

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: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/25/2019 7:20 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/25/2019	Time: 7:20 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 EDWARD HOSPITAL (14-0231) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

CFO

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	203,279	149,716	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	203,279	149,716	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: 14-0231		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 7:20 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 801 SOUTH WASHINGTON STREET			PO Box:				1.00	
2.00	City: NAPERVILLE			State: IL		Zip Code: 60540-7499		County:	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			EDWARD HOSPITAL	140231	16974	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	
							2.00	3.00	
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,230	0	0	0	4,650	0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0231

Period:
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 07/01/2018
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Part I
Date/Time Prepared:
11/25/2019 7:20 am

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00
		V	XIX	
		1.00	2.00	
Title V and XIX Services				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical	Occupational	Speech
		1.00	2.00	3.00
				Respiratory
				4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00

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			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	0	0	9,515,531	
		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		14H131	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0231		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 7:20 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: EDWARD ELMHURST HEALTH		Contractor's Name: NGS		Contractor's Number: 00131				141.00
142.00	Street: 801 S. WASHINGTON		PO Box:						142.00
143.00	City: NAPERVILLE		State: IL		Zip Code: 60540				143.00
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					07/01/2018	06/30/2019		170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 7:20 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	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/31/2019	Y	10/31/2019
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)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/25/2019 7:20 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY	LEONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE, CPA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 7:20 am
		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.	CONSULTANT		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: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 7:20 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	229	83,585	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)		229	83,585	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	25	9,125	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	22	8,030	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU	35.00	22	8,030	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		298	108,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		298			0	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: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 7:20 am

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)	25,890	1,666	67,948			1.00
2.00	HMO and other (see instructions)	10,212	3,729				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	25,890	1,666	67,948			7.00
8.00	INTENSIVE CARE UNIT	2,661	193	5,943			8.00
9.00	CORONARY CARE UNIT	2,874	95	5,956			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NICU	0	360	8,244			12.00
13.00	NURSERY		837	6,025			13.00
14.00	Total (see instructions)	31,425	3,151	94,116	0.00	2,392.19	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
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)				0.00	2,392.19	27.00
28.00	Observation Bed Days		0	11,680			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	1			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: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 7:20 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	7,120	356	22,048	1.00
2.00 HMO and other (see instructions)			2,277	1,107		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,120	356	22,048	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 7:20 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	183,458,183	0	183,458,183	4,799,952.00	38.22	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		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		16,148,169	0	16,148,169	77,339.00	208.80	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	0	0	0	0.00	0.00	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		3,724,276	0	3,724,276	134,784.00	27.63	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,756,170	274,000	4,030,170	85,746.00	47.00	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,192,168	0	3,192,168	31,328.00	101.90	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		1,604,780	0	1,604,780	12,401.00	129.41	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		44,234,461	0	44,234,461	1,102,989.00	40.10	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	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)		37,051,827	0	37,051,827			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		750,495	0	750,495			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		692,800	0	692,800			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		12,389,082	0	12,389,082			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	436,219	0	436,219	12,259.00	35.58	26.00
27.00	Administrative & General	5.00	6,200,529	-736,661	5,463,868	135,783.00	40.24	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 7:20 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.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,514,536	0	4,514,536	155,101.00	29.11	30.00
31.00	Laundry & Linen Service	8.00	195,244	0	195,244	12,835.00	15.21	31.00
32.00	Housekeeping	9.00	3,501,546	23	3,501,569	224,695.00	15.58	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,508,896	0	3,508,896	127,296.00	27.56	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,782,449	0	2,782,449	52,183.00	53.32	38.00
39.00	Central Services and Supply	14.00	1,986,402	36,117	2,022,519	99,184.00	20.39	39.00
40.00	Pharmacy	15.00	5,052,660	0	5,052,660	112,521.00	44.90	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/25/2019 7:20 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)	167,094,634	0	167,094,634	4,715,125.00	35.44	1.00
2.00	Excluded area salaries (see instructions)	3,756,170	274,000	4,030,170	85,746.00	47.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	163,338,464	-274,000	163,064,464	4,629,379.00	35.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	49,031,409	0	49,031,409	1,146,718.00	42.76	4.00
5.00	Subtotal wage-related costs (see inst.)	49,440,909	0	49,440,909	0.00	30.32	5.00
6.00	Total (sum of lines 3 thru 5)	261,810,782	-274,000	261,536,782	5,776,097.00	45.28	6.00
7.00	Total overhead cost (see instructions)	28,178,481	-700,521	27,477,960	931,857.00	29.49	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/25/2019 7:20 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	7,419,104	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	14,123,452	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	755,742	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	685,337	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)	1,225,085	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,371,709	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	12,406,267	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	39,545	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	468,881	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	38,495,122	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/25/2019 7:20 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	3,192,168	38,495,122	1.00
2.00	Hospital	3,192,168	37,051,827	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	1,443,295	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0231

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

Worksheet S-5

Date/Time Prepared:
11/25/2019 7:20 am

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	0	0	0	0	0	1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00	0.00	0.00	0.00	0.00	2.00
3.00	Average patient dialysis time including setup	0.00	0.00	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	0	0					5.00
6.00	Number of stations	0	0	0	0			6.00
7.00	Treatment capacity per day per station	0	0					7.00
8.00	Utilization (see instructions)	0.00	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00
							Y/N	
							1.00	
ESRD PPS								
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02
						Prior to 1/1	After 12/31	
						1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	4
TRANSPLANT INFORMATION								
11.00	Number of patients on transplant list						0	11.00
12.00	Number of patients transplanted during the cost reporting period						0	12.00
EPOETIN								
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00
16.00	Number of EPO units furnished relating to the home dialysis department							16.00
ARANESP								
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00
						MCP	INITIAL METHOD	
						1.00	2.00	
PHYSICIAN PAYMENT METHOD								
21.00	Enter "X" if method(s) is applicable							21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.		
		1.00	2.00	3.00	4.00	5.00		
ESAs								
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)			0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0231

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

Worksheet S-5

Date/Time Prepared:
11/25/2019 7:20 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/25/2019 7:20 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)			0.160884 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	22,966,182		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	245,890,451		6.00
7.00	Medicaid cost (line 1 times line 6)	39,559,839		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)	16,593,657		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)	16,593,657		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)	28,527,551	8,728,651	37,256,202 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,589,627	8,728,651	13,318,278 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	4,589,627	8,728,651	13,318,278 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	38,142,890		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	753,591		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,159,371		27.01
28.00	Non-Medicare bad debt expense (see instructions)	36,983,519		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	6,355,836		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	19,674,114		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	36,267,771		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/25/2019 7:20 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		15,402,456	15,402,456	0	15,402,456	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		16,394,850	16,394,850	0	16,394,850	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	436,219	26,101,077	26,537,296	0	26,537,296	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,200,529	172,152,653	178,353,182	-3,095,063	175,258,119	5.00
7.00	00700	OPERATION OF PLANT	4,514,536	20,720,806	25,235,342	0	25,235,342	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	195,244	1,373,828	1,569,072	0	1,569,072	8.00
9.00	00900	HOUSEKEEPING	3,501,546	1,540,481	5,042,027	24	5,042,051	9.00
10.00	01000	DIETARY	0	5,953,933	5,953,933	-3,153,032	2,800,901	10.00
11.00	01100	CAFETERIA	0	0	0	3,153,032	3,153,032	11.00
13.00	01300	NURSING ADMINISTRATION	2,782,449	440,325	3,222,774	0	3,222,774	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,986,402	4,112,498	6,098,900	-918,770	5,180,130	14.00
15.00	01500	PHARMACY	5,052,660	16,409,082	21,461,742	-15,323,247	6,138,495	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,728	3,728	0	3,728	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	248,763	248,763	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,509,674	5,959,677	43,469,351	-8,493,499	34,975,852	30.00
31.00	03100	INTENSIVE CARE UNIT	4,645,619	601,477	5,247,096	-520,502	4,726,594	31.00
32.00	03200	CORONARY CARE UNIT	4,956,471	579,895	5,536,366	-504,330	5,032,036	32.00
35.00	02060	NICU	5,798,607	1,595,090	7,393,697	-463,037	6,930,660	35.00
43.00	04300	NURSERY	0	0	0	2,826,086	2,826,086	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,627,536	53,882,249	62,509,785	-50,868,538	11,641,247	50.00
50.02	03330	ENDOSCOPY	1,697,070	2,081,415	3,778,485	-1,983,991	1,794,494	50.02
51.00	05100	RECOVERY ROOM	2,757,360	258,380	3,015,740	-165,655	2,850,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,250,572	1,364,876	7,615,448	-695,431	6,920,017	52.00
53.00	05300	ANESTHESIOLOGY	641,733	2,235,219	2,876,952	-1,587,408	1,289,544	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,618,841	194,846	3,813,687	-1,440,530	2,373,157	54.00
54.01	03630	ULTRASOUND	1,264,744	139,513	1,404,257	83,034	1,487,291	54.01
54.02	03440	WOMENS IMAGING CENTER	671,179	578,619	1,249,798	-431,535	818,263	54.02
54.03	05401	SPECIAL PROCEDURES	892,028	1,063,649	1,955,677	-842,913	1,112,764	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	4,940,308	26,912,070	31,852,378	-286,960	31,565,418	55.00
56.00	05600	RADIOISOTOPE	625,133	1,289,394	1,914,527	52,722	1,967,249	56.00
57.00	05700	CT SCAN	1,450,135	800,247	2,250,382	188,799	2,439,181	57.00
58.00	05800	MRI	942,209	563,519	1,505,728	-27,684	1,478,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,987,014	17,952,582	19,939,596	-17,799,967	2,139,629	59.00
60.00	06000	LABORATORY	5,278,270	19,080,910	24,359,180	-5,428,858	18,930,322	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	463,499	1,675,476	2,138,975	-234,396	1,904,579	62.00
65.00	06500	RESPIRATORY THERAPY	3,310,609	1,814,474	5,125,083	-1,607,671	3,517,412	65.00
66.00	06600	PHYSICAL THERAPY	2,727,593	38,363	2,765,956	-16,411	2,749,545	66.00
68.00	06800	SPEECH PATHOLOGY	863,643	8,314	871,957	-1,991	869,966	68.00
69.00	06900	ELECTROCARDIOLOGY	3,582,942	3,726,005	7,308,947	-830,810	6,478,137	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	31,473	0	31,473	0	31,473	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	324,216	1,304,931	1,629,147	-1,114,341	514,806	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	48,771,189	48,771,189	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	44,820,572	44,820,572	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,314,878	15,314,878	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,105,152	728,330	3,833,482	-593,195	3,240,287	75.00
76.97	07697	CARDIAC REHABILITATION	970,189	25,889	996,078	-8,963	987,115	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,965,196	1,253,335	4,218,531	-811,862	3,406,669	90.00
90.01	09001	WOUND OSTOMY	1,434,856	681,785	2,116,641	-529,735	1,586,906	90.01
90.02	09002	PLAINFIELD CLINIC	9,830,133	17,229,358	27,059,491	-349,345	26,710,146	90.02
90.03	09003	OSWEGO CLINIC	1,864,660	239,860	2,104,520	496,008	2,600,528	90.03
90.04	09004	BOLINGBROOK CLINIC	3,513,636	461,296	3,974,932	1,571,164	5,546,096	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	1,513,505	462,813	1,976,318	-117,212	1,859,106	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	3,412,764	3,412,764	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	4,130,027	910,332	5,040,359	664,654	5,705,013	90.07
91.00	09100	EMERGENCY	19,846,596	2,385,609	22,232,205	-1,356,909	20,875,296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	179,702,013	450,685,514	630,387,527	-102	630,387,425	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	143,517	344,724	488,241	0	488,241	190.00
191.00	19100	RESEARCH	317,532	24,101	341,633	0	341,633	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	619,217	20,403	639,620	102	639,722	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/25/2019 7:20 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	
192.02	19202	RESEARCH	13,400	158	13,558	0	13,558	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	2,662,504	3,324,176	5,986,680	0	5,986,680	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	183,458,183	454,399,076	637,857,259	0	637,857,259	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/25/2019 7:20 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	183,647	15,586,103	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,094,309	18,489,159	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,142,864	35,680,160	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-59,172,230	116,085,889	5.00
7.00	00700	OPERATION OF PLANT	-6,212,250	19,023,092	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,569,072	8.00
9.00	00900	HOUSEKEEPING	0	5,042,051	9.00
10.00	01000	DIETARY	0	2,800,901	10.00
11.00	01100	CAFETERIA	-1,856,203	1,296,829	11.00
13.00	01300	NURSING ADMINISTRATION	-59,205	3,163,569	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,180,130	14.00
15.00	01500	PHARMACY	317,724	6,456,219	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,219,471	3,223,199	16.00
23.00	02300	PARAMED ED PRGM-EMS	-175,053	73,710	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-762,292	34,213,560	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,726,594	31.00
32.00	03200	CORONARY CARE UNIT	0	5,032,036	32.00
35.00	02060	NICU	-862,698	6,067,962	35.00
43.00	04300	NURSERY	0	2,826,086	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-311,500	11,329,747	50.00
50.02	03330	ENDOSCOPY	0	1,794,494	50.02
51.00	05100	RECOVERY ROOM	0	2,850,085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-446,000	6,474,017	52.00
53.00	05300	ANESTHESIOLOGY	0	1,289,544	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-45	2,373,112	54.00
54.01	03630	ULTRASOUND	0	1,487,291	54.01
54.02	03440	WOMENS IMAGING CENTER	0	818,263	54.02
54.03	05401	SPECIAL PROCEDURES	0	1,112,764	54.03
54.04	05402	IMAGING CENTER	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,565,418	55.00
56.00	05600	RADIOISOTOPE	-1,680	1,965,569	56.00
57.00	05700	CT SCAN	-127,305	2,311,876	57.00
58.00	05800	MRI	0	1,478,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	605	2,140,234	59.00
60.00	06000	LABORATORY	-1,720,954	17,209,368	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-116,769	1,787,810	62.00
65.00	06500	RESPIRATORY THERAPY	-11,876	3,505,536	65.00
66.00	06600	PHYSICAL THERAPY	0	2,749,545	66.00
68.00	06800	SPEECH PATHOLOGY	0	869,966	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,486,196	2,991,941	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	69.01
69.02	03290	EMG/NCV	0	31,473	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-16,863	497,943	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,771,189	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	44,820,572	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,314,878	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,240,287	75.00
76.97	07697	CARDIAC REHABILITATION	0	987,115	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-93,230	3,313,439	90.00
90.01	09001	WOUND OSTOMY	-29,804	1,557,102	90.01
90.02	09002	PLAINFIELD CLINIC	-2,564,728	24,145,418	90.02
90.03	09003	OSWEGO CLINIC	-57	2,600,471	90.03
90.04	09004	BOLINGBROOK CLINIC	-1,819,819	3,726,277	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	-727,071	1,132,035	90.05
90.06	09006	OUTPATIENT SERVICES	0	3,412,764	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	5,705,013	90.07
91.00	09100	EMERGENCY	-11,327,085	9,548,211	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-76,942,293	553,445,132	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	488,241	190.00
191.00	19100	RESEARCH	0	341,633	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1	639,723	192.00
192.02	19202	RESEARCH	0	13,558	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	5,986,680	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-76,942,292	560,914,967	200.00

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 7:20 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	0	3,153,032		1.00
	TOTALS		0	3,153,032		
	D - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,314,878		1.00
	TOTALS		0	15,314,878		
	E - PATIENT TRANSPORT					
1.00	HOUSEKEEPING	9.00	23	1		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	36,117	1,120		2.00
3.00	ADULTS & PEDIATRICS	30.00	345,610	10,717		3.00
4.00	INTENSIVE CARE UNIT	31.00	25,547	792		4.00
5.00	CORONARY CARE UNIT	32.00	27,128	841		5.00
6.00	NICU	35.00	426	13		6.00
7.00	NURSERY	43.00	859	27		7.00
8.00	OPERATING ROOM	50.00	11,239	348		8.00
9.00	ENDOSCOPY	50.02	12,416	385		9.00
10.00	RECOVERY ROOM	51.00	54,073	1,677		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	3,754	116		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	38,906	1,206		12.00
13.00	ULTRASOUND	54.01	36,102	1,119		13.00
14.00	WOMENS IMAGING CENTER	54.02	2,865	89		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	1,155	36		15.00
16.00	RADIOISOTOPE	56.00	6,725	209		16.00
17.00	CT SCAN	57.00	15	0		17.00
18.00	MRI	58.00	17,994	558		18.00
19.00	CARDIAC CATHETERIZATION	59.00	4,962	154		19.00
20.00	ELECTROCARDIOLOGY	69.00	38	1		20.00
21.00	WOUND OSTOMY	90.01	15	0		21.00
22.00	EMERGENCY	91.00	110,593	3,429		22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	99	3		23.00
	TOTALS		736,661	22,841		
	F - RADIOLOGY DIRECTOR					
1.00	ULTRASOUND	54.01	171,525	4,972		1.00
2.00	WOMENS IMAGING CENTER	54.02	72,445	2,100		2.00
3.00	SPECIAL PROCEDURES	54.03	65,160	1,889		3.00
4.00	CT SCAN	57.00	716,183	20,759		4.00
5.00	MRI	58.00	263,167	7,628		5.00
7.00	RADIOISOTOPE	56.00	71,391	2,069		7.00
	TOTALS		1,359,871	39,417		
	G - NURSERY					
1.00	NURSERY	43.00	2,530,732	294,468		1.00
	TOTALS		2,530,732	294,468		
	H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	48,771,189		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 7:20 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
31.00	0.00	0	0			31.00
32.00	0.00	0	0			32.00
33.00	0.00	0	0			33.00
34.00	0.00	0	0			34.00
35.00	0.00	0	0			35.00
36.00	0.00	0	0			36.00
37.00	0.00	0	0			37.00
38.00	0.00	0	0			38.00
39.00	0.00	0	0			39.00
40.00	0.00	0	0			40.00
41.00	0.00	0	0			41.00
42.00	0.00	0	0			42.00
43.00	0.00	0	0			43.00
44.00	0.00	0	0			44.00
45.00	0.00	0	0			45.00
46.00	0.00	0	0			46.00
47.00	0.00	0	0			47.00
TOTALS				48,771,189		
I - EMT						
1.00	PARAMED ED PRGM-EMS	23.00	130,781	0		1.00
TOTALS				130,781	0	
J - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	44,820,572		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,776,911		2.00
3.00	PHARMACY	15.00	0	80,887		3.00
4.00	RADIOISOTOPE	56.00	0	6,656		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
TOTALS				46,685,026		
K - PARAMEDICAL EDUCATION RECLASS						
1.00	PARAMED ED PRGM-EMS	23.00	143,120	79,215		1.00
TOTALS				143,120	79,215	
M - OUTPATIENT SERVICES						
1.00	OUTPATIENT SERVICES	90.06	2,967,210	452,608		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
TOTALS				2,967,210	452,608	
N - INTERCOMPANY RENTAL EXPENSE						
1.00	PLAINFIELD CLINIC	90.02	0	700,344		1.00
2.00	OSWEGO CLINIC	90.03	0	680,880		2.00
3.00	BOLINGBROOK CLINIC	90.04	0	1,953,180		3.00
4.00	OUTPATIENT CLINIC OTHER	90.07	0	778,068		4.00
TOTALS				4,112,472		
500.00	Grand Total: Increases		7,868,375	118,925,146		500.00

RECLASSIFICATIONS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/25/2019 7:20 am

	Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
	6.00	7.00	8.00	9.00	10.00				
1.00	B - CAFETERIA						1.00		
	DIETARY	10.00	0	3,153,032	0				
	TOTALS		0	3,153,032					
1.00	D - CHARGEABLE DRUGS						1.00		
	PHARMACY	15.00	0	15,314,878	0				
	TOTALS		0	15,314,878					
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00	E - PATIENT TRANSPORT						1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00		
	ADMINISTRATIVE & GENERAL	5.00	736,661	22,841	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		TOTALS		736,661	22,841				
	1.00 2.00 3.00 4.00 5.00 7.00	F - RADIOLOGY DIRECTOR						1.00 2.00 3.00 4.00 5.00 7.00	
		RADIOLOGY-DIAGNOSTIC	54.00	1,359,871	39,417	0			
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
	TOTALS		1,359,871	39,417					
1.00	G - NURSERY						1.00		
	ADULTS & PEDIATRICS	30.00	2,530,732	294,468	0				
	TOTALS		2,530,732	294,468					
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00 27.00 28.00 29.00 30.00	H - MEDICAL SUPPLIES						1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00 22.00 23.00 24.00 25.00 26.00 27.00 28.00 29.00 30.00		
	CENTRAL SERVICES & SUPPLY	14.00	0	909,575	0				
	PHARMACY	15.00	0	89,256	0				
	PARAMED ED PRGM-EMS	23.00	0	104,353	0				
	ADULTS & PEDIATRICS	30.00	0	2,626,470	0				
	INTENSIVE CARE UNIT	31.00	0	529,670	0				
	CORONARY CARE UNIT	32.00	0	488,920	0				
	NICU	35.00	0	462,419	0				
	OPERATING ROOM	50.00	0	12,168,254	0				
	ENDOSCOPY	50.02	0	1,845,281	0				
	RECOVERY ROOM	51.00	0	221,033	0				
	DELIVERY ROOM & LABOR ROOM	52.00	0	697,353	0				
	ANESTHESIOLOGY	53.00	0	1,565,708	0				
	RADIOLOGY-DIAGNOSTIC	54.00	0	78,387	0				
	ULTRASOUND	54.01	0	130,569	0				
	WOMENS IMAGING CENTER	54.02	0	506,263	0				
	SPECIAL PROCEDURES	54.03	0	853,893	0				
	RADIOLOGY-THERAPEUTIC	55.00	0	288,151	0				
	RADIOISOTOPE	56.00	0	34,328	0				
	CT SCAN	57.00	0	547,810	0				
	MRI	58.00	0	317,031	0				
	CARDIAC CATHETERIZATION	59.00	0	10,562,183	0				
	LABORATORY	60.00	0	5,428,858	0				
	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	234,396	0				
	RESPIRATORY THERAPY	65.00	0	1,607,671	0				
	PHYSICAL THERAPY	66.00	0	16,411	0				
	SPEECH PATHOLOGY	68.00	0	1,991	0				
	ELECTROCARDIOLOGY	69.00	0	732,137	0				
	ELECTROENCEPHALOGRAPHY	70.00	0	836,878	0				
	ASC (NON-DISTINCT PART)	75.00	0	591,930	0				
CARDIAC REHABILITATION	76.97	0	8,963	0					

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/25/2019 7:20 am

		Decreases					11/20/2010 7:10 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
31.00	CLINIC	90.00	0	811,741	0		31.00	
32.00	WOUND OSTOMY	90.01	0	528,502	0		32.00	
33.00	PLAINFIELD CLINIC	90.02	0	1,042,518	0		33.00	
34.00	OSWEGO CLINIC	90.03	0	183,186	0		34.00	
35.00	BOLINGBROOK CLINIC	90.04	0	378,892	0		35.00	
36.00	NAPERVILLE NORTH CLINIC	90.05	0	116,630	0		36.00	
37.00	OUTPATIENT SERVICES	90.06	0	7,054	0		37.00	
38.00	OUTPATIENT CLINIC OTHER	90.07	0	49,231	0		38.00	
39.00	OUTPATIENT CLINIC OTHER	90.07	0	2,344	0		39.00	
40.00	OUTPATIENT CLINIC OTHER	90.07	0	1,214	0		40.00	
41.00	OUTPATIENT CLINIC OTHER	90.07	0	8,756	0		41.00	
42.00	OUTPATIENT CLINIC OTHER	90.07	0	35,802	0		42.00	
43.00	OUTPATIENT CLINIC OTHER	90.07	0	5,369	0		43.00	
44.00	OUTPATIENT CLINIC OTHER	90.07	0	1,585	0		44.00	
45.00	OUTPATIENT CLINIC OTHER	90.07	0	2,494	0		45.00	
46.00	OUTPATIENT CLINIC OTHER	90.07	0	6,619	0		46.00	
47.00	EMERGENCY	91.00	0	1,103,110	0		47.00	
TOTALS			0	48,771,189				
I - EMT								
1.00	EMERGENCY	91.00	130,781	0	0		1.00	
TOTALS			130,781	0				
J - IMPLANTS								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	46,432	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	14,145	0		4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	2,483	0		5.00	
6.00	CORONARY CARE UNIT	32.00	0	22,260	0		6.00	
7.00	NICU	35.00	0	1,057	0		7.00	
8.00	OPERATING ROOM	50.00	0	38,711,871	0		8.00	
9.00	ENDOSCOPY	50.02	0	151,511	0		9.00	
10.00	RECOVERY ROOM	51.00	0	372	0		10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,948	0		11.00	
12.00	ANESTHESIOLOGY	53.00	0	21,700	0		12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,967	0		13.00	
14.00	ULTRASOUND	54.01	0	115	0		14.00	
15.00	WOMENS IMAGING CENTER	54.02	0	2,771	0		15.00	
16.00	SPECIAL PROCEDURES	54.03	0	56,069	0		16.00	
18.00	CT SCAN	57.00	0	348	0		18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	7,242,900	0		19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	98,712	0		20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	277,463	0		21.00	
22.00	ASC (NON-DISTINCT PART)	75.00	0	1,265	0		22.00	
23.00	CLINIC	90.00	0	121	0		23.00	
24.00	WOUND OSTOMY	90.01	0	1,248	0		24.00	
25.00	PLAINFIELD CLINIC	90.02	0	7,171	0		25.00	
26.00	OSWEGO CLINIC	90.03	0	1,686	0		26.00	
27.00	BOLINGBROOK CLINIC	90.04	0	3,124	0		27.00	
28.00	NAPERVILLE NORTH CLINIC	90.05	0	582	0		28.00	
29.00	EMERGENCY	91.00	0	14,705	0		29.00	
TOTALS			0	46,685,026				
K - PARAMEDICAL EDUCATION RECLASS								
1.00	EMERGENCY	91.00	143,120	79,215	0		1.00	
TOTALS			143,120	79,215				
M - OUTPATIENT SERVICES								
1.00	ADULTS & PEDIATRICS	30.00	2,935,271	448,740	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	13,032	1,656	0		2.00	
3.00	CORONARY CARE UNIT	32.00	18,907	2,212	0		3.00	
TOTALS			2,967,210	452,608				
N - INTERCOMPANY RENTAL EXPENSE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,112,472	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
TOTALS			0	4,112,472				
500.00	Grand Total: Decreases		7,868,375	118,925,146			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/25/2019 7:20 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,619,676	53,900	0	53,900	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	537,000,239	10,021,245	0	10,021,245	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	302,040,176	15,520,775	0	15,520,775	126,099	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	849,660,091	25,595,920	0	25,595,920	126,099	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	849,660,091	25,595,920	0	25,595,920	126,099	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,673,576	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	547,021,484	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	317,434,852	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	875,129,912	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	875,129,912	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/25/2019 7:20 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	15,402,456	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	16,394,850	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	31,797,306	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	15,402,456				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	16,394,850				2.00
3.00	Total (sum of lines 1-2)	0	31,797,306				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/25/2019 7:20 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	557,695,060	0	557,695,060	0.637271	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	317,434,852	0	317,434,852	0.362729	0	2.00
3.00	Total (sum of lines 1-2)	875,129,912	0	875,129,912	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	15,586,103	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	18,489,159	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	34,075,262	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	15,586,103	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	18,489,159	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	34,075,262	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0231

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 7:20 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	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-126,458	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-23,045,728			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	-43,433,348			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,856,203	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	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** 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	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEVISION	A	-13,081	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0231

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

Worksheet A-8

Date/Time Prepared:
11/25/2019 7:20 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 PAT TELEPHONE CAPITAL	A	-5,450	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.01
33.02 MISC REVENUE	B	-1,352,757	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 MISC REVENUE	B	-1,278,055	OPERATION OF PLANT	7.00	0	33.03
33.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.04
33.05 MISC REVENUE	B	-59,205	NURSING ADMINISTRATION	13.00	0	33.05
33.06 MISC REVENUE	B	-20	PHARMACY	15.00	0	33.06
33.07 MISC REVENUE EMS TUITION	B	-175,053	PARAMED ED PRGM-EMS	23.00	0	33.07
33.08 MISC REVENUE	B	-272,469	ADULTS & PEDIATRICS	30.00	0	33.08
33.10 MISC REVENUE	B	-89,417	DELIVERY ROOM & LABOR ROOM	52.00	0	33.10
33.11 MISC REVENUE	B	-45	RADIOLOGY-DIAGNOSTIC	54.00	0	33.11
33.12 MISC REVENUE	B	0	RADIOLOGY-THERAPEUTIC	55.00	0	33.12
33.13 MISC REVENUE	B	-1,680	RADIOISOTOPE	56.00	0	33.13
33.14 MISC REVENUE	B	605	CARDIAC CATHETERIZATION	59.00	0	33.14
33.15 MISC REVENUE	B	-6,414	LABORATORY	60.00	0	33.15
33.16 MISC REVENUE	B	-116,769	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	33.16
33.17 MISC REVENUE	B	-1,193	RESPIRATORY THERAPY	65.00	0	33.17
33.18 MISC REVENUE	B	-788,308	ELECTROCARDIOLOGY	69.00	0	33.18
33.19 MISC REVENUE	B	-92,929	CLINIC	90.00	0	33.19
33.20 MISC REVENUE	B	-4,960	WOUND OSTOMY	90.01	0	33.20
33.21 MISC REVENUE	B	-29,654	PLAINFIELD CLINIC	90.02	0	33.21
33.22 MISC REVENUE	B	-57	OSWEGO CLINIC	90.03	0	33.22
33.23 MISC REVENUE	B	-8,912	EMERGENCY	91.00	0	33.23
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24
33.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.25
34.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
37.00 REAL ESTATE TAXES	A	-88,167	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 IMPUTED COST OF VOLUNTEERS	A	-926,129	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00 COMMUNITY SPONSORSHIP	A	-709,201	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00 CONTRIBUTIONS	A	-379,035	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01 CONTRIBUTIONS	A	-56,818	EMERGENCY	91.00	0	40.01
40.02 CONTRIBUTIONS	A	-6,750	BOLINGBROOK CLINIC	90.04	0	40.02
41.00 HEALTH PROMOTIONS	A	-64,802	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 IRB	A	-301	CLINIC	90.00	0	42.00
42.01 NRCC PROFESSIONAL COMPONENT	A	1	PHYSICIANS' PRIVATE OFFICES	192.00	0	42.01
43.00 INCOME TAXES	A	-1,953,530	ADMINISTRATIVE & GENERAL	5.00	0	43.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-76,942,292				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: 14-0231

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 7:20 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		1.00	CAP REL COSTS-BLDG & FIXT	DEPRECIATION	183,647	0 1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	2,112,840	0 2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	9,142,864	0 3.00
3.01		5.00	ADMINISTRATIVE & GENERAL	A & G	74,702,477	133,568,279 3.01
3.02		5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	4,311,930	0 3.02
3.03		5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCESS	4,224,777	0 3.03
3.04		7.00	OPERATION OF PLANT	PLANT OPERATIONS	12,748,977	17,683,172 3.04
3.05		15.00	PHARMACY	PHARMACY	317,744	0 3.05
3.06		16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	3,219,471	0 3.06
3.07		5.00	ADMINISTRATIVE & GENERAL	LINDEN OAKS- MEDICAL STAFF	0	2,424 3.07
3.08		5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY RENT	6,269,572	9,413,772 3.08
3.09		13.00	NURSING ADMINISTRATION	LINDEN OAKS CRISIS FEE	484,728	484,728 3.09
3.10		91.00	EMERGENCY	LINDEN OAKS CRISIS FEE	269,640	269,640 3.10
3.11		0.00			0	0 3.11
3.12		0.00			0	0 3.12
3.13		0.00			0	0 3.13
3.14		0.00			0	0 3.14
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.		117,988,667	161,422,015 5.00

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

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

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

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

6.00	B	EDWARD ELMHURST HEALTH	100.00		0.00	6.00
7.00	B	LINDEN OAKS HOS	100.00		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: 14-0231

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 7:20 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	183,647	9		1.00
2.00	2,112,840	9		2.00
3.00	9,142,864	0		3.00
3.01	-58,865,802	0		3.01
3.02	4,311,930	0		3.02
3.03	4,224,777	0		3.03
3.04	-4,934,195	0		3.04
3.05	317,744	0		3.05
3.06	3,219,471	0		3.06
3.07	-2,424	0		3.07
3.08	-3,144,200	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
4.00	0	0		4.00
5.00	-43,433,348			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: 14-0231

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

Worksheet A-8-2

Date/Time Prepared:
11/25/2019 7:20 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	30.00	ADULTS & PEDIATRICS	540,766	478,114	62,652	211,500	501	1.00
2.00	35.00	NICU	862,698	862,698	0	0	0	2.00
3.00	50.00	OPERATING ROOM	311,500	311,500	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	500,325	342,742	157,583	237,100	1,261	4.00
5.00	57.00	CT SCAN	127,305	127,305	0	0	0	5.00
6.00	60.00	LABORATORY	1,714,540	1,714,540	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	57,355	0	57,355	211,500	459	7.00
8.00	69.00	ELECTROCARDIOLOGY	2,697,888	2,697,888	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	90,380	0	90,380	211,500	723	9.00
10.00	90.01	WOUND OSTOMY	24,844	24,844	0	0	0	10.00
11.00	90.02	PLAINFIELD CLINIC	2,535,074	2,535,074	0	0	0	11.00
12.00	90.04	BOLINGBROOK CLINIC	1,813,069	1,813,069	0	0	0	12.00
13.00	90.05	NAPERVILLE NORTH CLINIC	727,071	727,071	0	0	0	13.00
14.00	91.00	EMERGENCY	11,072,955	11,072,955	0	0	0	14.00
15.00	91.00	EMERGENCY	188,400	188,400	0	0	0	15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	96,432	96,432	0	0	0	16.00
200.00			23,360,602	22,992,632	367,970		2,944	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	30.00	ADULTS & PEDIATRICS	50,943	2,547	0	0	0	1.00
2.00	35.00	NICU	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	143,742	7,187	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	46,672	2,334	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	73,517	3,676	0	0	0	9.00
10.00	90.01	WOUND OSTOMY	0	0	0	0	0	10.00
11.00	90.02	PLAINFIELD CLINIC	0	0	0	0	0	11.00
12.00	90.04	BOLINGBROOK CLINIC	0	0	0	0	0	12.00
13.00	90.05	NAPERVILLE NORTH CLINIC	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	16.00
200.00			314,874	15,744	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	30.00	ADULTS & PEDIATRICS	0	50,943	11,709	489,823		1.00
2.00	35.00	NICU	0	0	0	862,698		2.00
3.00	50.00	OPERATING ROOM	0	0	0	311,500		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	143,742	13,841	356,583		4.00
5.00	57.00	CT SCAN	0	0	0	127,305		5.00
6.00	60.00	LABORATORY	0	0	0	1,714,540		6.00
7.00	65.00	RESPIRATORY THERAPY	0	46,672	10,683	10,683		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,697,888		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	73,517	16,863	16,863		9.00
10.00	90.01	WOUND OSTOMY	0	0	0	24,844		10.00
11.00	90.02	PLAINFIELD CLINIC	0	0	0	2,535,074		11.00
12.00	90.04	BOLINGBROOK CLINIC	0	0	0	1,813,069		12.00
13.00	90.05	NAPERVILLE NORTH CLINIC	0	0	0	727,071		13.00
14.00	91.00	EMERGENCY	0	0	0	11,072,955		14.00
15.00	91.00	EMERGENCY	0	0	0	188,400		15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	96,432		16.00
200.00			0	314,874	53,096	23,045,728		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	15,586,103	15,586,103			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	18,489,159		18,489,159		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	35,680,160	132,315	156,959	35,969,434	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	116,085,889	1,572,794	1,865,742	1,073,819	5.00
7.00	00700	OPERATION OF PLANT	19,023,092	3,902,389	4,629,245	887,246	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,569,072	26,083	30,941	38,371	8.00
9.00	00900	HOUSEKEEPING	5,042,051	79,016	93,734	688,167	9.00
10.00	01000	DIETARY	2,800,901	356,456	422,850	0	10.00
11.00	01100	CAFETERIA	1,296,829	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,163,569	74,234	88,060	546,837	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,180,130	246,805	292,775	397,488	14.00
15.00	01500	PHARMACY	6,456,219	114,702	136,066	993,004	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,223,199	5,743	6,812	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	73,710	11,044	13,101	53,830	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	34,213,560	2,866,459	3,400,363	6,365,441	30.00
31.00	03100	INTENSIVE CARE UNIT	4,726,594	529,201	627,769	915,468	31.00
32.00	03200	CORONARY CARE UNIT	5,032,036	552,787	655,748	975,716	32.00
35.00	02060	NICU	6,067,962	259,847	308,246	1,139,690	35.00
43.00	04300	NURSERY	2,826,086	0	0	497,536	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,329,747	1,091,168	1,294,409	1,697,787	50.00
50.02	03330	ENDOSCOPY	1,794,494	214,750	254,749	335,967	50.02
51.00	05100	RECOVERY ROOM	2,850,085	0	0	552,534	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,474,017	458,636	544,061	1,229,169	52.00
53.00	05300	ANESTHESIOLOGY	1,289,544	12,926	15,334	126,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,373,112	201,593	239,142	451,604	54.00
54.01	03630	ULTRASOUND	1,487,291	19,975	23,695	289,367	54.01
54.02	03440	WOMENS IMAGING CENTER	818,263	0	0	146,708	54.02
54.03	05401	SPECIAL PROCEDURES	1,112,764	14,155	16,792	188,117	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	31,565,418	0	0	971,151	55.00
56.00	05600	RADIOISOTOPE	1,965,569	55,738	66,119	138,210	56.00
57.00	05700	CT SCAN	2,311,876	86,488	102,597	425,752	57.00
58.00	05800	MRI	1,478,044	142,014	168,465	240,430	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,140,234	159,761	189,518	391,485	59.00
60.00	06000	LABORATORY	17,209,368	198,846	235,883	1,037,344	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,787,810	23,509	27,888	91,092	62.00
65.00	06500	RESPIRATORY THERAPY	3,505,536	49,323	58,509	650,637	65.00
66.00	06600	PHYSICAL THERAPY	2,749,545	3,745	4,443	536,057	66.00
68.00	06800	SPEECH PATHOLOGY	869,966	0	0	169,733	68.00
69.00	06900	ELECTROCARDIOLOGY	2,991,941	310,456	368,282	704,167	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	31,473	0	0	6,185	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	497,943	0	0	63,718	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	48,771,189	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,820,572	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,314,878	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,240,287	272,024	322,691	610,259	75.00
76.97	07697	CARDIAC REHABILITATION	987,115	63,151	74,914	190,672	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,313,439	0	0	582,753	90.00
90.01	09001	WOUND OSTOMY	1,557,102	92,883	110,184	281,997	90.01
90.02	09002	PLAINFIELD CLINIC	24,145,418	0	0	1,931,926	90.02
90.03	09003	OSWEGO CLINIC	2,600,471	0	0	366,463	90.03
90.04	09004	BOLINGBROOK CLINIC	3,726,277	0	0	690,538	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	1,132,035	0	0	297,451	90.05
90.06	09006	OUTPATIENT SERVICES	3,412,764	245,595	291,340	583,149	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	5,705,013	0	0	811,678	90.07
91.00	09100	EMERGENCY	9,548,211	684,103	811,523	3,868,376	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	553,445,132	15,130,714	17,948,949	35,231,209	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	488,241	38,413	45,568	28,206	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
191.00	19100	RESEARCH	341,633	0	0	62,405	404,038	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	639,723	355,227	421,391	121,715	1,538,056	192.00
192.02	19202	RESEARCH	13,558	0	0	2,634	16,192	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	5,986,680	61,749	73,251	523,265	6,644,945	194.01
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)	560,914,967	15,586,103	18,489,159	35,969,434	560,914,967	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	120,598,244					5.00
7.00	00700	OPERATION OF PLANT	7,789,972	36,231,944				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	455,881	94,705	2,215,053			8.00
9.00	00900	HOUSEKEEPING	1,616,764	286,905	0	7,806,637		9.00
10.00	01000	DIETARY	980,583	1,294,279	0	261,833	6,116,902	10.00
11.00	01100	CAFETERIA	355,188	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,060,694	269,540	0	54,528	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,675,439	896,142	3,863	181,290	0	14.00
15.00	01500	PHARMACY	2,108,951	416,479	0	84,254	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	886,241	20,852	0	4,218	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	41,545	40,100	57,270	8,112	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,830,602	10,408,003	672,898	2,105,544	5,205,358	30.00
31.00	03100	INTENSIVE CARE UNIT	1,862,187	1,921,509	58,647	388,722	455,274	31.00
32.00	03200	CORONARY CARE UNIT	1,976,469	2,007,148	88,605	406,047	456,270	32.00
35.00	02060	NICU	2,129,699	943,494	64,692	190,869	0	35.00
43.00	04300	NURSERY	910,307	0	167,715	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,221,497	3,961,992	129,510	801,513	0	50.00
50.02	03330	ENDOSCOPY	712,103	779,748	33,249	157,743	0	50.02
51.00	05100	RECOVERY ROOM	931,943	0	46,270	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,384,454	1,665,289	131,550	336,889	0	52.00
53.00	05300	ANESTHESIOLOGY	395,476	46,934	0	9,495	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	894,374	731,977	36,755	148,079	0	54.00
54.01	03630	ULTRASOUND	498,570	72,528	33,553	14,672	0	54.01
54.02	03440	WOMENS IMAGING CENTER	264,296	0	5,419	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	364,774	51,397	5,723	10,398	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	8,911,441	0	19,799	0	0	55.00
56.00	05600	RADIOISOTOPE	609,579	202,382	32,051	40,942	0	56.00
57.00	05700	CT SCAN	801,597	314,033	30,155	63,529	0	57.00
58.00	05800	MRI	555,710	515,648	31,980	104,316	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	789,077	580,086	5,509	117,352	0	59.00
60.00	06000	LABORATORY	5,116,660	722,004	0	146,062	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	528,690	85,360	0	17,268	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,167,868	179,089	0	36,230	0	65.00
66.00	06600	PHYSICAL THERAPY	902,136	13,599	44,535	2,751	0	66.00
68.00	06800	SPEECH PATHOLOGY	284,763	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,198,227	1,127,255	698	228,044	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	10,314	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	153,833	0	97	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,357,838	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,275,906	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,194,592	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,217,513	987,708	50,724	199,814	0	75.00
76.97	07697	CARDIAC REHABILITATION	360,399	229,301	3,273	46,388	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,067,128	0	3,005	0	0	90.00
90.01	09001	WOUND OSTOMY	559,329	337,256	9,229	68,227	0	90.01
90.02	09002	PLAINFIELD CLINIC	7,142,324	0	153,441	0	0	90.02
90.03	09003	OSWEGO CLINIC	812,614	0	11,733	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	1,209,721	0	5,401	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	391,522	0	14,058	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	1,241,502	891,748	73,540	180,401	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	1,784,856	0	36,379	0	0	90.07
91.00	09100	EMERGENCY	4,084,306	2,483,951	151,312	510,617	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,077,454	34,578,441	2,212,638	6,926,147	6,116,902	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	164,451	139,477	0	28,216	0	190.00
191.00	19100	RESEARCH	110,662	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	421,258	1,289,816	2,415	260,930	0	192.00
192.02	19202	RESEARCH	4,435	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	545,986	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	1,819,984	224,210	0	45,358	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	120,598,244	36,231,944	2,215,053	7,806,637	6,116,902	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,652,017					11.00
13.00	01300	NURSING ADMINISTRATION	20,240	5,277,702				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,470	0	8,912,402			14.00
15.00	01500	PHARMACY	43,643	0	0	10,353,318		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	4,147,065	16.00
23.00	02300	PARAMED ED PRGM-EMS	1,583	8,864	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	370,625	2,075,595	0	51,821	175,911	30.00
31.00	03100	INTENSIVE CARE UNIT	47,458	265,778	0	8,498	28,490	31.00
32.00	03200	CORONARY CARE UNIT	47,260	264,668	0	8,019	32,609	32.00
35.00	02060	NICU	51,568	288,792	0	207	31,955	35.00
43.00	04300	NURSERY	26,377	147,716	0	0	11,412	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	97,694	547,111	0	12,237	187,849	50.00
50.02	03330	ENDOSCOPY	16,791	94,034	0	6,630	41,290	50.02
51.00	05100	RECOVERY ROOM	25,342	141,921	0	4,991	40,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	61,885	346,571	0	1,941	44,754	52.00
53.00	05300	ANESTHESIOLOGY	8,875	49,703	0	134,497	75,574	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,824	0	0	785	61,081	54.00
54.01	03630	ULTRASOUND	12,319	0	0	154	58,553	54.01
54.02	03440	WOMENS IMAGING CENTER	6,682	0	0	1,023	24,128	54.02
54.03	05401	SPECIAL PROCEDURES	8,576	0	0	188	18,954	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	47,768	0	0	5,800,135	268,175	55.00
56.00	05600	RADIOISOTOPE	5,780	0	0	268,334	23,979	56.00
57.00	05700	CT SCAN	21,760	0	0	5,709	244,439	57.00
58.00	05800	MRI	11,444	0	0	711	89,910	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,148	0	0	6,810	161,721	59.00
60.00	06000	LABORATORY	70,847	0	0	722	625,827	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,128	0	0	41	21,436	62.00
65.00	06500	RESPIRATORY THERAPY	38,956	0	0	120	89,719	65.00
66.00	06600	PHYSICAL THERAPY	28,388	0	0	0	33,425	66.00
68.00	06800	SPEECH PATHOLOGY	8,021	0	0	0	10,434	68.00
69.00	06900	ELECTROCARDIOLOGY	38,227	0	0	23	109,569	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	664	0	0	0	1,946	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3,752	0	0	0	17,337	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,642,911	0	108,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,266,784	0	240,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	208,982	73.00
75.00	07500	ASC (NON-DISTINCT PART)	29,458	0	0	9,547	22,049	75.00
76.97	07697	CARDIAC REHABILITATION	9,949	0	0	0	14,056	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	41,659	233,300	0	1,277	24,423	90.00
90.01	09001	WOUND OSTOMY	16,666	0	0	8,408	19,726	90.01
90.02	09002	PLAINFIELD CLINIC	77,882	0	0	3,437,642	442,346	90.02
90.03	09003	OSWEGO CLINIC	12,856	0	0	3,535	27,776	90.03
90.04	09004	BOLINGBROOK CLINIC	22,844	0	0	4,964	63,668	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	9,752	0	0	2,919	10,601	90.05
90.06	09006	OUTPATIENT SERVICES	33,829	189,451	0	0	16,161	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	43,894	0	0	21	87,952	90.07
91.00	09100	EMERGENCY	111,459	624,198	0	25,305	328,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,620,343	5,277,702	8,909,695	9,807,214	4,147,065	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,030	0	0	0	0	190.00
191.00	19100	RESEARCH	2,161	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,615	0	2,707	0	0	192.00
192.02	19202	RESEARCH	228	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	23,640	0	0	546,104	0	194.01
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)	1,652,017	5,277,702	8,912,402	10,353,318	4,147,065	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-EMS	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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
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
23.00	02300	PARAMED ED PRGM-EMS	309,159				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,440	80,762,620	0	80,762,620	30.00
31.00	03100	INTENSIVE CARE UNIT	4,542	11,840,137	0	11,840,137	31.00
32.00	03200	CORONARY CARE UNIT	0	12,503,382	0	12,503,382	32.00
35.00	02060	NICU	0	11,477,021	0	11,477,021	35.00
43.00	04300	NURSERY	0	4,587,149	0	4,587,149	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,542	25,377,056	0	25,377,056	50.00
50.02	03330	ENDOSCOPY	0	4,441,548	0	4,441,548	50.02
51.00	05100	RECOVERY ROOM	0	4,593,701	0	4,593,701	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,679,216	0	13,679,216	52.00
53.00	05300	ANESTHESIOLOGY	0	2,164,478	0	2,164,478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,164,326	0	5,164,326	54.00
54.01	03630	ULTRASOUND	0	2,510,677	0	2,510,677	54.01
54.02	03440	WOMENS IMAGING CENTER	0	1,266,519	0	1,266,519	54.02
54.03	05401	SPECIAL PROCEDURES	0	1,791,838	0	1,791,838	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	47,583,887	0	47,583,887	55.00
56.00	05600	RADIOISOTOPE	0	3,408,683	0	3,408,683	56.00
57.00	05700	CT SCAN	0	4,407,935	0	4,407,935	57.00
58.00	05800	MRI	0	3,338,672	0	3,338,672	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,559,701	0	4,559,701	59.00
60.00	06000	LABORATORY	11,923	25,375,486	0	25,375,486	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,588,222	0	2,588,222	62.00
65.00	06500	RESPIRATORY THERAPY	2,271	5,778,258	0	5,778,258	65.00
66.00	06600	PHYSICAL THERAPY	0	4,318,624	0	4,318,624	66.00
68.00	06800	SPEECH PATHOLOGY	0	1,342,917	0	1,342,917	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,076,889	0	7,076,889	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	50,582	0	50,582	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	736,680	0	736,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	66,880,757	0	66,880,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	61,604,059	0	61,604,059	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,718,452	0	19,718,452	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,407	6,965,481	0	6,965,481	75.00
76.97	07697	CARDIAC REHABILITATION	0	1,979,218	0	1,979,218	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	5,266,984	0	5,266,984	90.00
90.01	09001	WOUND OSTOMY	0	3,061,007	0	3,061,007	90.01
90.02	09002	PLAINFIELD CLINIC	0	37,330,979	0	37,330,979	90.02
90.03	09003	OSWEGO CLINIC	0	3,835,448	0	3,835,448	90.03
90.04	09004	BOLINGBROOK CLINIC	0	5,723,413	0	5,723,413	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	1,858,338	0	1,858,338	90.05
90.06	09006	OUTPATIENT SERVICES	0	7,159,480	0	7,159,480	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	8,469,793	0	8,469,793	90.07
91.00	09100	EMERGENCY	262,034	23,494,012	0	23,494,012	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	309,159	546,073,625	0	546,073,625	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	934,602	0	934,602	190.00
191.00	19100	RESEARCH	0	516,861	0	516,861	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,518,797	0	3,518,797	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
192.02	19202	RESEARCH	0	20,855	0	20,855		192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	545,986	0	545,986		194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	9,304,241	0	9,304,241		194.01
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)	309,159	560,914,967	0	560,914,967		202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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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	7,390	132,315	156,959	296,664	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,576,686	1,572,794	1,865,742	7,015,222	5.00
7.00	00700	OPERATION OF PLANT	1,324,286	3,902,389	4,629,245	9,855,920	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	26,083	30,941	57,024	8.00
9.00	00900	HOUSEKEEPING	34,809	79,016	93,734	207,559	9.00
10.00	01000	DIETARY	2,397	356,456	422,850	781,703	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,528	74,234	88,060	165,822	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	793,538	246,805	292,775	1,333,118	14.00
15.00	01500	PHARMACY	888,888	114,702	136,066	1,139,656	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	122	5,743	6,812	12,677	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	11,044	13,101	24,145	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	144,740	2,866,459	3,400,363	6,411,562	30.00
31.00	03100	INTENSIVE CARE UNIT	5,601	529,201	627,769	1,162,571	31.00
32.00	03200	CORONARY CARE UNIT	6,841	552,787	655,748	1,215,376	32.00
35.00	02060	NICU	14,617	259,847	308,246	582,710	35.00
43.00	04300	NURSERY	0	0	0	4,104	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	218,976	1,091,168	1,294,409	2,604,553	50.00
50.02	03330	ENDOSCOPY	25,944	214,750	254,749	495,443	50.02
51.00	05100	RECOVERY ROOM	544	0	0	544	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,178	458,636	544,061	1,025,875	52.00
53.00	05300	ANESTHESIOLOGY	31,643	12,926	15,334	59,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,856	201,593	239,142	454,591	54.00
54.01	03630	ULTRASOUND	2,055	19,975	23,695	45,725	54.01
54.02	03440	WOMENS IMAGING CENTER	54	0	0	54	54.02
54.03	05401	SPECIAL PROCEDURES	1,333	14,155	16,792	32,280	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	16,639	0	0	16,639	55.00
56.00	05600	RADIOISOTOPE	4,029	55,738	66,119	125,886	56.00
57.00	05700	CT SCAN	3,991	86,488	102,597	193,076	57.00
58.00	05800	MRI	189,498	142,014	168,465	499,977	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,557	159,761	189,518	355,836	59.00
60.00	06000	LABORATORY	19,563	198,846	235,883	454,292	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	216	23,509	27,888	51,613	62.00
65.00	06500	RESPIRATORY THERAPY	136,904	49,323	58,509	244,736	65.00
66.00	06600	PHYSICAL THERAPY	7,642	3,745	4,443	15,830	66.00
68.00	06800	SPEECH PATHOLOGY	2,299	0	0	2,299	68.00
69.00	06900	ELECTROCARDIOLOGY	52,384	310,456	368,282	731,122	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2,126	0	0	2,126	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	20,480	272,024	322,691	615,195	75.00
76.97	07697	CARDIAC REHABILITATION	4,074	63,151	74,914	142,139	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							
90.00	09000	CLINIC	266,230	0	0	266,230	90.00
90.01	09001	WOUND OSTOMY	5,806	92,883	110,184	208,873	90.01
90.02	09002	PLAINFIELD CLINIC	1,017,590	0	0	1,017,590	90.02
90.03	09003	OSWEGO CLINIC	693,715	0	0	693,715	90.03
90.04	09004	BOLINGBROOK CLINIC	1,965,517	0	0	1,965,517	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	267,977	0	0	267,977	90.05
90.06	09006	OUTPATIENT SERVICES	0	245,595	291,340	536,935	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	1,106,563	0	0	1,106,563	90.07
91.00	09100	EMERGENCY	43,953	684,103	811,523	1,539,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,954,779	15,130,714	17,948,949	46,034,442	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	333	38,413	45,568	84,314	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	378	355,227	421,391	776,996	1,004	192.00
192.02	19202	RESEARCH	0	0	0	0	22	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	8,730	61,749	73,251	143,730	4,316	194.01
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)	12,964,220	15,586,103	18,489,159	47,039,482	296,664	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,024,079					5.00
7.00	00700	OPERATION OF PLANT	453,706	10,316,944				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26,552	26,967	110,859			8.00
9.00	00900	HOUSEKEEPING	94,164	81,695	0	389,094		9.00
10.00	01000	DIETARY	57,111	368,542	0	13,050	1,220,406	10.00
11.00	01100	CAFETERIA	20,687	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	61,777	76,751	0	2,718	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	97,582	255,174	193	9,036	0	14.00
15.00	01500	PHARMACY	122,830	118,591	0	4,199	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,617	5,938	0	210	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	2,420	11,418	2,866	404	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	747,285	2,963,650	33,675	104,945	1,038,541	30.00
31.00	03100	INTENSIVE CARE UNIT	108,458	547,144	2,935	19,374	90,833	31.00
32.00	03200	CORONARY CARE UNIT	115,114	571,530	4,435	20,238	91,032	32.00
35.00	02060	NICU	124,039	268,657	3,238	9,513	0	35.00
43.00	04300	NURSERY	53,018	0	8,394	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	245,870	1,128,166	6,482	39,949	0	50.00
50.02	03330	ENDOSCOPY	41,475	222,031	1,664	7,862	0	50.02
51.00	05100	RECOVERY ROOM	54,279	0	2,316	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	138,876	474,186	6,584	16,791	0	52.00
53.00	05300	ANESTHESIOLOGY	23,033	13,364	0	473	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,090	208,428	1,840	7,380	0	54.00
54.01	03630	ULTRASOUND	29,038	20,652	1,679	731	0	54.01
54.02	03440	WOMENS IMAGING CENTER	15,393	0	271	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	21,245	14,635	286	518	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	519,023	0	991	0	0	55.00
56.00	05600	RADIOISOTOPE	35,503	57,628	1,604	2,041	0	56.00
57.00	05700	CT SCAN	46,687	89,420	1,509	3,166	0	57.00
58.00	05800	MRI	32,366	146,829	1,601	5,199	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,958	165,178	276	5,849	0	59.00
60.00	06000	LABORATORY	298,006	205,589	0	7,280	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	30,792	24,306	0	861	0	62.00
65.00	06500	RESPIRATORY THERAPY	68,019	50,995	0	1,806	0	65.00
66.00	06600	PHYSICAL THERAPY	52,543	3,872	2,229	137	0	66.00
68.00	06800	SPEECH PATHOLOGY	16,585	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	69,788	320,983	35	11,366	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	601	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	8,960	0	5	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	778,145	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	714,978	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	244,303	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	70,911	281,247	2,539	9,959	0	75.00
76.97	07697	CARDIAC REHABILITATION	20,990	65,293	164	2,312	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	62,152	0	150	0	0	90.00
90.01	09001	WOUND OSTOMY	32,577	96,033	462	3,401	0	90.01
90.02	09002	PLAINFIELD CLINIC	415,986	0	7,679	0	0	90.02
90.03	09003	OSWEGO CLINIC	47,329	0	587	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	70,457	0	270	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	22,803	0	704	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	72,308	253,923	3,681	8,991	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	103,954	0	1,821	0	0	90.07
91.00	09100	EMERGENCY	237,880	707,298	7,573	25,450	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,877,263	9,846,113	110,738	345,209	1,220,406	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,578	39,716	0	1,406	0	190.00
191.00	19100	RESEARCH	6,445	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,535	367,272	121	13,005	0	192.00
192.02	19202	RESEARCH	258	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	27,213	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	106,000	63,843	0	2,261	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

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			5.00	7.00	8.00	9.00	10.00	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,024,079	10,316,944	110,859	389,094	1,220,406	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	20,687					11.00
13.00	01300	NURSING ADMINISTRATION	253	311,831				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	482	0	1,698,864			14.00
15.00	01500	PHARMACY	547	0	0	1,394,013		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	70,442	16.00
23.00	02300	PARAMED ED PRGM-EMS	20	524	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,644	122,635	0	6,977	3,023	30.00
31.00	03100	INTENSIVE CARE UNIT	594	15,703	0	1,144	490	31.00
32.00	03200	CORONARY CARE UNIT	592	15,638	0	1,080	560	32.00
35.00	02060	NICU	646	17,063	0	28	549	35.00
43.00	04300	NURSERY	330	8,728	0	0	196	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,223	32,326	0	1,648	3,228	50.00
50.02	03330	ENDOSCOPY	210	5,556	0	893	710	50.02
51.00	05100	RECOVERY ROOM	317	8,385	0	672	698	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	775	20,477	0	261	769	52.00
53.00	05300	ANESTHESIOLOGY	111	2,937	0	18,109	1,299	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	323	0	0	106	1,050	54.00
54.01	03630	ULTRASOUND	154	0	0	21	1,006	54.01
54.02	03440	WOMENS IMAGING CENTER	84	0	0	138	415	54.02
54.03	05401	SPECIAL PROCEDURES	107	0	0	25	326	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	598	0	0	780,951	4,609	55.00
56.00	05600	RADIOISOTOPE	72	0	0	36,130	412	56.00
57.00	05700	CT SCAN	272	0	0	769	4,201	57.00
58.00	05800	MRI	143	0	0	96	1,545	58.00
59.00	05900	CARDIAC CATHETERIZATION	227	0	0	917	2,779	59.00
60.00	06000	LABORATORY	887	0	0	97	9,930	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	64	0	0	5	368	62.00
65.00	06500	RESPIRATORY THERAPY	488	0	0	16	1,542	65.00
66.00	06600	PHYSICAL THERAPY	355	0	0	0	574	66.00
68.00	06800	SPEECH PATHOLOGY	100	0	0	0	179	68.00
69.00	06900	ELECTROCARDIOLOGY	479	0	0	3	1,883	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	8	0	0	0	33	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	47	0	0	0	298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	885,034	0	1,870	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	813,314	0	4,138	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,591	73.00
75.00	07500	ASC (NON-DISTINCT PART)	369	0	0	1,286	379	75.00
76.97	07697	CARDIAC REHABILITATION	125	0	0	0	242	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	522	13,784	0	172	420	90.00
90.01	09001	WOUND OSTOMY	209	0	0	1,132	339	90.01
90.02	09002	PLAINFIELD CLINIC	975	0	0	462,860	7,602	90.02
90.03	09003	OSWEGO CLINIC	161	0	0	476	477	90.03
90.04	09004	BOLINGBROOK CLINIC	286	0	0	668	1,094	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	122	0	0	393	182	90.05
90.06	09006	OUTPATIENT SERVICES	424	11,194	0	0	278	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	550	0	0	3	1,511	90.07
91.00	09100	EMERGENCY	1,396	36,881	0	3,407	5,647	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,291	311,831	1,698,348	1,320,483	70,442	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25	0	0	0	0	190.00
191.00	19100	RESEARCH	27	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45	0	516	0	0	192.00
192.02	19202	RESEARCH	3	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	296	0	0	73,530	0	194.01
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)	20,687	311,831	1,698,864	1,394,013	70,442	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMED ED PRGM-EMS	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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
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
23.00	02300	PARAMED ED PRGM-EMS	42,241				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		11,489,424	0	11,489,424	30.00
31.00	03100	INTENSIVE CARE UNIT		1,956,797	0	1,956,797	31.00
32.00	03200	CORONARY CARE UNIT		2,043,643	0	2,043,643	32.00
35.00	02060	NICU		1,015,843	0	1,015,843	35.00
43.00	04300	NURSERY		74,770	0	74,770	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		4,077,448	0	4,077,448	50.00
50.02	03330	ENDOSCOPY		778,615	0	778,615	50.02
51.00	05100	RECOVERY ROOM		71,768	0	71,768	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,694,732	0	1,694,732	52.00
53.00	05300	ANESTHESIOLOGY		120,269	0	120,269	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		729,533	0	729,533	54.00
54.01	03630	ULTRASOUND		101,393	0	101,393	54.01
54.02	03440	WOMENS IMAGING CENTER		17,565	0	17,565	54.02
54.03	05401	SPECIAL PROCEDURES		70,974	0	70,974	54.03
54.04	05402	IMAGING CENTER		0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC		1,330,821	0	1,330,821	55.00
56.00	05600	RADIOISOTOPE		260,416	0	260,416	56.00
57.00	05700	CT SCAN		342,612	0	342,612	57.00
58.00	05800	MRI		689,739	0	689,739	58.00
59.00	05900	CARDIAC CATHETERIZATION		580,249	0	580,249	59.00
60.00	06000	LABORATORY		984,637	0	984,637	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		108,760	0	108,760	62.00
65.00	06500	RESPIRATORY THERAPY		372,968	0	372,968	65.00
66.00	06600	PHYSICAL THERAPY		79,961	0	79,961	66.00
68.00	06800	SPEECH PATHOLOGY		20,563	0	20,563	68.00
69.00	06900	ELECTROCARDIOLOGY		1,141,467	0	1,141,467	69.00
69.01	03140	CARDIOLOGY OUTREACH		0	0	0	69.01
69.02	03290	EMG/NCV		693	0	693	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		11,962	0	11,962	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,665,049	0	1,665,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,532,430	0	1,532,430	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		247,894	0	247,894	73.00
75.00	07500	ASC (NON-DISTINCT PART)		986,918	0	986,918	75.00
76.97	07697	CARDIAC REHABILITATION		232,838	0	232,838	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		348,237	0	348,237	90.00
90.01	09001	WOUND OSTOMY		345,352	0	345,352	90.01
90.02	09002	PLAINFIELD CLINIC		1,928,627	0	1,928,627	90.02
90.03	09003	OSWEGO CLINIC		745,768	0	745,768	90.03
90.04	09004	BOLINGBROOK CLINIC		2,043,988	0	2,043,988	90.04
90.05	09005	NAPERVILLE NORTH CLINIC		294,634	0	294,634	90.05
90.06	09006	OUTPATIENT SERVICES		892,544	0	892,544	90.06
90.07	09007	OUTPATIENT CLINIC OTHER		1,221,097	0	1,221,097	90.07
91.00	09100	EMERGENCY		2,597,018	0	2,597,018	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	45,250,016	0	45,250,016	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		135,272	0	135,272	190.00
191.00	19100	RESEARCH		6,987	0	6,987	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		1,183,494	0	1,183,494	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
192.02	19202	RESEARCH		283	0	283		192.02
194.00	07950	LINDEN OAKS HOSPITAL		27,213	0	27,213		194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS		393,976	0	393,976		194.01
200.00		Cross Foot Adjustments	42,241	42,241	0	42,241		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	42,241	47,039,482	0	47,039,482		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	811,495					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		811,495				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,889	6,889	183,021,964			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	81,888	81,888	5,463,868	-120,598,244	440,316,723	5.00
7.00	00700	OPERATION OF PLANT	203,179	203,179	4,514,536	0	28,441,972	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,358	1,358	195,244	0	1,664,467	8.00
9.00	00900	HOUSEKEEPING	4,114	4,114	3,501,569	0	5,902,968	9.00
10.00	01000	DIETARY	18,559	18,559	0	0	3,580,207	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,296,829	11.00
13.00	01300	NURSING ADMINISTRATION	3,865	3,865	2,782,449	0	3,872,700	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,850	12,850	2,022,519	0	6,117,198	14.00
15.00	01500	PHARMACY	5,972	5,972	5,052,660	0	7,699,991	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	299	299	0	0	3,235,754	16.00
23.00	02300	PARAMED ED PRGM-EMS	575	575	273,901	0	151,685	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	149,243	149,243	32,389,281	0	46,845,823	30.00
31.00	03100	INTENSIVE CARE UNIT	27,553	27,553	4,658,134	0	6,799,032	31.00
32.00	03200	CORONARY CARE UNIT	28,781	28,781	4,964,692	0	7,216,287	32.00
35.00	02060	NICU	13,529	13,529	5,799,033	0	7,775,745	35.00
43.00	04300	NURSERY	0	0	2,531,591	0	3,323,622	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,812	56,812	8,638,775	0	15,413,111	50.00
50.02	03330	ENDOSCOPY	11,181	11,181	1,709,486	0	2,599,960	50.02
51.00	05100	RECOVERY ROOM	0	0	2,811,433	0	3,402,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,879	23,879	6,254,326	0	8,705,883	52.00
53.00	05300	ANESTHESIOLOGY	673	673	641,733	0	1,443,924	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,496	10,496	2,297,876	0	3,265,451	54.00
54.01	03630	ULTRASOUND	1,040	1,040	1,472,371	0	1,820,328	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	746,489	0	964,971	54.02
54.03	05401	SPECIAL PROCEDURES	737	737	957,188	0	1,331,828	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	4,941,463	0	32,536,569	55.00
56.00	05600	RADIOISOTOPE	2,902	2,902	703,249	0	2,225,636	56.00
57.00	05700	CT SCAN	4,503	4,503	2,166,333	0	2,926,713	57.00
58.00	05800	MRI	7,394	7,394	1,223,370	0	2,028,953	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,318	8,318	1,991,976	0	2,880,998	59.00
60.00	06000	LABORATORY	10,353	10,353	5,278,270	0	18,681,441	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,224	1,224	463,499	0	1,930,299	62.00
65.00	06500	RESPIRATORY THERAPY	2,568	2,568	3,310,609	0	4,264,005	65.00
66.00	06600	PHYSICAL THERAPY	195	195	2,727,593	0	3,293,790	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	863,643	0	1,039,699	68.00
69.00	06900	ELECTROCARDIOLOGY	16,164	16,164	3,582,980	0	4,374,846	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	31,473	0	37,658	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	324,216	0	561,661	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	48,771,189	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	44,820,572	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,314,878	73.00
75.00	07500	ASC (NON-DISTINCT PART)	14,163	14,163	3,105,152	0	4,445,261	75.00
76.97	07697	CARDIAC REHABILITATION	3,288	3,288	970,189	0	1,315,852	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,965,196	0	3,896,192	90.00
90.01	09001	WOUND OSTOMY	4,836	4,836	1,434,871	0	2,042,166	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	9,830,133	0	26,077,344	90.02
90.03	09003	OSWEGO CLINIC	0	0	1,864,660	0	2,966,934	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	3,513,636	0	4,416,815	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	1,513,505	0	1,429,486	90.05
90.06	09006	OUTPATIENT SERVICES	12,787	12,787	2,967,210	0	4,532,848	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	4,130,027	0	6,516,691	90.07
91.00	09100	EMERGENCY	35,618	35,618	19,683,288	0	14,912,213	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	787,785	787,785	179,265,695	-120,598,244	431,113,064	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,000	2,000	143,517	0	600,428	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
191.00	19100	RESEARCH	0	0	317,532	0	404,038	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,495	18,495	619,316	0	1,538,056	192.00
192.02	19202	RESEARCH	0	0	13,400	0	16,192	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	3,215	3,215	2,662,504	0	6,644,945	194.01
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)	15,586,103	18,489,159	35,969,434		120,598,244	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.206653	22.784070	0.196531		0.273890	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			296,664		7,024,079	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001621		0.015952	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: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (HOURS WORKED)	
		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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	519,539				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,358	1,486,145			8.00
9.00	00900	HOUSEKEEPING	4,114	0	553,342		9.00
10.00	01000	DIETARY	18,559	0	18,559	79,848	10.00
11.00	01100	CAFETERIA	0	0	0	4,259,282	11.00
13.00	01300	NURSING ADMINISTRATION	3,865	0	3,865	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,850	2,592	12,850	0	14.00
15.00	01500	PHARMACY	5,972	0	5,972	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	299	0	299	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	575	38,424	575	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	149,243	451,466	149,243	67,949	30.00
31.00	03100	INTENSIVE CARE UNIT	27,553	39,348	27,553	5,943	31.00
32.00	03200	CORONARY CARE UNIT	28,781	59,448	28,781	5,956	32.00
35.00	02060	NICU	13,529	43,404	13,529	0	35.00
43.00	04300	NURSERY	0	112,525	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	56,812	86,892	56,812	0	50.00
50.02	03330	ENDOSCOPY	11,181	22,308	11,181	0	50.02
51.00	05100	RECOVERY ROOM	0	31,044	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,879	88,261	23,879	0	52.00
53.00	05300	ANESTHESIOLOGY	673	0	673	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,496	24,660	10,496	0	54.00
54.01	03630	ULTRASOUND	1,040	22,512	1,040	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	3,636	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	737	3,840	737	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,284	0	0	55.00
56.00	05600	RADIOISOTOPE	2,902	21,504	2,902	0	56.00
57.00	05700	CT SCAN	4,503	20,232	4,503	0	57.00
58.00	05800	MRI	7,394	21,456	7,394	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,318	3,696	8,318	0	59.00
60.00	06000	LABORATORY	10,353	0	10,353	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,224	0	1,224	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,568	0	2,568	0	65.00
66.00	06600	PHYSICAL THERAPY	195	29,880	195	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,164	468	16,164	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	65	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	14,163	34,032	14,163	0	75.00
76.97	07697	CARDIAC REHABILITATION	3,288	2,196	3,288	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,016	0	0	90.00
90.01	09001	WOUND OSTOMY	4,836	6,192	4,836	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	102,948	0	0	90.02
90.03	09003	OSWEGO CLINIC	0	7,872	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	3,624	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	9,432	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	12,787	49,340	12,787	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	24,408	0	0	90.07
91.00	09100	EMERGENCY	35,618	101,520	36,193	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	495,829	1,484,525	490,932	79,848	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,000	0	2,000	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,495	1,620	18,495	0	192.00
192.02	19202	RESEARCH	0	0	0	0	192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	CAFETERIA (HOURS WORK ED)	
			7.00	8.00	9.00	10.00	11.00	
194.00	07950	LINDEN OAKS HOSPITAL	0	0	38,700	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	3,215	0	3,215	0	60,950	194.01
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)	36,231,944	2,215,053	7,806,637	6,116,902	1,652,017	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	69.738641	1.490469	14.108159	76.606828	0.387863	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,316,944	110,859	389,094	1,220,406	20,687	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	19.857882	0.074595	0.703171	15.284115	0.004857	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: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
13.00	01300	NURSING ADMINISTRATION	2,429,730					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	93,620,199				14.00
15.00	01500	PHARMACY	0	0	46,931,998			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,394,210,181		16.00
23.00	02300	PARAMED ED PRGM-EMS	4,081	0	0	0	1,089	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	955,555	0	234,904	143,952,950	72	30.00
31.00	03100	INTENSIVE CARE UNIT	122,358	0	38,522	23,314,406	16	31.00
32.00	03200	CORONARY CARE UNIT	121,847	0	36,352	26,685,392	0	32.00
35.00	02060	NICU	132,953	0	937	26,149,673	0	35.00
43.00	04300	NURSERY	68,005	0	0	9,338,827	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	251,877	0	55,472	153,722,678	16	50.00
50.02	03330	ENDOSCOPY	43,291	0	30,055	33,789,078	0	50.02
51.00	05100	RECOVERY ROOM	65,337	0	22,623	33,236,236	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	159,553	0	8,800	36,623,904	0	52.00
53.00	05300	ANESTHESIOLOGY	22,882	0	609,679	61,844,759	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,557	49,984,459	0	54.00
54.01	03630	ULTRASOUND	0	0	697	47,916,014	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	4,637	19,744,581	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	850	15,510,991	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	26,292,281	219,456,066	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,216,368	19,622,930	0	56.00
57.00	05700	CT SCAN	0	0	25,880	200,031,670	0	57.00
58.00	05800	MRI	0	0	3,223	73,575,891	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	30,872	132,340,865	0	59.00
60.00	06000	LABORATORY	0	0	3,274	512,671,807	42	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	184	17,541,864	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	542	73,419,897	8	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	27,352,463	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,538,725	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	104	89,664,048	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	1,592,424	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,187,151	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	48,771,187	0	89,050,226	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	44,820,571	0	197,051,724	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	171,016,003	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	43,279	18,043,543	12	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	11,502,813	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	107,406	0	5,790	19,985,991	0	90.00
90.01	09001	WOUND OSTOMY	0	0	38,115	16,142,304	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	15,582,933	361,985,572	0	90.02
90.03	09003	OSWEGO CLINIC	0	0	16,026	22,729,836	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	22,502	52,101,067	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	13,233	8,675,400	0	90.05
90.06	09006	OUTPATIENT SERVICES	87,219	0	0	13,225,229	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	93	71,973,415	0	90.07
91.00	09100	EMERGENCY	287,366	0	114,707	268,917,399	923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,429,730	93,591,758	44,456,491	3,394,210,181	1,089	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	28,441	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
192.02	19202	RESEARCH	0	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	2,475,507	0	0	194.01
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)	5,277,702	8,912,402	10,353,318	4,147,065	309,159	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.172135	0.095197	0.220603	0.001222	283.892562	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	311,831	1,698,864	1,394,013	70,442	42,241	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.128340	0.018146	0.029703	0.000021	38.788797	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: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 7:20 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE		Total Costs	
						Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	80,762,620		80,762,620	11,709	80,774,329	30.00	
31.00	03100	INTENSIVE CARE UNIT	11,840,137		11,840,137	0	11,840,137	31.00	
32.00	03200	CORONARY CARE UNIT	12,503,382		12,503,382	0	12,503,382	32.00	
35.00	02060	NICU	11,477,021		11,477,021	0	11,477,021	35.00	
43.00	04300	NURSERY	4,587,149		4,587,149	0	4,587,149	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,377,056		25,377,056	0	25,377,056	50.00	
50.02	03330	ENDOSCOPY	4,441,548		4,441,548	0	4,441,548	50.02	
51.00	05100	RECOVERY ROOM	4,593,701		4,593,701	0	4,593,701	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,679,216		13,679,216	13,841	13,693,057	52.00	
53.00	05300	ANESTHESIOLOGY	2,164,478		2,164,478	0	2,164,478	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,164,326		5,164,326	0	5,164,326	54.00	
54.01	03630	ULTRASOUND	2,510,677		2,510,677	0	2,510,677	54.01	
54.02	03440	WOMENS IMAGING CENTER	1,266,519		1,266,519	0	1,266,519	54.02	
54.03	05401	SPECIAL PROCEDURES	1,791,838		1,791,838	0	1,791,838	54.03	
54.04	05402	IMAGING CENTER	0		0	0	0	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	47,583,887		47,583,887	0	47,583,887	55.00	
56.00	05600	RADIOISOTOPE	3,408,683		3,408,683	0	3,408,683	56.00	
57.00	05700	CT SCAN	4,407,935		4,407,935	0	4,407,935	57.00	
58.00	05800	MRI	3,338,672		3,338,672	0	3,338,672	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,559,701		4,559,701	0	4,559,701	59.00	
60.00	06000	LABORATORY	25,375,486		25,375,486	0	25,375,486	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,588,222		2,588,222	0	2,588,222	62.00	
65.00	06500	RESPIRATORY THERAPY	5,778,258	0	5,778,258	10,683	5,788,941	65.00	
66.00	06600	PHYSICAL THERAPY	4,318,624	0	4,318,624	0	4,318,624	66.00	
68.00	06800	SPEECH PATHOLOGY	1,342,917	0	1,342,917	0	1,342,917	68.00	
69.00	06900	ELECTROCARDIOLOGY	7,076,889		7,076,889	0	7,076,889	69.00	
69.01	03140	CARDIOLOGY OUTREACH	0		0	0	0	69.01	
69.02	03290	EMG/NCV	50,582		50,582	0	50,582	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	736,680		736,680	16,863	753,543	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,880,757		66,880,757	0	66,880,757	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,604,059		61,604,059	0	61,604,059	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	19,718,452		19,718,452	0	19,718,452	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	6,965,481		6,965,481	0	6,965,481	75.00	
76.97	07697	CARDIAC REHABILITATION	1,979,218		1,979,218	0	1,979,218	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	5,266,984		5,266,984	0	5,266,984	90.00	
90.01	09001	WOUND OSTOMY	3,061,007		3,061,007	0	3,061,007	90.01	
90.02	09002	PLAINFIELD CLINIC	37,330,979		37,330,979	0	37,330,979	90.02	
90.03	09003	OSWEGO CLINIC	3,835,448		3,835,448	0	3,835,448	90.03	
90.04	09004	BOLINGBROOK CLINIC	5,723,413		5,723,413	0	5,723,413	90.04	
90.05	09005	NAPERVILLE NORTH CLINIC	1,858,338		1,858,338	0	1,858,338	90.05	
90.06	09006	OUTPATIENT SERVICES	7,159,480		7,159,480	0	7,159,480	90.06	
90.07	09007	OUTPATIENT CLINIC OTHER	8,469,793		8,469,793	0	8,469,793	90.07	
91.00	09100	EMERGENCY	23,494,012		23,494,012	0	23,494,012	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,848,192		11,848,192	0	11,848,192	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	557,921,817	0	557,921,817	53,096	557,974,913	200.00	
201.00		Less Observation Beds	11,848,192		11,848,192		11,848,192	201.00	
202.00		Total (see instructions)	546,073,625	0	546,073,625	53,096	546,126,721	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 7:20 am

			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	107,986,842		107,986,842			30.00
31.00	03100	INTENSIVE CARE UNIT	23,314,406		23,314,406			31.00
32.00	03200	CORONARY CARE UNIT	26,685,302		26,685,302			32.00
35.00	02060	NICU	26,149,673		26,149,673			35.00
43.00	04300	NURSERY	9,338,827		9,338,827			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,190,617	65,532,061	153,722,678	0.165083	0.000000	50.00
50.02	03330	ENDOSCOPY	8,145,887	25,643,191	33,789,078	0.131449	0.000000	50.02
51.00	05100	RECOVERY ROOM	12,948,781	20,287,455	33,236,236	0.138214	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,612,891	15,011,013	36,623,904	0.373505	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	24,374,019	37,470,740	61,844,759	0.034999	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,130,736	28,853,723	49,984,459	0.103319	0.000000	54.00
54.01	03630	ULTRASOUND	14,296,858	33,619,156	47,916,014	0.052397	0.000000	54.01
54.02	03440	WOMENS IMAGING CENTER	52,176	19,692,405	19,744,581	0.064145	0.000000	54.02
54.03	05401	SPECIAL PROCEDURES	7,530,728	7,980,263	15,510,991	0.115521	0.000000	54.03
54.04	05402	IMAGING CENTER	0	0	0	0.000000	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	934,377	218,521,689	219,456,066	0.216826	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,148,180	17,474,750	19,622,930	0.173709	0.000000	56.00
57.00	05700	CT SCAN	61,849,229	138,182,441	200,031,670	0.022036	0.000000	57.00
58.00	05800	MRI	17,169,117	56,406,774	73,575,891	0.045377	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	51,862,207	80,478,658	132,340,865	0.034454	0.000000	59.00
60.00	06000	LABORATORY	121,546,321	391,125,486	512,671,807	0.049497	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,704,016	5,837,848	17,541,864	0.147545	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	67,064,045	6,355,852	73,419,897	0.078702	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,037,070	7,315,393	27,352,463	0.157888	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	5,056,162	3,482,563	8,538,725	0.157274	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	24,870,169	64,793,879	89,664,048	0.078927	0.000000	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0.000000	0.000000	69.01
69.02	03290	EMG/NCV	67,676	1,524,748	1,592,424	0.031764	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	9,619,894	4,567,257	14,187,151	0.051926	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,111,394	38,938,832	89,050,226	0.751045	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	129,755,569	67,296,155	197,051,724	0.312629	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	128,776,481	42,239,522	171,016,003	0.115302	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	7,475,118	10,568,425	18,043,543	0.386037	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	247,274	11,255,539	11,502,813	0.172064	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	114,586	19,871,405	19,985,991	0.263534	0.000000	90.00
90.01	09001	WOUND OSTOMY	816,457	15,325,847	16,142,304	0.189626	0.000000	90.01
90.02	09002	PLAINFIELD CLINIC	14,209,147	347,776,425	361,985,572	0.103128	0.000000	90.02
90.03	09003	OSWEGO CLINIC	91,149	22,638,687	22,729,836	0.168741	0.000000	90.03
90.04	09004	BOLINGBROOK CLINIC	326,473	51,774,594	52,101,067	0.109852	0.000000	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	78,105	8,597,295	8,675,400	0.214208	0.000000	90.05
90.06	09006	OUTPATIENT SERVICES	0	13,225,229	13,225,229	0.541350	0.000000	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	47,878	71,925,537	71,973,415	0.117679	0.000000	90.07
91.00	09100	EMERGENCY	71,856,693	197,060,706	268,917,399	0.087365	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,832,345	31,133,763	35,966,108	0.329427	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,194,424,875	2,199,785,306	3,394,210,181			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,194,424,875	2,199,785,306	3,394,210,181			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/25/2019 7:20 am

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
32.00	03200	CORONARY CARE UNIT				32.00
35.00	02060	NICU				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.165083			50.00
50.02	03330	ENDOSCOPY	0.131449			50.02
51.00	05100	RECOVERY ROOM	0.138214			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373883			52.00
53.00	05300	ANESTHESIOLOGY	0.034999			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103319			54.00
54.01	03630	ULTRASOUND	0.052397			54.01
54.02	03440	WOMENS IMAGING CENTER	0.064145			54.02
54.03	05401	SPECIAL PROCEDURES	0.115521			54.03
54.04	05402	IMAGING CENTER	0.000000			54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216826			55.00
56.00	05600	RADIOISOTOPE	0.173709			56.00
57.00	05700	CT SCAN	0.022036			57.00
58.00	05800	MRI	0.045377			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.034454			59.00
60.00	06000	LABORATORY	0.049497			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.147545			62.00
65.00	06500	RESPIRATORY THERAPY	0.078847			65.00
66.00	06600	PHYSICAL THERAPY	0.157888			66.00
68.00	06800	SPEECH PATHOLOGY	0.157274			68.00
69.00	06900	ELECTROCARDIOLOGY	0.078927			69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000			69.01
69.02	03290	EMG/NCV	0.031764			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.053114			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.751045			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.312629			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.115302			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.386037			75.00
76.97	07697	CARDIAC REHABILITATION	0.172064			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.263534			90.00
90.01	09001	WOUND OSTOMY	0.189626			90.01
90.02	09002	PLAINFIELD CLINIC	0.103128			90.02
90.03	09003	OSWEGO CLINIC	0.168741			90.03
90.04	09004	BOLINGBROOK CLINIC	0.109852			90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.214208			90.05
90.06	09006	OUTPATIENT SERVICES	0.541350			90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.117679			90.07
91.00	09100	EMERGENCY	0.087365			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.329427			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
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			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	80,762,620		80,762,620	11,709
31.00	03100	INTENSIVE CARE UNIT	11,840,137		11,840,137	0
32.00	03200	CORONARY CARE UNIT	12,503,382		12,503,382	0
35.00	02060	NICU	11,477,021		11,477,021	0
43.00	04300	NURSERY	4,587,149		4,587,149	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,377,056		25,377,056	0
50.02	03330	ENDOSCOPY	4,441,548		4,441,548	0
51.00	05100	RECOVERY ROOM	4,593,701		4,593,701	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,679,216		13,679,216	13,841
53.00	05300	ANESTHESIOLOGY	2,164,478		2,164,478	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,164,326		5,164,326	0
54.01	03630	ULTRASOUND	2,510,677		2,510,677	0
54.02	03440	WOMENS IMAGING CENTER	1,266,519		1,266,519	0
54.03	05401	SPECIAL PROCEDURES	1,791,838		1,791,838	0
54.04	05402	IMAGING CENTER	0		0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	47,583,887		47,583,887	0
56.00	05600	RADIOISOTOPE	3,408,683		3,408,683	0
57.00	05700	CT SCAN	4,407,935		4,407,935	0
58.00	05800	MRI	3,338,672		3,338,672	0
59.00	05900	CARDIAC CATHETERIZATION	4,559,701		4,559,701	0
60.00	06000	LABORATORY	25,375,486		25,375,486	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,588,222		2,588,222	0
65.00	06500	RESPIRATORY THERAPY	5,778,258	0	5,778,258	10,683
66.00	06600	PHYSICAL THERAPY	4,318,624	0	4,318,624	0
68.00	06800	SPEECH PATHOLOGY	1,342,917	0	1,342,917	0
69.00	06900	ELECTROCARDIOLOGY	7,076,889		7,076,889	0
69.01	03140	CARDIOLOGY OUTREACH	0		0	0
69.02	03290	EMG/NCV	50,582		50,582	0
70.00	07000	ELECTROENCEPHALOGRAPHY	736,680		736,680	16,863
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,880,757		66,880,757	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,604,059		61,604,059	0
73.00	07300	DRUGS CHARGED TO PATIENTS	19,718,452		19,718,452	0
75.00	07500	ASC (NON-DISTINCT PART)	6,965,481		6,965,481	0
76.97	07697	CARDIAC REHABILITATION	1,979,218		1,979,218	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,266,984		5,266,984	0
90.01	09001	WOUND OSTOMY	3,061,007		3,061,007	0
90.02	09002	PLAINFIELD CLINIC	37,330,979		37,330,979	0
90.03	09003	OSWEGO CLINIC	3,835,448		3,835,448	0
90.04	09004	BOLINGBROOK CLINIC	5,723,413		5,723,413	0
90.05	09005	NAPERVILLE NORTH CLINIC	1,858,338		1,858,338	0
90.06	09006	OUTPATIENT SERVICES	7,159,480		7,159,480	0
90.07	09007	OUTPATIENT CLINIC OTHER	8,469,793		8,469,793	0
91.00	09100	EMERGENCY	23,494,012		23,494,012	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,848,192		11,848,192	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	557,921,817	0	557,921,817	53,096
201.00		Less Observation Beds	11,848,192		11,848,192	
202.00		Total (see instructions)	546,073,625	0	546,073,625	53,096

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet C
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	107,986,842		107,986,842		30.00
31.00	03100	INTENSIVE CARE UNIT	23,314,406		23,314,406		31.00
32.00	03200	CORONARY CARE UNIT	26,685,302		26,685,302		32.00
35.00	02060	NICU	26,149,673		26,149,673		35.00
43.00	04300	NURSERY	9,338,827		9,338,827		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,190,617	65,532,061	153,722,678	0.165083	0.000000
50.02	03330	ENDOSCOPY	8,145,887	25,643,191	33,789,078	0.131449	0.000000
51.00	05100	RECOVERY ROOM	12,948,781	20,287,455	33,236,236	0.138214	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,612,891	15,011,013	36,623,904	0.373505	0.000000
53.00	05300	ANESTHESIOLOGY	24,374,019	37,470,740	61,844,759	0.034999	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,130,736	28,853,723	49,984,459	0.103319	0.000000
54.01	03630	ULTRASOUND	14,296,858	33,619,156	47,916,014	0.052397	0.000000
54.02	03440	WOMENS IMAGING CENTER	52,176	19,692,405	19,744,581	0.064145	0.000000
54.03	05401	SPECIAL PROCEDURES	7,530,728	7,980,263	15,510,991	0.115521	0.000000
54.04	05402	IMAGING CENTER	0	0	0	0.000000	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	934,377	218,521,689	219,456,066	0.216826	0.000000
56.00	05600	RADIOISOTOPE	2,148,180	17,474,750	19,622,930	0.173709	0.000000
57.00	05700	CT SCAN	61,849,229	138,182,441	200,031,670	0.022036	0.000000
58.00	05800	MRI	17,169,117	56,406,774	73,575,891	0.045377	0.000000
59.00	05900	CARDIAC CATHETERIZATION	51,862,207	80,478,658	132,340,865	0.034454	0.000000
60.00	06000	LABORATORY	121,546,321	391,125,486	512,671,807	0.049497	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,704,016	5,837,848	17,541,864	0.147545	0.000000
65.00	06500	RESPIRATORY THERAPY	67,064,045	6,355,852	73,419,897	0.078702	0.000000
66.00	06600	PHYSICAL THERAPY	20,037,070	7,315,393	27,352,463	0.157888	0.000000
68.00	06800	SPEECH PATHOLOGY	5,056,162	3,482,563	8,538,725	0.157274	0.000000
69.00	06900	ELECTROCARDIOLOGY	24,870,169	64,793,879	89,664,048	0.078927	0.000000
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0.000000	0.000000
69.02	03290	EMG/NCV	67,676	1,524,748	1,592,424	0.031764	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	9,619,894	4,567,257	14,187,151	0.051926	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,111,394	38,938,832	89,050,226	0.751045	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	129,755,569	67,296,155	197,051,724	0.312629	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	128,776,481	42,239,522	171,016,003	0.115302	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	7,475,118	10,568,425	18,043,543	0.386037	0.000000
76.97	07697	CARDIAC REHABILITATION	247,274	11,255,539	11,502,813	0.172064	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	114,586	19,871,405	19,985,991	0.263534	0.000000
90.01	09001	WOUND OSTOMY	816,457	15,325,847	16,142,304	0.189626	0.000000
90.02	09002	PLAINFIELD CLINIC	14,209,147	347,776,425	361,985,572	0.103128	0.000000
90.03	09003	OSWEGO CLINIC	91,149	22,638,687	22,729,836	0.168741	0.000000
90.04	09004	BOLINGBROOK CLINIC	326,473	51,774,594	52,101,067	0.109852	0.000000
90.05	09005	NAPERVILLE NORTH CLINIC	78,105	8,597,295	8,675,400	0.214208	0.000000
90.06	09006	OUTPATIENT SERVICES	0	13,225,229	13,225,229	0.541350	0.000000
90.07	09007	OUTPATIENT CLINIC OTHER	47,878	71,925,537	71,973,415	0.117679	0.000000
91.00	09100	EMERGENCY	71,856,693	197,060,706	268,917,399	0.087365	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,832,345	31,133,763	35,966,108	0.329427	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,194,424,875	2,199,785,306	3,394,210,181		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,194,424,875	2,199,785,306	3,394,210,181		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
35.00	02060	NICU				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.02	03330	ENDOSCOPY	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRASOUND	0.000000			54.01
54.02	03440	WOMENS IMAGING CENTER	0.000000			54.02
54.03	05401	SPECIAL PROCEDURES	0.000000			54.03
54.04	05402	IMAGING CENTER	0.000000			54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000			69.01
69.02	03290	EMG/NCV	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
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						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOUND OSTOMY	0.000000			90.01
90.02	09002	PLAINFIELD CLINIC	0.000000			90.02
90.03	09003	OSWEGO CLINIC	0.000000			90.03
90.04	09004	BOLINGBROOK CLINIC	0.000000			90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.000000			90.05
90.06	09006	OUTPATIENT SERVICES	0.000000			90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
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			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	11,489,424	0	11,489,424	79,628	144.29	30.00	
31.00	INTENSIVE CARE UNIT	1,956,797		1,956,797	5,943	329.26	31.00	
32.00	CORONARY CARE UNIT	2,043,643		2,043,643	5,956	343.12	32.00	
35.00	NICU	1,015,843		1,015,843	8,244	123.22	35.00	
43.00	NURSERY	74,770		74,770	6,025	12.41	43.00	
200.00	Total (lines 30 through 199)	16,580,477		16,580,477	105,796		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	25,890	3,735,668					30.00
31.00	INTENSIVE CARE UNIT	2,661	876,161					31.00
32.00	CORONARY CARE UNIT	2,874	986,127					32.00
35.00	NICU	0	0					35.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	31,425	5,597,956					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
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Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,077,448	153,722,678	0.026525	34,155,571	905,977	50.00
50.02	03330 ENDOSCOPY	778,615	33,789,078	0.023043	3,588,523	82,690	50.02
51.00	05100 RECOVERY ROOM	71,768	33,236,236	0.002159	4,414,442	9,531	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,694,732	36,623,904	0.046274	45,008	2,083	52.00
53.00	05300 ANESTHESIOLOGY	120,269	61,844,759	0.001945	8,579,522	16,687	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	729,533	49,984,459	0.014595	9,421,657	137,509	54.00
54.01	03630 ULTRASOUND	101,393	47,916,014	0.002116	5,967,545	12,627	54.01
54.02	03440 WOMENS IMAGING CENTER	17,565	19,744,581	0.000890	19,357	17	54.02
54.03	05401 SPECIAL PROCEDURES	70,974	15,510,991	0.004576	3,283,209	15,024	54.03
54.04	05402 IMAGING CENTER	0	0	0.000000	0	0	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	1,330,821	219,456,066	0.006064	240,031	1,456	55.00
56.00	05600 RADIOISOTOPE	260,416	19,622,930	0.013271	1,034,502	13,729	56.00
57.00	05700 CT SCAN	342,612	200,031,670	0.001713	25,120,712	43,032	57.00
58.00	05800 MRI	689,739	73,575,891	0.009375	5,940,210	55,689	58.00
59.00	05900 CARDIAC CATHETERIZATION	580,249	132,340,865	0.004385	18,928,774	83,003	59.00
60.00	06000 LABORATORY	984,637	512,671,807	0.001921	46,101,162	88,560	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	108,760	17,541,864	0.006200	4,264,764	26,442	62.00
65.00	06500 RESPIRATORY THERAPY	372,968	73,419,897	0.005080	29,218,018	148,428	65.00
66.00	06600 PHYSICAL THERAPY	79,961	27,352,463	0.002923	10,126,104	29,599	66.00
68.00	06800 SPEECH PATHOLOGY	20,563	8,538,725	0.002408	2,369,757	5,706	68.00
69.00	06900 ELECTROCARDIOLOGY	1,141,467	89,664,048	0.012730	10,519,104	133,908	69.00
69.01	03140 CARDIOLOGY OUTREACH	0	0	0.000000	0	0	69.01
69.02	03290 EMG/NCV	693	1,592,424	0.000435	25,311	11	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	11,962	14,187,151	0.000843	2,509,660	2,116	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,665,049	89,050,226	0.018698	19,479,052	364,219	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,532,430	197,051,724	0.007777	57,622,623	448,131	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	247,894	171,016,003	0.001450	55,286,998	80,166	73.00
75.00	07500 ASC (NON-DISTINCT PART)	986,918	18,043,543	0.054696	3,460,901	189,297	75.00
76.97	07697 CARDIAC REHABILITATION	232,838	11,502,813	0.020242	122,074	2,471	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	348,237	19,985,991	0.017424	82,607	1,439	90.00
90.01	09001 WOUND OSTOMY	345,352	16,142,304	0.021394	597,618	12,785	90.01
90.02	09002 PLAINFIELD CLINIC	1,928,627	361,985,572	0.005328	3,777,789	20,128	90.02
90.03	09003 OSWEGO CLINIC	745,768	22,729,836	0.032810	64,525	2,117	90.03
90.04	09004 BOLINGBROOK CLINIC	2,043,988	52,101,067	0.039231	194,718	7,639	90.04
90.05	09005 NAPERVILLE NORTH CLINIC	294,634	8,675,400	0.033962	47,019	1,597	90.05
90.06	09006 OUTPATIENT SERVICES	892,544	13,225,229	0.067488	0	0	90.06
90.07	09007 OUTPATIENT CLINIC OTHER	1,221,097	71,973,415	0.016966	34,654	588	90.07
91.00	09100 EMERGENCY	2,597,018	268,917,399	0.009657	30,928,189	298,674	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,685,299	35,966,108	0.046858	2,376,759	111,370	92.00
200.00	Total (lines 50 through 199)	30,354,838	3,200,735,131		399,948,469	3,354,445	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0231		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 7:20 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	20,440	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	4,542	0	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00			
35.00	02060	NICU	0	0	0	0	0	35.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	0	0	24,982	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	20,440	79,628	0.26	25,890	30.00			
31.00	03100	INTENSIVE CARE UNIT		4,542	5,943	0.76	2,661	31.00			
32.00	03200	CORONARY CARE UNIT		0	5,956	0.00	2,874	32.00			
35.00	02060	NICU		0	8,244	0.00	0	35.00			
43.00	04300	NURSERY		0	6,025	0.00	0	43.00			
200.00		Total (lines 30 through 199)		24,982	105,796		31,425	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	6,731								30.00
31.00	03100	INTENSIVE CARE UNIT	2,022								31.00
32.00	03200	CORONARY CARE UNIT	0								32.00
35.00	02060	NICU	0								35.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	8,753								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 7:20 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	4,542	50.00
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	11,923	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,271	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	3,407	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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND OSTOMY	0	0	0	0	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	0	0	0	90.02
90.03	09003	OSWEGO CLINIC	0	0	0	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	0	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	0	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	262,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	2,998	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	287,175	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 7:20 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	4,542	4,542	153,722,678	0.000030	50.00
50.02	03330	ENDOSCOPY	0	0	0	33,789,078	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	33,236,236	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	36,623,904	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	61,844,759	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	49,984,459	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	47,916,014	0.000000	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	19,744,581	0.000000	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	15,510,991	0.000000	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	219,456,066	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	19,622,930	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	200,031,670	0.000000	57.00
58.00	05800	MRI	0	0	0	73,575,891	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	132,340,865	0.000000	59.00
60.00	06000	LABORATORY	0	11,923	11,923	512,671,807	0.000023	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	17,541,864	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,271	2,271	73,419,897	0.000031	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	27,352,463	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,538,725	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	89,664,048	0.000000	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0.000000	69.01
69.02	03290	EMG/NCV	0	0	0	1,592,424	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	14,187,151	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	89,050,226	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	197,051,724	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	171,016,003	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,407	3,407	18,043,543	0.000189	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	11,502,813	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	19,985,991	0.000000	90.00
90.01	09001	WOUND OSTOMY	0	0	0	16,142,304	0.000000	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	0	361,985,572	0.000000	90.02
90.03	09003	OSWEGO CLINIC	0	0	0	22,729,836	0.000000	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	0	52,101,067	0.000000	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	0	8,675,400	0.000000	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	13,225,229	0.000000	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	0	71,973,415	0.000000	90.07
91.00	09100	EMERGENCY	0	262,034	262,034	268,917,399	0.000974	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,998	2,998	35,966,108	0.000083	92.00
200.00		Total (lines 50 through 199)	0	287,175	287,175	3,200,735,131		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0231		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 7:20 am	
Cost Center Description				Title XVIII		Hospital		PPS	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000030	34,155,571	1,025	10,514,247	315	50.00	
50.02	03330	ENDOSCOPY	0.000000	3,588,523	0	7,412,806	0	50.02	
51.00	05100	RECOVERY ROOM	0.000000	4,414,442	0	3,365,817	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	45,008	0	16,171	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	8,579,522	0	8,872,111	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	9,421,657	0	6,443,754	0	54.00	
54.01	03630	ULTRASOUND	0.000000	5,967,545	0	6,709,486	0	54.01	
54.02	03440	WOMENS IMAGING CENTER	0.000000	19,357	0	2,163,798	0	54.02	
54.03	05401	SPECIAL PROCEDURES	0.000000	3,283,209	0	3,339,267	0	54.03	
54.04	05402	IMAGING CENTER	0.000000	0	0	0	0	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	240,031	0	81,181,032	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	1,034,502	0	6,984,610	0	56.00	
57.00	05700	CT SCAN	0.000000	25,120,712	0	39,622,453	0	57.00	
58.00	05800	MRI	0.000000	5,940,210	0	12,877,810	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	18,928,774	0	32,480,272	0	59.00	
60.00	06000	LABORATORY	0.000023	46,101,162	1,060	46,127,372	1,061	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,264,764	0	878,671	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0.000031	29,218,018	906	1,253,873	39	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	10,126,104	0	177,360	0	66.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	2,369,757	0	64,688	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	10,519,104	0	22,200,200	0	69.00	
69.01	03140	CARDIOLOGY OUTREACH	0.000000	0	0	0	0	69.01	
69.02	03290	EMG/NCV	0.000000	25,311	0	412,186	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,509,660	0	717,135	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	19,479,052	0	10,327,973	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	57,622,623	0	22,360,830	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	55,286,998	0	7,436,891	0	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000189	3,460,901	654	3,802,249	719	75.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	122,074	0	4,264,977	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	82,607	0	1,585,389	0	90.00	
90.01	09001	WOUND OSTOMY	0.000000	597,618	0	6,928,303	0	90.01	
90.02	09002	PLAINFIELD CLINIC	0.000000	3,777,789	0	86,640,434	0	90.02	
90.03	09003	OSWEGO CLINIC	0.000000	64,525	0	2,561,902	0	90.03	
90.04	09004	BOLINGBROOK CLINIC	0.000000	194,718	0	7,563,098	0	90.04	
90.05	09005	NAPERVILLE NORTH CLINIC	0.000000	47,019	0	865,998	0	90.05	
90.06	09006	OUTPATIENT SERVICES	0.000000	0	0	508,926	0	90.06	
90.07	09007	OUTPATIENT CLINIC OTHER	0.000000	34,654	0	8,723,507	0	90.07	
91.00	09100	EMERGENCY	0.000974	30,928,189	30,124	39,837,008	38,801	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000083	2,376,759	197	7,879,063	654	92.00	
200.00		Total (lines 50 through 199)		399,948,469	33,966	505,101,667	41,589	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 7:20 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	0.165083	10,514,247	0	264	1,735,723	50.00
50.02	03330	ENDOSCOPY	0.131449	7,412,806	0	1	974,406	50.02
51.00	05100	RECOVERY ROOM	0.138214	3,365,817	0	0	465,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373505	16,171	0	0	6,040	52.00
53.00	05300	ANESTHESIOLOGY	0.034999	8,872,111	0	12	310,515	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103319	6,443,754	0	38	665,762	54.00
54.01	03630	ULTRASOUND	0.052397	6,709,486	0	0	351,557	54.01
54.02	03440	WOMENS IMAGING CENTER	0.064145	2,163,798	0	0	138,797	54.02
54.03	05401	SPECIAL PROCEDURES	0.115521	3,339,267	0	148	385,755	54.03
54.04	05402	IMAGING CENTER	0.000000	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216826	81,181,032	0	74,670	17,602,158	55.00
56.00	05600	RADIOISOTOPE	0.173709	6,984,610	0	12	1,213,290	56.00
57.00	05700	CT SCAN	0.022036	39,622,453	0	3,461	873,120	57.00
58.00	05800	MRI	0.045377	12,877,810	0	888	584,356	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.034454	32,480,272	0	1,039	1,119,075	59.00
60.00	06000	LABORATORY	0.049497	46,127,372	0	0	2,283,167	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.147545	878,671	0	0	129,644	62.00
65.00	06500	RESPIRATORY THERAPY	0.078702	1,253,873	0	1	98,682	65.00
66.00	06600	PHYSICAL THERAPY	0.157888	177,360	0	0	28,003	66.00
68.00	06800	SPEECH PATHOLOGY	0.157274	64,688	0	0	10,174	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078927	22,200,200	0	378	1,752,195	69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000	0	0	0	0	69.01
69.02	03290	EMG/NCV	0.031764	412,186	0	0	13,093	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.051926	717,135	0	11	37,238	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.751045	10,327,973	0	0	7,756,772	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.312629	22,360,830	0	0	6,990,644	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.115302	7,436,891	0	6,937	857,488	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.386037	3,802,249	0	0	1,467,809	75.00
76.97	07697	CARDIAC REHABILITATION	0.172064	4,264,977	0	0	733,849	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.263534	1,585,389	0	0	417,804	90.00
90.01	09001	WOUND OSTOMY	0.189626	6,928,303	0	2,368	1,313,786	90.01
90.02	09002	PLAINFIELD CLINIC	0.103128	86,640,434	0	52,325	8,935,055	90.02
90.03	09003	OSWEGO CLINIC	0.168741	2,561,902	0	163	432,298	90.03
90.04	09004	BOLINGBROOK CLINIC	0.109852	7,563,098	0	351	830,821	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.214208	865,998	0	8	185,504	90.05
90.06	09006	OUTPATIENT SERVICES	0.541350	508,926	0	24	275,507	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.117679	8,723,507	0	137	1,026,574	90.07
91.00	09100	EMERGENCY	0.087365	39,837,008	0	94	3,480,360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.329427	7,879,063	0	0	2,595,576	92.00
200.00		Subtotal (see instructions)		505,101,667	0	143,330	68,077,800	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		505,101,667	0	143,330	68,077,800	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/25/2019 7:20 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	44		50.00
50.02	03330	ENDOSCOPY	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4		54.00
54.01	03630	ULTRASOUND	0	0		54.01
54.02	03440	WOMENS IMAGING CENTER	0	0		54.02
54.03	05401	SPECIAL PROCEDURES	0	17		54.03
54.04	05402	IMAGING CENTER	0	0		54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,190		55.00
56.00	05600	RADIOISOTOPE	0	2		56.00
57.00	05700	CT SCAN	0	76		57.00
58.00	05800	MRI	0	40		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	36		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	30		69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0		69.01
69.02	03290	EMG/NCV	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	800		73.00
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					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	WOUND OSTOMY	0	449		90.01
90.02	09002	PLAINFIELD CLINIC	0	5,396		90.02
90.03	09003	OSWEGO CLINIC	0	28		90.03
90.04	09004	BOLINGBROOK CLINIC	0	39		90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	2		90.05
90.06	09006	OUTPATIENT SERVICES	0	13		90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	16		90.07
91.00	09100	EMERGENCY	0	8		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	23,191		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	23,191		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0231		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/25/2019 7:20 am		
					Title XIX		Hospital		Cost		
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	20,440	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	0	4,542	0	31.00			
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00			
35.00	02060	NICU	0	0	0	0	0	35.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00	Total (lines 30 through 199)		0	0	0	24,982	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	20,440	79,628	0.26	1,666	30.00			
31.00	03100	INTENSIVE CARE UNIT		4,542	5,943	0.76	193	31.00			
32.00	03200	CORONARY CARE UNIT		0	5,956	0.00	95	32.00			
35.00	02060	NICU		0	8,244	0.00	360	35.00			
43.00	04300	NURSERY		0	6,025	0.00	837	43.00			
200.00	Total (lines 30 through 199)			24,982	105,796		3,151	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	433								30.00
31.00	03100	INTENSIVE CARE UNIT	147								31.00
32.00	03200	CORONARY CARE UNIT	0								32.00
35.00	02060	NICU	0								35.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		580								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description		Title XIX			Hospital		Cost	
		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	4,542	50.00
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	11,923	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,271	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	3,407	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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND OSTOMY	0	0	0	0	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	0	0	0	90.02
90.03	09003	OSWEGO CLINIC	0	0	0	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	0	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	0	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	262,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	284,177	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 7:20 am
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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	4,542	4,542	153,722,678	0.000030	50.00
50.02	03330 ENDOSCOPY	0	0	0	33,789,078	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	33,236,236	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	36,623,904	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	61,844,759	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	49,984,459	0.000000	54.00
54.01	03630 ULTRASOUND	0	0	0	47,916,014	0.000000	54.01
54.02	03440 WOMENS IMAGING CENTER	0	0	0	19,744,581	0.000000	54.02
54.03	05401 SPECIAL PROCEDURES	0	0	0	15,510,991	0.000000	54.03
54.04	05402 IMAGING CENTER	0	0	0	0	0.000000	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	219,456,066	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	19,622,930	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	200,031,670	0.000000	57.00
58.00	05800 MRI	0	0	0	73,575,891	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	132,340,865	0.000000	59.00
60.00	06000 LABORATORY	0	11,923	11,923	512,671,807	0.000023	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	17,541,864	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	2,271	2,271	73,419,897	0.000031	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	27,352,463	0.000000	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	8,538,725	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	89,664,048	0.000000	69.00
69.01	03140 CARDIOLOGY OUTREACH	0	0	0	0	0.000000	69.01
69.02	03290 EMG/NCV	0	0	0	1,592,424	0.000000	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	14,187,151	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	89,050,226	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	197,051,724	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	171,016,003	0.000000	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	3,407	3,407	18,043,543	0.000189	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	11,502,813	0.000000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	19,985,991	0.000000	90.00
90.01	09001 WOUND OSTOMY	0	0	0	16,142,304	0.000000	90.01
90.02	09002 PLAINFIELD CLINIC	0	0	0	361,985,572	0.000000	90.02
90.03	09003 OSWEGO CLINIC	0	0	0	22,729,836	0.000000	90.03
90.04	09004 BOLINGBROOK CLINIC	0	0	0	52,101,067	0.000000	90.04
90.05	09005 NAPERVILLE NORTH CLINIC	0	0	0	8,675,400	0.000000	90.05
90.06	09006 OUTPATIENT SERVICES	0	0	0	13,225,229	0.000000	90.06
90.07	09007 OUTPATIENT CLINIC OTHER	0	0	0	71,973,415	0.000000	90.07
91.00	09100 EMERGENCY	0	262,034	262,034	268,917,399	0.000974	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	35,966,108	0.000000	92.00
200.00	Total (lines 50 through 199)	0	284,177	284,177	3,200,735,131		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/25/2019 7:20 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	0.000030	0	0	0	0	0	50.00
50.02	03330 ENDOSCOPY	0.000000	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03630 ULTRASOUND	0.000000	0	0	0	0	0	54.01
54.02	03440 WOMENS IMAGING CENTER	0.000000	0	0	0	0	0	54.02
54.03	05401 SPECIAL PROCEDURES	0.000000	0	0	0	0	0	54.03
54.04	05402 IMAGING CENTER	0.000000	0	0	0	0	0	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000023	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000031	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
69.01	03140 CARDIOLOGY OUTREACH	0.000000	0	0	0	0	0	69.01
69.02	03290 EMG/NCV	0.000000	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000189	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								
90.00	09000 CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001 WOUND OSTOMY	0.000000	0	0	0	0	0	90.01
90.02	09002 PLAINFIELD CLINIC	0.000000	0	0	0	0	0	90.02
90.03	09003 OSWEGO CLINIC	0.000000	0	0	0	0	0	90.03
90.04	09004 BOLINGBROOK CLINIC	0.000000	0	0	0	0	0	90.04
90.05	09005 NAPERVILLE NORTH CLINIC	0.000000	0	0	0	0	0	90.05
90.06	09006 OUTPATIENT SERVICES	0.000000	0	0	0	0	0	90.06
90.07	09007 OUTPATIENT CLINIC OTHER	0.000000	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.000974	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:

11/25/2019 7:20 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)	79,628	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	79,628	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)	67,948	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)	25,890	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)	80,774,329	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)	80,774,329	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)	80,774,329	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,014.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	26,262,816	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)	26,262,816	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:

11/25/2019 7:20 am

		Title XVIII			Hospital	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	11,840,137	5,943	1,992.28	2,661	5,301,457	43.00
44.00	CORONARY CARE UNIT	12,503,382	5,956	2,099.29	2,874	6,033,359	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NICU	11,477,021	8,244	1,392.17	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					62,993,839	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					100,591,471	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)					5,606,709	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,388,411	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,995,120	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					91,596,351	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)					11,680	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,014.40	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					11,848,192	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
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Cost Center Description		Title XVIII		Hospital		PPS	
		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	11,489,424	80,774,329	0.142241	11,848,192	1,685,299	90.00
91.00	Nursing School cost	0	80,774,329	0.000000	11,848,192	0	91.00
92.00	Allied health cost	20,440	80,774,329	0.000253	11,848,192	2,998	92.00
93.00	All other Medical Education	0	80,774,329	0.000000	11,848,192	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 7:20 am	
		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)		79,628	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		79,628	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)		67,948	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)		1,666	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)		6,025	15.00	
16.00	Nursery days (title V or XIX only)		837	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)		80,762,620	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)		80,762,620	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)		80,762,620	37.00	
PART II - HOSPITAL AND SUBPROVIDERS ONLY					
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,014.25	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,689,741	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)		1,689,741	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
11/25/2019 7:20 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)	4,587,149	6,025	761.35	837	637,250	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	11,840,137	5,943	1,992.28	193	384,510	43.00	
44.00	CORONARY CARE UNIT	12,503,382	5,956	2,099.29	95	199,433	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NICU	11,477,021	8,244	1,392.17	360	501,181	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)						3,412,115	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)						11,680	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,014.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						11,846,440	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
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		Title XIX		Hospital	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	11,489,424	80,762,620	0.142262	11,846,440	1,685,298
91.00	Nursing School cost	0	80,762,620	0.000000	11,846,440	0
92.00	Allied health cost	20,440	80,762,620	0.000253	11,846,440	2,997
93.00	All other Medical Education	0	80,762,620	0.000000	11,846,440	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 7:20 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		47,620,004	30.00
31.00	03100	INTENSIVE CARE UNIT		10,588,334	31.00
32.00	03200	CORONARY CARE UNIT		13,078,256	32.00
35.00	02060	NICU		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.165083	34,155,571	5,638,504 50.00
50.02	03330	ENDOSCOPY	0.131449	3,588,523	471,708 50.02
51.00	05100	RECOVERY ROOM	0.138214	4,414,442	610,138 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.373883	45,008	16,828 52.00
53.00	05300	ANESTHESIOLOGY	0.034999	8,579,522	300,275 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.103319	9,421,657	973,436 54.00
54.01	03630	ULTRASOUND	0.052397	5,967,545	312,681 54.01
54.02	03440	WOMENS IMAGING CENTER	0.064145	19,357	1,242 54.02
54.03	05401	SPECIAL PROCEDURES	0.115521	3,283,209	379,280 54.03
54.04	05402	IMAGING CENTER	0.000000	0	0 54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216826	240,031	52,045 55.00
56.00	05600	RADIOISOTOPE	0.173709	1,034,502	179,702 56.00
57.00	05700	CT SCAN	0.022036	25,120,712	553,560 57.00
58.00	05800	MRI	0.045377	5,940,210	269,549 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.034454	18,928,774	652,172 59.00
60.00	06000	LABORATORY	0.049497	46,101,162	2,281,869 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.147545	4,264,764	629,245 62.00
65.00	06500	RESPIRATORY THERAPY	0.078847	29,218,018	2,303,753 65.00
66.00	06600	PHYSICAL THERAPY	0.157888	10,126,104	1,598,790 66.00
68.00	06800	SPEECH PATHOLOGY	0.157274	2,369,757	372,701 68.00
69.00	06900	ELECTROCARDIOLOGY	0.078927	10,519,104	830,241 69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000	0	0 69.01
69.02	03290	EMG/NCV	0.031764	25,311	804 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.053114	2,509,660	133,298 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.751045	19,479,052	14,629,645 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.312629	57,622,623	18,014,503 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.115302	55,286,998	6,374,701 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.386037	3,460,901	1,336,036 75.00
76.97	07697	CARDIAC REHABILITATION	0.172064	122,074	21,005 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.263534	82,607	21,770 90.00
90.01	09001	WOUND OSTOMY	0.189626	597,618	113,324 90.01
90.02	09002	PLAINFIELD CLINIC	0.103128	3,777,789	389,596 90.02
90.03	09003	OSWEGO CLINIC	0.168741	64,525	10,888 90.03
90.04	09004	BOLINGBROOK CLINIC	0.109852	194,718	21,390 90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.214208	47,019	10,072 90.05
90.06	09006	OUTPATIENT SERVICES	0.541350	0	0 90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.117679	34,654	4,078 90.07
91.00	09100	EMERGENCY	0.087365	30,928,189	2,702,041 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.329427	2,376,759	782,969 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		399,948,469	62,993,839 200.00
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)		399,948,469	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 7:20 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)		27,458,919	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		52,360,103	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)		3,505,909	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		266.00	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	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.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	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)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.99	30.00
31.00	Percentage of Medicaid patient days (see instructions)		7.31	31.00
32.00	Sum of lines 30 and 31		9.30	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 7:20 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	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
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)	83,324,931			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)		83,324,931		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,939,909		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).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		107,243		53.00
54.00	Special add-on payments for new technologies		90,375		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).		8,753		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		33,966		58.00
59.00	Total (sum of amounts on lines 49 through 58)		90,505,177		59.00
60.00	Primary payer payments		15,476		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		90,489,701		61.00
62.00	Deductibles billed to program beneficiaries		6,891,820		62.00
63.00	Coinsurance billed to program beneficiaries		306,816		63.00
64.00	Allowable bad debts (see instructions)		429,760		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		279,344		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		384,386		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		83,570,409		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)		354,885		70.93
70.94	HRR adjustment amount (see instructions)		-463,582		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 7:20 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)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		83,461,712	71.00	
71.01	Sequestration adjustment (see instructions)		1,669,234	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		81,589,199	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)		203,279	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,466,886	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2019 7:20 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	27,458,919	0	27,458,919		27,458,919
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	52,360,103	0		79,819,022	79,819,022
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	3,505,909	0	0	3,505,909	3,505,909
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0
11.01	Uncompensated care payments	36.00	0	0	0	0	0
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	83,324,931	0	27,458,919	55,866,012	83,324,931
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	83,324,931	0	27,458,919	55,866,012	83,324,931
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,939,909	0	0	6,939,909	6,939,909
17.00	Special add-on payments for new technologies	54.00	90,375	0	0	90,375	90,375
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2019 7:20 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	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	27,458,919	62,896,296	90,355,215	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	6,495,811	0	0	6,495,811	6,495,811	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	320,678	0	0	320,678	320,678	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0190	0.0190	0.0190	0.0190		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	123,420	0	0	123,420	123,420	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,939,909	0	0	6,939,909	6,939,909	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.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2019 7:20 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	27,458,919	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	52,360,103		79,819,022	79,819,022	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	3,505,909	0	3,505,909	3,505,909	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	83,324,931	0	83,324,931	83,324,931	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	83,324,931	0	83,324,931	83,324,931	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,939,909	0	6,939,909	6,939,909	16.00
17.00	Special add-on payments for new technologies	54.00	90,375	0	90,375	90,375	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	90,355,215	90,355,215	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2019 7:20 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	6,495,811	0	6,495,811	6,495,811	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	320,678	0	320,678	320,678	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0190	0.0190	0.0190		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	123,420	0	123,420	123,420	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,939,909	0	6,939,909	6,939,909	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	354,885	0	354,885	354,885	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	-463,582	0	-463,582	-463,582	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 7:20 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		23,191	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		68,036,211	2.00
3.00	OPPS payments		62,802,932	3.00
4.00	Outlier payment (see instructions)		321,535	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		41,589	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		23,191	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		143,330	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)		143,330	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)		143,330	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		120,139	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)		23,191	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)		63,166,056	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)		11,300,042	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)		51,889,205	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)		51,889,205	30.00
31.00	Primary payer payments		8,590	31.00
32.00	Subtotal (line 30 minus line 31)		51,880,615	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)		729,611	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		474,247	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		669,757	36.00
37.00	Subtotal (see instructions)		52,354,862	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-359	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)		9,906	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		52,355,221	40.00
40.01	Sequestration adjustment (see instructions)		1,047,104	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		51,158,401	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		149,716	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/25/2019 7:20 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		81,388,918		50,791,366	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		606,502		639,264	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	06/05/2019	406,221	06/05/2019	272,229	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)		-406,221		-272,229	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)		81,589,199		51,158,401	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		203,279		149,716	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		81,792,478		51,308,117	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/25/2019 7:20 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: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2019 7:20 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	3,412,115			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)	3,412,115	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)	3,412,115	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)	3,412,115	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)	3,412,115	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	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

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

Provider CCN: 14-0231

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

Worksheet G

Date/Time Prepared:

11/25/2019 7:20 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	-8,150,051	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	90,497,958	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	12,095,610	0	0	0	7.00
8.00	Prepaid expenses	2,853,860	0	0	0	8.00
9.00	Other current assets	474,713	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)	97,772,090	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,673,577	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	562,853,521	0	0	0	15.00
16.00	Accumulated depreciation	-502,784,581	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	317,434,852	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	388,177,369	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	47,509,429	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	47,509,429	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	533,458,888	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,252,710	0	0	0	37.00
38.00	Salaries, wages, and fees payable	30,773,083	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	130,844,173	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	178,869,966	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	27,256,311	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	27,256,311	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	206,126,277	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	327,332,611				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)	327,332,611	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	533,458,888	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0231

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

Worksheet G-1

Date/Time Prepared:
11/25/2019 7:20 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		346,016,812		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		45,499,921				2.00
3.00	Total (sum of line 1 and line 2)		391,516,733		0		3.00
4.00	TRANSFERS	0		0		0	4.00
5.00	MINORITY INTEREST	715,451		0		0	5.00
6.00	TEMP RESTRICETD NET ASSETS	-870,367		0		0	6.00
7.00	PERM RESTRICTED NET ASSETS	0		0		0	7.00
8.00	DISTRIBUTIONS	0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		-154,916		0		10.00
11.00	Subtotal (line 3 plus line 10)		391,361,817		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS TO AFFILIATES	64,029,206		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)		64,029,206		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		327,332,611		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	TRANSFERS		0				4.00
5.00	MINORITY INTEREST		0				5.00
6.00	TEMP RESTRICETD NET ASSETS		0				6.00
7.00	PERM RESTRICTED NET ASSETS		0				7.00
8.00	DISTRIBUTIONS		0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFERS TO AFFILIATES		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: 14-0231

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2019 7:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	107,986,842		107,986,842	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	107,986,842		107,986,842	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,314,406		23,314,406	11.00
12.00	CORONARY CARE UNIT	26,685,302		26,685,302	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NICU	26,149,673		26,149,673	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	76,149,381		76,149,381	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	184,136,223		184,136,223	17.00
18.00	Ancillary services	1,000,949,824	0	1,000,949,824	18.00
19.00	Outpatient services	0	2,202,907,023	2,202,907,023	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
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	9,338,827	0	9,338,827	27.00
27.01	PROFESSIONAL FEES	0	98,075,042	98,075,042	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,194,424,874	2,300,982,065	3,495,406,939	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		637,857,259		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		637,857,259		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0231

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

Worksheet G-3

Date/Time Prepared:
11/25/2019 7:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,495,406,939	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,837,947,503	2.00
3.00	Net patient revenues (line 1 minus line 2)	657,459,436	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	637,857,259	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,602,177	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,391,250	6.00
7.00	Income from investments	536,255	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	RENT& PARKING INCOME	1,547,867	24.00
24.01	IHP DISTRIBUTIONS	976,129	24.01
24.02	CLINICAL INTEGRATION	0	24.02
24.03	CLINICAL TRIALS	211,173	24.03
24.04	PERINATAL HEALTH PROMOTIONS	0	24.04
24.05	LABORATORY OTHER REVENUE	0	24.05
24.06	SIMULATION AND TRAINING	0	24.06
24.07	CARDIOGRAPHICS OTHER REVENUE	12,617,014	24.07
24.08	OUTPATIENT PHARMACY	0	24.08
24.09	OCCUPATIONAL HEALTH	1,399,956	24.09
24.10	OTHER REVENUE	7,174,562	24.10
24.11	ER TRAUMA	0	24.11
24.12	INTERCO REVENUE	0	24.12
24.13	COMMUNITY & SEMINARS	105,877	24.13
24.14	DISCOUNT	49,649	24.14
24.15	MANAGEMENT FEES OTHER	552,516	24.15
24.16	GAIN/LOSS ON SALE ASSETS	50,945	24.16
24.17	INVEST INCOME REALIZED	0	24.17
24.18	NON CONTROLLING INTEREST	-715,451	24.18
25.00	Total other income (sum of lines 6-24)	25,897,742	25.00
26.00	Total (line 5 plus line 25)	45,499,919	26.00
27.00	ROUNDING	-2	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-2	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	45,499,921	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0231	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/25/2019 7:20 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,495,811	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		320,678	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)		241.35	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.99	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		7.31	8.00
9.00	Sum of lines 7 and 8		9.30	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.90	10.00
11.00	Disproportionate share adjustment (see instructions)		123,420	11.00
12.00	Total prospective capital payments (see instructions)		6,939,909	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