORY	0.063854	926,940	59,189	60.00
60.01	03420 PATHOLOGY	0.180266	2,658	479	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.062958	29,180	1,837	63.00
65.00	06500 RESPIRATORY THERAPY	0.121586	523,214	63,615	65.00
66.01	06601 REHABILITATION MEDICINE	0.294938	2,009,960	592,814	66.01
69.00	06900 ELECTROCARDIOLOGY	0.083927	24,089	2,022	69.00
69.02	03140 CARDIOLOGY	0.124482	10,112	1,259	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.712121	228,570	162,769	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.422740	2,042	863	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186813	1,082,098	202,150	73.00
74.00	07400 RENAL DIALYSIS	0.123335	425,133	52,434	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.125460	5,411	679	75.00
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					
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	90.01
90.02	09001 WOUND CARE	0.160311	9,908	1,588	90.02
90.03	09002 PAIN MANAGMENT	0.334695	0	0	90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	90.05
90.06	09005 DIABETES CENTER	1.470305	0	0	90.06
90.07	09003 EVANSTON INFUSION CENTER	0.534466	2,434	1,301	90.07
91.00	09100 EMERGENCY	0.152826	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.206755	0	0	92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	93.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,622,287	1,175,528	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		5,622,287		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0114 Component CCN: 14-5573	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/28/2020 8:07 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 SPECIAL CARE NURSERY		0		31.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.142633	895	128	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.265459	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.016573	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131374	95,738	12,577	54.00
54.02	03480 CANCER TREATMENT CENTER	0.173273	0	0	54.02
54.03	03630 ULTRASOUND	0.093775	15,613	1,464	54.03
54.04	05401 SPECIAL PROCEDURES	0.170296	8,950	1,524	54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	54.05
57.00	05700 CT SCAN	0.019595	89,797	1,760	57.00
58.00	05800 MRI	0.036388	30,272	1,102	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.102698	0	0	59.00
60.00	06000 LABORATORY	0.063854	822,323	52,509	60.00
60.01	03420 PATHOLOGY	0.180266	509	92	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.062958	2,143	135	63.00
65.00	06500 RESPIRATORY THERAPY	0.121586	613,162	74,552	65.00
66.01	06601 REHABILITATION MEDICINE	0.294938	2,242,151	661,296	66.01
69.00	06900 ELECTROCARDIOLOGY	0.083927	22,229	1,866	69.00
69.02	03140 CARDIOLOGY	0.124482	0	0	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.712121	155,337	110,619	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.422740	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186813	1,209,881	226,021	73.00
74.00	07400 RENAL DIALYSIS	0.123335	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.125460	1,992	250	75.00
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					
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	90.01
90.02	09001 WOUND CARE	0.160311	0	0	90.02
90.03	09002 PAIN MANAGMENT	0.334695	0	0	90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	90.05
90.06	09005 DIABETES CENTER	1.470305	0	0	90.06
90.07	09003 EVANSTON INFUSION CENTER	0.534466	0	0	90.07
91.00	09100 EMERGENCY	0.152826	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.206755	0	0	92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	93.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,310,992	1,145,895	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		5,310,992		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 8:07 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			29,375,498 1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0 1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0 1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount			0 2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0 2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0 2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			549,787 2.04
3.00	Managed Care Simulated Payments			12,585,929 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			197.07 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)			25.22 5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00 7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00 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)			13.44 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)			38.66 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			57.80 10.00
11.00	FTE count for residents in dental and podiatric programs.			7.80 11.00
12.00	Current year allowable FTE (see instructions)			46.46 12.00
13.00	Total allowable FTE count for the prior year.			46.66 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.			45.04 14.00
15.00	Sum of lines 12 through 14 divided by 3.			46.05 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			46.05 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.233673 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.233955 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.233673 21.00
22.00	IME payment adjustment (see instructions)			3,520,360 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			1,508,298 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)			19.14 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)			3,520,360 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1,508,298 29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			10.38 30.00
31.00	Percentage of Medicaid patient days (see instructions)			32.30 31.00
32.00	Sum of lines 30 and 31			42.68 32.00
33.00	Allowable disproportionate share percentage (see instructions)			24.43 33.00
34.00	Disproportionate share adjustment (see instructions)			1,794,109 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 8:07 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	3,051,873	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	3,051,873	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,051,873		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)	38,291,627			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)			39,799,925	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,925,275	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).			2,041,874	52.00
53.00	Nursing and Allied Health Managed Care payment			118,613	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)			93,218	58.00
59.00	Total (sum of amounts on lines 49 through 58)			44,978,905	59.00
60.00	Primary payer payments			36,377	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			44,942,528	61.00
62.00	Deductibles billed to program beneficiaries			2,984,800	62.00
63.00	Coinsurance billed to program beneficiaries			104,453	63.00
64.00	Allowable bad debts (see instructions)			1,168,533	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			759,546	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			816,961	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			42,612,821	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)				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)			-43,725	70.93
70.94	HRR adjustment amount (see instructions)			-493,508	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 8:07 am
		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)		421,880	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		41,653,708	71.00
71.01	Sequestration adjustment (see instructions)		833,074	71.01
71.02	Demonstration payment adjustment amount after sequestration		-300	71.02
72.00	Interim payments		40,693,714	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)		127,220	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,000,258	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)			0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2020 8:07 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	29,375,498	0	0	29,375,498	29,375,498
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	549,787	0	0	549,787	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	12,585,929	0	0	12,585,929	12,585,929
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.233673	0.233673	0.233673	0.233673	
6.00	IME payment adjustment (see instructions)	22.00	3,520,360	0	0	3,520,360	3,520,360
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,508,298	0	0	1,508,298	1,508,298
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	3,520,360	0	0	3,520,360	3,520,360
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,508,298	0	0	1,508,298	1,508,298
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2443	0.2443	0.2443	0.2443	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,794,109	0	0	1,794,109	1,794,109
11.01	Uncompensated care payments	36.00	3,051,873	0	0	3,051,873	3,051,873
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	38,291,627	0	0	38,291,627	38,291,627
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	39,799,925	0	0	39,799,925	39,799,925
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,925,275	0	0	2,925,275	2,925,275

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2020 8:07 am

				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	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	42,725,200	42,725,200	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,389,829	0	0	2,389,829	2,389,829	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	43,619	0	0	43,619	43,619	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1156	0.1156	0.1156	0.1156		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	276,264	0	0	276,264	276,264	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0902	0.0902	0.0902	0.0902		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	215,563	0	0	215,563	215,563	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,925,275	0	0	2,925,275	2,925,275	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2020 8:07 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	29,375,498		29,375,498	29,375,498	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	549,787		549,787	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	12,585,929	0	12,585,929	12,585,929	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.233673	0.233673	0.233673		5.00
6.00	IME payment adjustment (see instructions)	22.00	3,520,360	0	3,520,360	3,520,360	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,508,298	0	1,508,298	1,508,298	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	3,520,360	0	3,520,360	3,520,360	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,508,298	0	1,508,298	1,508,298	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2443	0.2443	0.2443		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,794,109	0	1,794,109	1,794,109	11.00
11.01	Uncompensated care payments	36.00	3,051,873	0	3,051,873	3,051,873	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	38,291,627	0	38,291,627	38,291,627	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	39,799,925	0	39,799,925	39,799,925	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,925,275	0	2,925,275	2,925,275	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			0	42,725,200	42,725,200	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2020 8:07 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,389,829	0	2,389,829	2,389,829	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	43,619	0	43,619	43,619	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	0.1156	0.1156	0.1156		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	276,264	0	276,264	276,264	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0902	0.0902	0.0902		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	215,563	0	215,563	215,563	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,925,275	0	2,925,275	2,925,275	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	-43,725	0	-43,725	-43,725	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	-493,508	0	-493,508	-493,508	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	421,880	421,880	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/28/2020 8:07 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		18,038	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,941,832	2.00
3.00	OPPS payments		25,199,210	3.00
4.00	Outlier payment (see instructions)		15,767	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		129,582	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		18,038	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		96,556	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)		96,556	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)		96,556	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		78,518	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)		18,038	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)		25,344,559	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)		4,726,352	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)		20,636,245	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,108,048	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)		21,744,293	30.00
31.00	Primary payer payments		3,897	31.00
32.00	Subtotal (line 30 minus line 31)		21,740,396	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)		928,104	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		603,268	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		640,018	36.00
37.00	Subtotal (see instructions)		22,343,664	37.00
38.00	MSP-LCC reconciliation amount from PS&R		248	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)		22,343,416	40.00
40.01	Sequestration adjustment (see instructions)		446,868	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		21,863,545	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		33,003	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: 14-0114 Component CCN: 14-S114	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/28/2020 8:07 am
		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)		150	2.00
3.00	OPPS payments		115	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		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		116	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)		23	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)		93	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)		93	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		93	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)		93	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)		93	40.00
40.01	Sequestration adjustment (see instructions)		2	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		90	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/28/2020 8:07 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		374	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,362	2.00
3.00	OPPS payments		5,947	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		143	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		374	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,003	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)		2,003	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)		2,003	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,629	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)		374	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)		6,090	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)		1,167	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)		5,297	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)		5,297	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,297	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)		5,297	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)		5,297	40.00
40.01	Sequestration adjustment (see instructions)		106	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,743	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		448	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: 14-0114 Component CCN: 14-5573	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/28/2020 8:07 am
		Title XVIII	Skilled Nursing Facility	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		649	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		649	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,476	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		3,476	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)		3,476	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,827	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)		649	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)			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)		649	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)		649	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		649	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)		649	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		649	40.00
40.01	Sequestration adjustment (see instructions)		13	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)		636	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part I
Date/Time Prepared:
2/28/2020 8:07 am

		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		40,654,103		21,956,677	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	09/11/2019	250,126	09/11/2019	10,759	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	05/21/2019	210,515	05/21/2019	103,891	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)		39,611		-93,132	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)		40,693,714		21,863,545	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		127,220		33,003	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		40,820,934		21,896,548	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: 14-0114
 Component CCN: 14-S114

 Period:
 From 10/01/2018
 To 09/30/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/28/2020 8:07 am

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,394,959		90		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)		0		0		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)		1,394,959		90		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		87,047		1		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,482,006		91		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0114
 Component CCN: 14-T114

 Period:
 From 10/01/2018
 To 09/30/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/28/2020 8:07 am

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		2,996,461		4,743	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)		2,996,461		4,743	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		0		448	6.01	
6.02	SETTLEMENT TO PROGRAM		28,413		0	6.02	
7.00	Total Medicare program liability (see instructions)		2,968,048		5,191	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0114
 Component CCN: 14-5573

 Period:
 From 10/01/2018
 To 09/30/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/28/2020 8:07 am

		Title XVIII		Skilled Nursing Facility	PPS
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		1,459,387		0
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,459,387		0
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		9,577		636
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		1,468,964		636
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part II
Date/Time Prepared:
2/28/2020 8:07 am

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: 14-0114 Component CCN: 14-S114	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part II Date/Time Prepared: 2/28/2020 8:07 am
		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)		1,606,175	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		19.742466	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,606,175	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,606,175	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,606,175	18.00
19.00	Deductibles		140,944	19.00
20.00	Subtotal (line 18 minus line 19)		1,465,231	20.00
21.00	Coinsurance		41,799	21.00
22.00	Subtotal (line 20 minus line 21)		1,423,432	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		133,883	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		87,024	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		125,452	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,510,456	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)		1,795	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)		1,512,251	31.00
31.01	Sequestration adjustment (see instructions)		30,245	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,394,959	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)		87,047	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: 14-0114 Component CCN: 14-T114	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part III Date/Time Prepared: 2/28/2020 8:07 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	2,813,701 1.00		
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0936 2.00		
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	208,777 3.00		
4.00	Outlier Payments	8,218 4.00		
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00 5.00		
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00 5.01		
6.00	New Teaching program adjustment. (see instructions)	0.00 6.00		
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00 7.00		
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00 8.00		
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00 9.00		
10.00	Average Daily Census (see instructions)	10.871233 10.00		
11.00	Teaching Adjustment Factor (see instructions)	0.000000 11.00		
12.00	Teaching Adjustment (see instructions)	0 12.00		
13.00	Total PPS Payment (see instructions)	3,030,696 13.00		
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0 14.00		
15.00	Organ acquisition (DO NOT USE THIS LINE)	0 15.00		
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0 16.00		
17.00	Subtotal (see instructions)	3,030,696 17.00		
18.00	Primary payer payments	0 18.00		
19.00	Subtotal (line 17 less line 18).	3,030,696 19.00		
20.00	Deductibles	8,136 20.00		
21.00	Subtotal (line 19 minus line 20)	3,022,560 21.00		
22.00	Coinurance	3,751 22.00		
23.00	Subtotal (line 21 minus line 22)	3,018,809 23.00		
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	6,503 24.00		
25.00	Adjusted reimbursable bad debts (see instructions)	4,227 25.00		
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	5,163 26.00		
27.00	Subtotal (sum of lines 23 and 25)	3,023,036 27.00		
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0 28.00		
29.00	Other pass through costs (see instructions)	5,584 29.00		
30.00	Outlier payments reconciliation	0 30.00		
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0 31.00		
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0 31.50		
31.99	Demonstration payment adjustment amount before sequestration	0 31.99		
32.00	Total amount payable to the provider (see instructions)	3,028,620 32.00		
32.01	Sequestration adjustment (see instructions)	60,572 32.01		
32.02	Demonstration payment adjustment amount after sequestration	0 32.02		
33.00	Interim payments	2,996,461 33.00		
34.00	Tentative settlement (for contractor use only)	0 34.00		
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	-28,413 35.00		
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0 36.00		
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	8,218 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: 14-0114 Component CCN: 14-5573	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 2/28/2020 8:07 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES			
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)			
1.00	Resource Utilization Group Payment (RUGS)		1,544,008	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		6,243	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,550,251	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES			
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		54,838	7.00
8.00	Allowable bad debts (see instructions)		5,431	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		3,530	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,498,943	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		1,498,943	15.00
15.01	Sequestration adjustment (see instructions)		29,979	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		1,459,387	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		9,577	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 2/28/2020 8:07 am
		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	6,012,393		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)	6,012,393	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)	6,012,393	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)	6,012,393	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		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	6,012,393	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		32.00
33.00	Coinurance	0		33.00
34.00	Allowable bad debts (see instructions)	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)	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		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		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: 14-0114 Component CCN: 14-S114	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 2/28/2020 8:07 am
		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	328,616		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)	328,616	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)	328,616	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)	328,616	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)	328,616	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	Coinurance	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 2/28/2020 8:07 am	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		155,873		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)		155,873	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)		155,873	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)		155,873	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		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		155,873	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	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)		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		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		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: 14-0114		Period: From 10/01/2018 To 09/30/2019		Worksheet E-4 Date/Time Prepared: 2/28/2020 8:07 am	
		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.					25.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					14.98	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)					40.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					57.80	6.00
7.00	Enter the lesser of line 5 or line 6					40.68	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.	42.92	12.94	55.86		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.	30.21	9.11	39.32		9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year		7.67			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	30.21	16.78			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	25.77	16.47			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	30.52	12.57			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	28.83	15.27			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	28.83	15.27			17.00	
18.00	Per resident amount	161,809.53	153,234.56			18.00	
19.00	Approved amount for resident costs	4,664,969	2,339,892	7,004,861		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)			17.12		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)			7,004,861		25.00	
		Inpatient Part A	Managed care				
		1.00	2.00	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	18,059	7,522			26.00	
27.00	Total Inpatient Days (see instructions)	54,524	54,524			27.00	
28.00	Ratio of inpatient days to total inpatient days	0.331212	0.137958			28.00	
29.00	Program direct GME amount	2,320,094	966,377			29.00	
30.00	Reduction for direct GME payments for Medicare Advantage		136,549			30.00	
31.00	Net Program direct GME amount			3,149,922		31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/28/2020 8:07 am
		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)		8,784,035	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		40,760,173	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)		36,377	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		40,723,796	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		22,103,131	42.00
43.00	Primary payer payments (see instructions)		3,897	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		22,099,234	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		62,823,030	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.648230	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.351770	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,149,922	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,041,874	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,108,048	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/28/2020 8:07 am	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			25.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			25.70	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			35.53	6.00
7.00	Enter the lesser of line 5 or line 6			25.70	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.	26.83	8.28	35.11	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.	19.41	5.99	25.40	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	19.41	5.99		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	22.10	11.60		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.92	10.54		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	19.81	9.38		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	19.81	9.38		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	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)			9.83	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)			0	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	6,240	10,953		26.00
27.00	Total Inpatient Days (see instructions)	54,524	54,524		27.00
28.00	Ratio of inpatient days to total inpatient days	0.114445	0.200884		28.00
29.00	Program direct GME amount	0	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/28/2020 8:07 am	
		Title XIX	Hospital	Cost	
				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)			0	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)			0	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			0	42.00
43.00	Primary payer payments (see instructions)			0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.000000	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0	50.00

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

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet G

Date/Time Prepared:
2/28/2020 8:07 am

	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	4,909,459	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	38,061,479	0	0	0	4.00
5.00 Other receivable	1,133,624	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	4,923,808	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	12,818,816	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)	61,847,186	0	0	0	11.00
FIXED ASSETS					
12.00 Land	8,610,158	0	0	0	12.00
13.00 Land improvements	3,885,366	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	320,058,524	0	0	0	15.00
16.00 Accumulated depreciation	-352,931,712	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	46,446,920	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	165,941,032	0	0	0	23.00
24.00 Accumulated depreciation	-12,778,769	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)	179,231,519	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	106,869,028	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	111,038,373	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	217,907,401	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	458,986,106	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	19,418,964	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	36,559,193	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	55,978,157	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	206,704,145	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	206,704,145	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	262,682,302	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	196,303,804				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)	196,303,804	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	458,986,106	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-1

Date/Time Prepared:
2/28/2020 8:07 am

		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		195,269,889		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		18,138,594				2.00
3.00	Total (sum of line 1 and line 2)		213,408,483		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFERS AND GAINS	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		213,408,483		0		11.00
12.00	DED	17,104,679		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)		17,104,679		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		196,303,804		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	TRANSFERS AND GAINS		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	DED		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: 14-0114

Period:
From 10/01/2018
To 09/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
2/28/2020 8:07 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	135,948,858		135,948,858	1.00
2.00	SUBPROVIDER - IPF	18,854,194		18,854,194	2.00
3.00	SUBPROVIDER - IRF	10,974,878		10,974,878	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	5,733,621		5,733,621	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)	171,511,551		171,511,551	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,676,305		18,676,305	11.00
11.01	SPECIAL CARE NURSERY	3,885,661		3,885,661	11.01
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)	22,561,966		22,561,966	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	194,073,517		194,073,517	17.00
18.00	Ancillary services	424,008,303	0	424,008,303	18.00
19.00	Outpatient services	0	672,959,299	672,959,299	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	618,081,820	672,959,299	1,291,041,119	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		267,605,483		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBT	12,766,410			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00	FHBT PREM	0			35.00
36.00	Total additions (sum of lines 30-35)		12,766,410		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	DSR INCOME	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)		280,371,893		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-3

Date/Time Prepared:
2/28/2020 8:07 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,291,041,119	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,017,251,250	2.00
3.00	Net patient revenues (line 1 minus line 2)	273,789,869	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	280,371,893	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,582,024	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	31,176,650	24.00
24.01	OTHER (SPECIFY)	0	24.01
25.00	Total other income (sum of lines 6-24)	31,176,650	25.00
26.00	Total (line 5 plus line 25)	24,594,626	26.00
27.00	NON OPERATING	6,456,032	27.00
27.01	MONTH END CLEARING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	6,456,032	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,138,594	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0114	Period: From 10/01/2018 To 09/30/2019	Worksheet L Parts I-III Date/Time Prepared: 2/28/2020 8:07 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,389,829	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		43,619	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)		118.77	3.00
4.00	Number of interns & residents (see instructions)		46.05	4.00
5.00	Indirect medical education percentage (see instructions)		11.56	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)		276,264	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.38	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.30	8.00
9.00	Sum of lines 7 and 8		42.68	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.02	10.00
11.00	Disproportionate share adjustment (see instructions)		215,563	11.00
12.00	Total prospective capital payments (see instructions)		2,925,275	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