

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/27/2021 1:34 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 09001 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST LAGRANGE MEMORIAL HOSPITAL (14-0065) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) YUESHA CHEN
 Officer or Administrator of Provider(s)

REGIONAL CFO
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-157,413	122,582	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	45,108	-21		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	-112,305	122,561	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.
 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
 Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0065		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 1:34 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 5101 S. WILLOW SPRINGS ROAD			PO Box:				1.00	
2.00	City: LAGRANGE			State: IL		Zip Code: 60525-		County: COOK 2.00	
				Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)
				1.00	2.00	3.00	4.00	5.00	6.00 7.00 8.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			ADVENTIST LAGRANGE MEMORIAL HOSPITAL	140065	16974	1	06/30/1966	N P O 3.00
4.00	Subprovider - IPF								4.00
5.00	Subprovider - IRF			ADVENTIST LA GRANGE REHAB SUBPROV.	14T065	16974	5	01/01/2015	N P O 5.00
6.00	Subprovider - (Other)								6.00
7.00	Swing Beds - SNF								7.00
8.00	Swing Beds - NF								8.00
9.00	Hospital-Based SNF								9.00
10.00	Hospital-Based NF								10.00
11.00	Hospital-Based OLTC								11.00
12.00	Hospital-Based HHA								12.00
13.00	Separately Certified ASC								13.00
14.00	Hospital-Based Hospice								14.00
15.00	Hospital-Based Health Clinic - RHC								15.00
16.00	Hospital-Based Health Clinic - FQHC								16.00
17.00	Hospital-Based (CMHC) I								17.00
17.10	Hospital-Based (CORF) I								17.10
18.00	Renal Dialysis								18.00
19.00	Other								19.00
								From:	To:
								1.00	2.00
20.00	Cost Reporting Period (mm/dd/yyyy)							01/01/2020	12/31/2020 20.00
21.00	Type of Control (see instructions)							1	21.00
								1.00	2.00 3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	Y	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

	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.	586	96	0	0	2,110	92	24.00
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.	44	0	0	0	145		25.00
					Urban/Rural St	Date of Geogra	
					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.					2		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.					2		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	N	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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y	
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 1:34 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	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
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
			0.00	0.00	0.000000		64.00

Worksheet S-2
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	1.78	16.86	0.095494			65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
				1.00	2.00	3.00			
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000			66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	0.00	19.55	0.000000			67.00
					1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0		71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0		76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 1:34 pm		
				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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N		108.00
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 1:34 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,898,446	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	Y		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HF8013	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0065		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 1:34 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ADVENTHEALTH		Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001		141.00		
142.00	Street: 900 HOPE WAY		PO Box:				142.00		
143.00	City: ALTAMONTE SPRINGS		State: FL		Zip Code: 32714		143.00		
								1.00	
144.00 Are provider based physicians' costs included in Worksheet A?								Y	
								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.						N		146.00
								1.00	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	
				Part A		Part B		Title V	
				1.00		2.00		3.00	
								Title XIX	
				1.00		2.00		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	
156.00	Subprovider - IPF			N		N		N	
157.00	Subprovider - IRF			N		N		N	
158.00	SUBPROVIDER								
159.00	SNF			N		N		N	
160.00	HOME HEALTH AGENCY			N		N		N	
161.00	CMHC			N		N		N	
161.10	CORF			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	
		0		1.00		2.00		3.00	
								CBSA	
								FTE/Campus	
								0.00	
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)								
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99		169.00
								Beginning	
								1.00	
								Ending	
								2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
								1.00	
								2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N		0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/27/2021 1:34 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/08/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICK	GILLILAND		41.00
42.00	Enter the employer/company name of the cost report preparer	AMITA HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-451-8283	PATRICK.GILLILAND@AMITAHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	132	48,312	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		132	48,312	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,882	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		159	58,194	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,588		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		177				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,435	603	25,164			1.00
2.00	HMO and other (see instructions)	5,583	2,202				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	709	158				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13,435	603	25,164			7.00
8.00	INTENSIVE CARE UNIT	1,333	79	3,316			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	14,768	682	28,480	19.55	546.84	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	3,706	44	5,640	0.00	24.83	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			364			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				19.55	571.67	27.00
28.00	Observation Bed Days		87	3,868			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,096	118	6,309	1.00
2.00 HMO and other (see instructions)			1,038	410		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				3		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,096	118	6,309	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	348	5	521	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	46,496,993	0	46,496,993	1,313,416.49	35.40
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		177,524	0	177,524	2,413.42	73.56
4.01	Physicians - Part A - Teaching		1,685,278	0	1,685,278	17,576.41	95.88
5.00	Physician and Non Physician-Part B		1,435,270	0	1,435,270	17,856.34	80.38
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	1,314,273	0	1,314,273	46,104.00	28.51
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,639,263	0	2,639,263	87,562.85	30.14
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,182,048	0	2,182,048	60,731.00	35.93
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		182,136	0	182,136	1,983.94	91.81
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		9,505,768	0	9,505,768	192,673.77	49.34
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,116,850	0	9,116,850		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		670,895	0	670,895		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		25,879	0	25,879		
22.01	Physician Part A - Teaching		215,621	0	215,621		
23.00	Physician Part B		198,868	0	198,868		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		278,832	0	278,832		
25.50	Home office wage-related (core)		1,621,593	0	1,621,593		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	93,070	0	93,070	0.00	26.00
27.00	Administrative & General	5.00	3,393,519	0	3,393,519	61,657.91	27.00
28.00	Administrative & General under contract (see inst.)		53,680	0	53,680	448.47	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	1,736,724	0	1,736,724	61,360.79	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,282,188	0	2,282,188	96,887.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	34.00
35.00	Dietary under contract (see instructions)		826,491	0	826,491	28,660.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	1,348,222	0	1,348,222	27,312.82	38.00
39.00	Central Services and Supply	14.00	601,942	0	601,942	25,156.07	39.00
40.00	Pharmacy	15.00	2,252,016	0	2,252,016	54,088.10	40.00
41.00	Medical Records & Medical Records Library	16.00	48,460	0	48,460	1,280.00	41.00
42.00	Social Service	17.00	9,793	0	9,793	258.46	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/27/2021 1:34 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	45,224,531	0	45,224,531	1,357,875.21	33.31	1.00
2.00	Excluded area salaries (see instructions)	2,639,263	0	2,639,263	87,562.85	30.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,585,268	0	42,585,268	1,270,312.36	33.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,869,952	0	11,869,952	255,388.71	46.48	4.00
5.00	Subtotal wage-related costs (see inst.)	10,764,322	0	10,764,322	0.00	25.28	5.00
6.00	Total (sum of lines 3 thru 5)	65,219,542	0	65,219,542	1,525,701.07	42.75	6.00
7.00	Total overhead cost (see instructions)	12,646,105	0	12,646,105	357,109.62	35.41	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
7/27/2021 1:34 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,070,761	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	-353,433	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)	4,823,223	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	-30,930	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-108,887	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)	160,880	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	390,050	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,390,437	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	86,006	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	78,638	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,506,745	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,182,048	10,506,745	1.00
2.00	Hospital	2,182,048	9,116,850	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	1,389,895	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/27/2021 1:34 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.246344		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		8,271,374		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		61,801,775		6.00
7.00	Medicaid cost (line 1 times line 6)		15,224,496		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)		6,953,122		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)		6,953,122		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)	5,103,512	653,437	5,756,949	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,257,220	653,437	1,910,657	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)	1,257,220	653,437	1,910,657	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)		4,924,309		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		358,091		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		550,908		27.01
28.00	Non-Medicare bad debt expense (see instructions)		4,373,401		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,270,178		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,180,835		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,133,957		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	12,507,421	12,507,421	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,903,178	3,903,178	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	93,070	7,062,477	7,155,547	0	7,155,547	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,393,519	36,714,209	40,107,728	-183,334	39,924,394	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,736,724	7,363,515	9,100,239	-1,395,195	7,705,044	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	379,836	379,836	8.00
9.00	00900	HOUSEKEEPING	0	3,370,110	3,370,110	-395,052	2,975,058	9.00
10.00	01000	DIETARY	0	3,327,673	3,327,673	-1,902,196	1,425,477	10.00
11.00	01100	CAFETERIA	0	0	0	1,889,006	1,889,006	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,348,222	837,633	2,185,855	-610,719	1,575,136	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	601,942	1,097,969	1,699,911	-1,033,076	666,835	14.00
15.00	01500	PHARMACY	2,252,016	5,076,491	7,328,507	-4,875,806	2,452,701	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48,460	76,629	125,089	0	125,089	16.00
17.00	01700	SOCIAL SERVICE	9,793	6,276	16,069	0	16,069	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,314,273	102,828	1,417,101	-634	1,416,467	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,939,985	579,245	2,519,230	-910	2,518,320	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,576,550	2,627,296	14,203,846	-1,134,616	13,069,230	30.00
31.00	03100	INTENSIVE CARE UNIT	2,771,396	1,719,866	4,491,262	-597,890	3,893,372	31.00
41.00	04100	SUBPROVIDER - IRF	1,897,294	1,075,443	2,972,737	-96,028	2,876,709	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,275,448	17,423,729	21,699,177	-10,322,497	11,376,680	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	599,113	82,355	681,468	-28,461	653,007	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,902,461	532,519	2,434,980	-740,135	1,694,845	54.00
54.01	05401	NUCLEAR MEDICINE	165,804	24,553	190,357	17,846	208,203	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	538,582	141,323	679,905	205,300	885,205	57.00
58.00	05800	MRI	280,786	36,703	317,489	54,941	372,430	58.00
59.00	05900	CARDIAC CATHETERIZATION	515,317	1,712,330	2,227,647	-1,597,401	630,246	59.00
60.00	06000	LABORATORY	1,282	6,246,130	6,247,412	-184,449	6,062,963	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,496,893	704,371	2,201,264	-319,360	1,881,904	65.00
66.00	06600	PHYSICAL THERAPY	1,143,326	2,310,826	3,454,152	-201,824	3,252,328	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	780,222	57,861	838,083	-8	838,075	67.00
68.00	06800	SPEECH PATHOLOGY	237,743	21,108	258,851	0	258,851	68.00
69.00	06900	ELECTROCARDIOLOGY	730,958	502,828	1,233,786	-110,808	1,122,978	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	239,860	30,035	269,895	-2,732	267,163	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	15,476	709	16,185	0	16,185	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,597,967	7,597,967	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,653,963	7,653,963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,458,332	4,458,332	73.00
76.00	03020	HEMODIALYSIS	0	656,159	656,159	0	656,159	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	472,688	328,014	800,702	-270,478	530,224	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	179,848	15,691	195,539	-332	195,207	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,195,524	1,628,435	4,823,959	-607,735	4,216,224	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	449	34	483	0	483	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		10,840,666	10,840,666	-11,534,428	-693,762	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	45,755,024	114,334,039	160,089,063	521,686	160,610,749	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	172,838	50,620	223,458	0	223,458	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	581,035	581,035	0	581,035	192.00
192.01	19201	CFPC CLINIC	535,366	572,963	1,108,329	-132,431	975,898	192.01
194.00	07950	OFFICE BUILDINGS	33,765	988,611	1,022,376	-389,255	633,121	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	46,496,993	116,527,268	163,024,261	0	163,024,261	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,207,062	10,300,359	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	840,719	4,743,897	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,155,547	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,321,935	36,602,459	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-74,278	7,630,766	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	379,836	8.00
9.00	00900	HOUSEKEEPING	0	2,975,058	9.00
10.00	01000	DIETARY	-268,691	1,156,786	10.00
11.00	01100	CAFETERIA	0	1,889,006	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-790	1,574,346	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	594,154	1,260,989	14.00
15.00	01500	PHARMACY	49,942	2,502,643	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-17,198	107,891	16.00
17.00	01700	SOCIAL SERVICE	-676	15,393	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-200	1,416,267	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-6,087	2,512,233	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-826,394	12,242,836	30.00
31.00	03100	INTENSIVE CARE UNIT	-11,132	3,882,240	31.00
41.00	04100	SUBPROVIDER - IRF	0	2,876,709	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,308,898	10,067,782	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	653,007	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-492	1,694,353	54.00
54.01	05401	NUCLEAR MEDICINE	0	208,203	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	-177	885,028	57.00
58.00	05800	MRI	0	372,430	58.00
59.00	05900	CARDIAC CATHETERIZATION	-294	629,952	59.00
60.00	06000	LABORATORY	-1,629	6,061,334	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-7,745	1,874,159	65.00
66.00	06600	PHYSICAL THERAPY	-449	3,251,879	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	-178	837,897	67.00
68.00	06800	SPEECH PATHOLOGY	-380	258,471	68.00
69.00	06900	ELECTROCARDIOLOGY	-102,600	1,020,378	69.00
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	0	267,163	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,185	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-13	7,597,954	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,653,963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-100,320	4,358,012	73.00
76.00	03020	HEMODIALYSIS	0	656,159	76.00
76.01	03952	LITHOTRIPSY	0	0	76.01
76.02	03950	WOUND CARE	-4,020	526,204	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	195,207	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	-598,867	3,617,357	91.00
91.01	09101	OP DEPARTMENT	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	483	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	693,762	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,681,928	153,928,821	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	223,458	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	581,035	192.00
192.01	19201	CFPC CLINIC	0	975,898	192.01
194.00	07950	OFFICE BUILDINGS	0	633,121	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	FOUNDATION	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-6,681,928	156,342,333	200.00

RECLASSIFICATIONS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/27/2021 1:34 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	188,184		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	753,395		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	10,322		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
	TOTALS		0	951,901		
	B - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	539,154		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	539,154		
	C - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,597,967		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
	TOTALS		0	7,597,967		
	D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,458,332		1.00
2.00	WOUND CARE	76.02	0	17		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
	TOTALS		0	4,458,349		
	E - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,871,458		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,842,114		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

RECLASSIFICATIONS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
7/27/2021 1:34 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	10,713,572		
	H - RADIOLOGY SALARIES					
1.00	OPERATING ROOM	50.00	39,742	10,887		1.00
2.00	NUCLEAR MEDICINE	54.01	17,001	4,657		2.00
3.00	CT SCAN	57.00	237,677	65,112		3.00
4.00	MRI	58.00	55,153	15,109		4.00
	TOTALS		349,573	95,765		
	J - CAFETERIA					
1.00	CAFETERIA	11.00	0	1,889,006		1.00
	TOTALS		0	1,889,006		
	K - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,908,625		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	307,669		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,052		3.00
4.00	INTEREST EXPENSE	113.00	0	180,546		4.00
	TOTALS		0	4,397,892		
	M - IMPLANTIBLES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,602		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,653,963		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
	TOTALS		0	7,666,565		
	N - LAUNDRY SERVICES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	379,836		1.00
	TOTALS		0	379,836		
500.00	Grand Total: Increases		349,573	38,690,007		500.00

RECLASSIFICATIONS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
7/27/2021 1:34 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RENT AND LEASES						
1.00	OPERATION OF PLANT	7.00	0	5,362	10		1.00
2.00	HOUSEKEEPING	9.00	0	520	10		2.00
3.00	DIETARY	10.00	0	390	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	192,370	0		4.00
5.00	PHARMACY	15.00	0	431,427	0		5.00
6.00	I&R SERVICES-OTHER PRGM COSTS	22.00	0	910	0		6.00
	APPRV						
7.00	INTENSIVE CARE UNIT	31.00	0	130	0		7.00
8.00	OPERATING ROOM	50.00	0	57,115	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,200	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	2,145	0		10.00
11.00	LABORATORY	60.00	0	46,077	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	39,747	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	156,278	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	970	0		14.00
15.00	CARDIAC REHAB	69.02	0	130	0		15.00
16.00	EMERGENCY	91.00	0	130	0		16.00
	TOTALS		0	951,901			
	B - PROPERTY TAXES						
1.00	INTEREST EXPENSE	113.00	0	159,014	13		1.00
2.00	OFFICE BUILDINGS	194.00	0	380,140	0		2.00
	TOTALS		0	539,154			
	C - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	923,791	0		1.00
2.00	PHARMACY	15.00	0	103,772	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,076,009	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	568,321	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	84,426	0		5.00
6.00	OPERATING ROOM	50.00	0	2,687,221	0		6.00
7.00	RECOVERY ROOM	51.00	0	26,762	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	166,527	0		8.00
9.00	NUCLEAR MEDICINE	54.01	0	3,648	0		9.00
10.00	CT SCAN	57.00	0	93,520	0		10.00
11.00	MRI	58.00	0	11,069	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	623,021	0		12.00
13.00	LABORATORY	60.00	0	135,677	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	265,717	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	43,203	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	8	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	71,113	0		17.00
18.00	CARDIAC REHAB	69.02	0	2,602	0		18.00
19.00	WOUND CARE	76.02	0	126,474	0		19.00
20.00	CLINIC	90.00	0	332	0		20.00
21.00	EMERGENCY	91.00	0	584,754	0		21.00
	TOTALS		0	7,597,967			
	D - DRUGS CHARGED TO PATIENTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,481	0		1.00
2.00	PHARMACY	15.00	0	4,334,889	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	12,930	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	5,298	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	507	0		5.00
6.00	OPERATING ROOM	50.00	0	80,726	0		6.00
7.00	RECOVERY ROOM	51.00	0	1,699	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,879	0		8.00
9.00	NUCLEAR MEDICINE	54.01	0	164	0		9.00
10.00	CT SCAN	57.00	0	3,969	0		10.00
11.00	MRI	58.00	0	112	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	1,634	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	849	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	188	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	734	0		15.00
16.00	EMERGENCY	91.00	0	4,290	0		16.00
	TOTALS		0	4,458,349			
	E - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,162	9		1.00
2.00	OPERATION OF PLANT	7.00	0	1,389,833	9		2.00
3.00	HOUSEKEEPING	9.00	0	14,696	0		3.00
4.00	DIETARY	10.00	0	12,800	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	418,349	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	116,406	0		6.00
7.00	PHARMACY	15.00	0	5,718	0		7.00
8.00	I&R SERVICES-SALARY & FRINGES	21.00	0	634	0		8.00
	APPRV						

RECLASSIFICATIONS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
7/27/2021 1:34 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
9.00	ADULTS & PEDIATRICS	30.00	0	45,623	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	24,135	0	10.00
11.00	SUBPROVIDER - IRF	41.00	0	11,050	0	11.00
12.00	OPERATING ROOM	50.00	0	829,223	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	105,191	0	13.00
14.00	MRI	58.00	0	4,140	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	161,281	0	15.00
16.00	LABORATORY	60.00	0	2,695	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	13,047	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	2,155	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	37,991	0	19.00
20.00	WOUND CARE	76.02	0	7,886	0	20.00
21.00	EMERGENCY	91.00	0	16,397	0	21.00
22.00	INTEREST EXPENSE	113.00	0	7,338,614	0	22.00
23.00	CFPC CLINIC	192.01	0	132,431	0	23.00
24.00	OFFICE BUILDINGS	194.00	0	9,115	0	24.00
	TOTALS		0	10,713,572		
H - RADIOLOGY SALARIES						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	349,573	95,765	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		349,573	95,765		
J - CAFETERIA						
1.00	DIETARY	10.00	0	1,889,006	0	1.00
	TOTALS		0	1,889,006		
K - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	4,217,346	11	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	180,546	11	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		0	4,397,892		
M - IMPLANTIBLES						
1.00	ADULTS & PEDIATRICS	30.00	0	54	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	6	0	2.00
3.00	SUBPROVIDER - IRF	41.00	0	45	0	3.00
4.00	OPERATING ROOM	50.00	0	6,718,841	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	809,320	0	5.00
6.00	WOUND CARE	76.02	0	136,135	0	6.00
7.00	EMERGENCY	91.00	0	2,164	0	7.00
	TOTALS		0	7,666,565		
N - LAUNDRY SERVICES						
1.00	HOUSEKEEPING	9.00	0	379,836	0	1.00
	TOTALS		0	379,836		
500.00	Grand Total: Decreases		349,573	38,690,007		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,779,429	0	0	0	0	1.00
2.00	Land Improvements	6,813,116	0	0	0	0	2.00
3.00	Buildings and Fixtures	242,293,645	5,716,240	0	5,716,240	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	39,744,728	1,838,409	0	1,838,409	69,177	5.00
6.00	Movable Equipment	64,278,489	2,592,798	0	2,592,798	327,591	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	362,909,407	10,147,447	0	10,147,447	396,768	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	362,909,407	10,147,447	0	10,147,447	396,768	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,779,429	0				1.00
2.00	Land Improvements	6,813,116	0				2.00
3.00	Buildings and Fixtures	248,009,885	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	41,513,960	0				5.00
6.00	Movable Equipment	66,543,696	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	372,660,086	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	372,660,086	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	259,527,717	0	259,527,717	0.825249	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	54,956,265	0	54,956,265	0.174751	0	2.00
3.00	Total (sum of lines 1-2)	314,483,982	0	314,483,982	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,918,322	188,184	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,682,833	753,395	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,601,155	941,579	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,062,177	0	26,093	-1,894,417	10,300,359	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	307,669	0	0	0	4,743,897	2.00
3.00	Total (sum of lines 1-2)	4,369,846	0	26,093	-1,894,417	15,044,256	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-305,087	CAP REL COSTS-BLDG & FIXT	1.00	9	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-24,015	CAP REL COSTS-MVBLE EQUIP	2.00	9	2.00
3.00	Investment income - other (chapter 2)	B	-464	ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,060,966			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	652,084			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	COMMUNITY BENEFIT	A	-36,997	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	COMMUNITY BENEFIT	A	-676	SOCIAL SERVICE	17.00	0	33.01
33.02	ENTERTAINMENT	A	-850	ADMINISTRATIVE & GENERAL	5.00	0	33.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.03	ENTERTAINMENT	A	-790	NURSING ADMINISTRATION	13.00	0	33.03
33.04	ENTERTAINMENT	A	-2,827	PHARMACY	15.00	0	33.04
33.05	ENTERTAINMENT	A	-200	I&R SERVICES-SALARY & FRINGES	21.00	0	33.05
				APPRV			
33.06	ENTERTAINMENT	A	-444	ADULTS & PEDIATRICS	30.00	0	33.06
33.09	ENTERTAINMENT	A	-349	WOUND CARE	76.02	0	33.09
36.00	ENTERTAINMENT	A	-1,748	EMERGENCY	91.00	0	36.00
38.00	OTHER OPERATING REVENUE	B	-1,894,417	CAP REL COSTS-BLDG & FIXT	1.00	14	38.00
38.01	OTHER OPERATING REVENUE	B	-361,140	ADMINISTRATIVE & GENERAL	5.00	0	38.01
41.00	OTHER OPERATING REVENUE	B	-74,278	OPERATION OF PLANT	7.00	0	41.00
42.00	OTHER OPERATING REVENUE	B	-268,691	DIETARY	10.00	0	42.00
43.00	OTHER OPERATING REVENUE	B	-1,869	PHARMACY	15.00	0	43.00
43.01	OTHER OPERATING REVENUE	B	-3,583	MEDICAL RECORDS & LIBRARY	16.00	0	43.01
43.02	OTHER OPERATING REVENUE	B	-450	I&R SERVICES-OTHER PRGM COSTS	22.00	0	43.02
				APPRV			
44.00	OTHER OPERATING REVENUE	B	354	ADULTS & PEDIATRICS	30.00	0	44.00
44.01		B	0		0.00	0	44.01
44.02		B	0		0.00	0	44.02
44.03	OTHER OPERATING REVENUE	B	352	OPERATING ROOM	50.00	0	44.03
44.04	LOSS ON SALE DISPOSAL PPI	B	-122	RADIOLOGY-DIAGNOSTIC	54.00	0	44.04
44.07	OTHER OPERATING REVENUE	B	-294	CARDIAC CATHETERIZATION	59.00	0	44.07
44.08	OTHER OPERATING REVENUE	B	-50	LABORATORY	60.00	0	44.08
44.09	OTHER OPERATING REVENUE	B	-385	ELECTROCARDIOLOGY	69.00	0	44.09
45.02	PROPERTY TAX	A	-513,061	CAP REL COSTS-BLDG & FIXT	1.00	13	45.02
45.09	LOBBYING	A	-44,680	ADMINISTRATIVE & GENERAL	5.00	0	45.09
45.10	LOBBYING	A	-75	PHARMACY	15.00	0	45.10
45.11	LOBBYING	A	-114	MEDICAL RECORDS & LIBRARY	16.00	0	45.11
45.12	LOBBYING	A	-5,637	I&R SERVICES-OTHER PRGM COSTS	22.00	0	45.12
				APPRV			
45.13	LOBBYING	A	-12,205	ELECTROCARDIOLOGY	69.00	0	45.13
45.14	LOBBYING	A	-10,707	EMERGENCY	91.00	0	45.14
45.15	LEGAL	A	-1,103	ADMINISTRATIVE & GENERAL	5.00	0	45.15
45.16	LEGAL	A	-4,887	PHARMACY	15.00	0	45.16
45.20	HOSPICE	A	-782	OPERATING ROOM	50.00	0	45.20
45.21	HOSPICE	A	-370	RADIOLOGY-DIAGNOSTIC	54.00	0	45.21
45.22	HOSPICE	A	-177	CT SCAN	57.00	0	45.22
45.23	HOSPICE	A	-1,579	LABORATORY	60.00	0	45.23
45.24	HOSPICE	A	-7,745	RESPIRATORY THERAPY	65.00	0	45.24
45.25	HOSPICE	A	-449	PHYSICAL THERAPY	66.00	0	45.25
45.26	HOSPICE	A	-178	OCCUPATIONAL THERAPY	67.00	0	45.26
45.27	HOSPICE	A	-380	SPEECH PATHOLOGY	68.00	0	45.27
45.28	HOSPICE	A	-123	ELECTROCARDIOLOGY	69.00	0	45.28
45.29	HOSPICE	A	-13	MEDICAL SUPPLIES CHARGED TO	71.00	0	45.29
				PATIENT			
45.30	HOSPICE	A	-100,320	DRUGS CHARGED TO PATIENTS	73.00	0	45.30
45.31	HOSPICE	A	-1,247	EMERGENCY	91.00	11	45.31
45.32	HOSPICE	A	-572,175	ADULTS & PEDIATRICS	30.00	0	45.32
45.33	HOSPICE	A	-11,132	INTENSIVE CARE UNIT	31.00	0	45.33
45.34	OFFSET NON ALLOW BORROWING	A	-4,887	INTEREST EXPENSE	113.00	11	45.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,681,928				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
7/27/2021 1:34 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFFICE	4,646	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MIDWEST HOME OFFICE	27,798	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MIDWEST HOME OFFICE	15,016,578	0	3.00
3.01	14.00	CENTRAL SERVICES & SUPPLY	MIDWEST HOME OFFICE	448,696	0	3.01
3.02	15.00	PHARMACY	MIDWEST HOME OFFICE	59,600	0	3.02
4.00	16.00	MEDICAL RECORDS & LIBRARY	MIDWEST HOME OFFICE	42,300	0	4.00
4.03	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFF INT	153,552	0	4.03
4.04	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	169,109	0	4.04
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	836,936	0	4.05
4.07	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	6,895,819	6,935,222	4.07
4.08	14.00	CENTRAL SERVICES & SUPPLY	AHS HOME OFFICE	145,458	0	4.08
4.09	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	2,238	58,039	4.09
4.10	113.00	INTEREST EXPENSE	AHS HOME OFFICE	4,222,235	3,523,586	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	4,640,044	21,728,889	4.11
4.12	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	178,196	0	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	AMITA HOME OFFICE	148,027	93,412	4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			32,991,232	32,339,148	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	0.00	ADVENTHEALTH	100.00	6.00
7.00	B	0.00	AMITA HEALTH	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
7/27/2021 1:34 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4,646	9		1.00
2.00	27,798	9		2.00
3.00	15,016,578	0		3.00
3.01	448,696	0		3.01
3.02	59,600	0		3.02
4.00	42,300	0		4.00
4.03	153,552	11		4.03
4.04	169,109	9		4.04
4.05	836,936	9		4.05
4.07	-39,403	0		4.07
4.08	145,458	0		4.08
4.09	-55,801	0		4.09
4.10	698,649	0		4.10
4.11	-17,088,845	0		4.11
4.12	178,196	9		4.12
4.13	54,615	0		4.13
5.00	652,084			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	HOME OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
7/27/2021 1:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	872,013	798,842	73,171	211,500	515	1.00
2.00	30.00	ADULTS & PEDIATRICS	278,126	250,626	27,500	211,500	236	2.00
3.00	31.00	INTENSIVE CARE UNIT	6,850	0	6,850	211,500	69	3.00
4.00	50.00	OPERATING ROOM	1,471,593	1,308,468	163,125	246,400	3,587	4.00
5.00	69.00	ELECTROCARDIOLOGY	155,167	0	155,167	211,500	642	5.00
6.00	76.02	WOUND CARE	19,940	0	19,940	211,500	160	6.00
7.00	91.00	EMERGENCY	633,713	585,165	48,548	211,500	1,278	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,437,402	2,943,101	494,301		6,487	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	52,367	2,618	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	23,997	1,200	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	7,016	351	0	0	0	3.00
4.00	50.00	OPERATING ROOM	424,921	21,246	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	65,280	3,264	0	0	0	5.00
6.00	76.02	WOUND CARE	16,269	813	0	0	0	6.00
7.00	91.00	EMERGENCY	129,950	6,498	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			719,800	35,990	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	52,367	20,804	819,646		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	23,997	3,503	254,129		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	7,016	0	0		3.00
4.00	50.00	OPERATING ROOM	0	424,921	0	1,308,468		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	65,280	89,887	89,887		5.00
6.00	76.02	WOUND CARE	0	16,269	3,671	3,671		6.00
7.00	91.00	EMERGENCY	0	129,950	0	585,165		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	719,800	117,865	3,060,966		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,300,359	10,300,359			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,743,897		4,743,897		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,155,547	0	0	7,155,547	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	36,602,459	137,171	64,937	523,284	37,327,851
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,630,766	4,313,175	2,041,864	267,805	14,253,610
8.00	00800	LAUNDRY & LINEN SERVICE	379,836	18,561	8,787	0	407,184
9.00	00900	HOUSEKEEPING	2,975,058	173,629	82,196	0	3,230,883
10.00	01000	DIETARY	1,156,786	48,908	23,153	0	1,228,847
11.00	01100	CAFETERIA	1,889,006	124,193	58,793	0	2,071,992
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,574,346	15,090	7,144	207,897	1,804,477
14.00	01400	CENTRAL SERVICES & SUPPLY	1,260,989	181,657	85,997	92,820	1,621,463
15.00	01500	PHARMACY	2,502,643	55,834	26,432	347,263	2,932,172
16.00	01600	MEDICAL RECORDS & LIBRARY	107,891	81,940	38,791	7,473	236,095
17.00	01700	SOCIAL SERVICE	15,393	39,929	18,902	1,510	75,734
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,416,267	0	0	202,662	1,618,929
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,512,233	566,475	268,170	299,148	3,646,026
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,242,836	1,692,680	801,318	1,785,130	16,521,964
31.00	03100	INTENSIVE CARE UNIT	3,882,240	159,957	75,724	427,352	4,545,273
41.00	04100	SUBPROVIDER - IRF	2,876,709	217,300	102,870	292,565	3,489,444
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,067,782	522,230	247,225	665,407	11,502,644
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	653,007	49,044	23,217	92,384	817,652
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,694,353	460,496	218,000	239,457	2,612,306
54.01	05401	NUCLEAR MEDICINE	208,203	16,599	7,858	28,189	260,849
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	885,028	25,654	12,144	119,700	1,042,526
58.00	05800	MRI	372,430	22,635	10,716	51,802	457,583
59.00	05900	CARDIAC CATHETERIZATION	629,952	138,831	65,723	79,462	913,968
60.00	06000	LABORATORY	6,061,334	125,250	59,293	198	6,246,075
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,874,159	45,271	21,431	230,822	2,171,683
66.00	06600	PHYSICAL THERAPY	3,251,879	150,903	71,438	176,302	3,650,522
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	837,897	12,495	5,915	120,311	976,618
68.00	06800	SPEECH PATHOLOGY	258,471	0	0	36,660	295,131
69.00	06900	ELECTROCARDIOLOGY	1,020,378	40,744	19,288	112,714	1,193,124
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	267,163	57,343	27,146	36,987	388,639
70.00	07000	ELECTROENCEPHALOGRAPHY	16,185	0	0	2,386	18,571
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,597,954	0	0	0	7,597,954
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,653,963	0	0	0	7,653,963
73.00	07300	DRUGS CHARGED TO PATIENTS	4,358,012	0	0	0	4,358,012
76.00	03020	HEMODIALYSIS	656,159	0	0	0	656,159
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	526,204	0	0	72,889	599,093
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	195,207	128,268	60,722	27,733	411,930
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,617,357	282,415	133,696	492,753	4,526,221

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	483	0	0	69	552	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	153,928,821	9,904,677	4,688,890	7,041,134	153,363,719	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	223,458	27,917	0	26,652	278,027	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	581,035	0	0	0	581,035	192.00
192.01	19201	CFPC CLINIC	975,898	218,809	0	82,554	1,277,261	192.01
194.00	07950	OFFICE BUILDINGS	633,121	32,761	0	5,207	671,089	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	10,563	5,001	0	15,564	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	105,632	50,006	0	155,638	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	156,342,333	10,300,359	4,743,897	7,155,547	156,342,333	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	37,327,851					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	4,476,375	0	18,729,985			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	127,877	0	62,409	597,470		8.00
9.00	00900	HOUSEKEEPING	1,014,665	0	583,799	0	4,829,347	9.00
10.00	01000	DIETARY	385,922	0	164,444	0	43,915	10.00
11.00	01100	CAFETERIA	650,713	0	417,579	0	111,516	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	566,700	0	50,739	0	13,550	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	509,224	0	610,792	0	163,115	14.00
15.00	01500	PHARMACY	920,854	0	187,733	0	50,135	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	74,146	0	275,511	0	73,576	16.00
17.00	01700	SOCIAL SERVICE	23,784	0	134,255	0	35,853	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	508,428	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,145,042	0	1,904,680	0	508,653	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,188,753	0	5,691,358	440,643	1,519,900	30.00
31.00	03100	INTENSIVE CARE UNIT	1,427,452	0	537,830	58,066	143,630	31.00
41.00	04100	SUBPROVIDER - IRF	1,095,867	0	730,637	98,761	195,120	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,612,428	0	1,755,914	0	468,924	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	256,785	0	164,901	0	44,037	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	820,400	0	1,548,342	0	413,491	54.00
54.01	05401	NUCLEAR MEDICINE	81,920	0	55,813	0	14,905	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	327,407	0	86,256	0	23,035	57.00
58.00	05800	MRI	143,705	0	76,108	0	20,325	58.00
59.00	05900	CARDIAC CATHETERIZATION	287,033	0	466,796	0	124,660	59.00
60.00	06000	LABORATORY	1,961,592	0	421,131	0	112,465	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	682,021	0	152,216	0	40,650	65.00
66.00	06600	PHYSICAL THERAPY	1,146,454	0	507,387	0	135,500	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	306,709	0	42,012	0	11,219	67.00
68.00	06800	SPEECH PATHOLOGY	92,686	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	374,703	0	136,994	0	36,585	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	122,053	0	192,807	0	51,490	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	5,832	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,386,153	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,403,742	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,368,642	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	206,068	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	188,146	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	129,367	0	431,279	0	115,175	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,421,469	0	949,575	0	253,588	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	173	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,441,290	0	18,339,297	597,470	4,725,012	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	87,315	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	182,475	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	401,126	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	210,757	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	4,888	0	35,517	0	9,485	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	355,171	0	94,850	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,327,851	0	18,729,985	597,470	4,829,347	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,823,128					10.00
11.00	01100	CAFETERIA	0	3,251,800				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	106,221	0	2,541,687		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	47,425	0	0	2,952,019	14.00
15.00	01500	PHARMACY	0	177,427	0	0	43,550	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,818	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	772	0	0	14	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	103,546	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	152,844	0	0	24	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,344,584	912,082	0	1,874,532	452,275	30.00
31.00	03100	INTENSIVE CARE UNIT	177,183	218,347	0	247,017	238,509	31.00
41.00	04100	SUBPROVIDER - IRF	301,361	149,480	0	420,138	35,445	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	339,977	0	0	1,268,808	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	47,202	0	0	12,458	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	122,346	0	0	69,904	54.00
54.01	05401	NUCLEAR MEDICINE	0	14,402	0	0	1,531	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	61,158	0	0	39,248	57.00
58.00	05800	MRI	0	26,467	0	0	4,645	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	40,600	0	0	261,465	59.00
60.00	06000	LABORATORY	0	101	0	0	56,940	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	117,934	0	0	111,514	65.00
66.00	06600	PHYSICAL THERAPY	0	90,078	0	0	18,303	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	61,471	0	0	3	67.00
68.00	06800	SPEECH PATHOLOGY	0	18,731	0	0	3	68.00
69.00	06900	ELECTROCARDIOLOGY	0	57,589	0	0	29,844	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	18,898	0	0	1,123	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,219	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	37,241	0	0	53,078	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	14,170	0	0	140	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	251,763	0	0	245,405	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	35	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,823,128	3,193,344	0	2,541,687	2,944,229	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,617	0	0	71	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	42,179	0	0	7,719	192.01
194.00	07950	OFFICE BUILDINGS	0	2,660	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,823,128	3,251,800	0	2,541,687	2,952,019	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	4,311,871					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	663,146				16.00
17.00	01700	SOCIAL SERVICE	0	0	270,412			17.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		2,230,903	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,654	52,482	199,433	0	1,584,327	30.00
31.00	03100	INTENSIVE CARE UNIT	4,859	9,457	26,280	0	64,229	31.00
41.00	04100	SUBPROVIDER - IRF	465	11,181	44,699	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	72,694	80,536	0	0	175,561	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,558	6,953	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,475	31,644	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	150	5,543	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	3,640	77,494	0	0	0	57.00
58.00	05800	MRI	103	17,976	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,499	12,958	0	0	0	59.00
60.00	06000	LABORATORY	0	82,563	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	779	20,104	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,334	0	0	68,511	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	4,490	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,566	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	673	21,833	0	0	115,613	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	1,366	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	377	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,027	17,117	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	47,692	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,976,060	68,372	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	2,231	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	7,802	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	273	0	0	68,511	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,861	64,802	0	0	154,151	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,087,497	663,146	270,412	0	2,230,903	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	0	192.00
192.01	19201	CFPC CLINIC	224,374	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,311,871	663,146	270,412	0	2,230,903	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,357,269					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,224,931	0	41,018,918	-6,809,258	34,209,660	30.00
31.00	03100	INTENSIVE CARE UNIT	211,822	0	7,909,954	-276,051	7,633,903	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,572,598	0	6,572,598	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	578,979	0	19,856,465	-754,540	19,101,925	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	1,351,546	0	1,351,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,622,908	0	5,622,908	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	435,113	0	435,113	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	1,660,764	0	1,660,764	57.00
58.00	05800	MRI	0	0	746,912	0	746,912	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,108,979	0	2,108,979	59.00
60.00	06000	LABORATORY	0	0	8,880,867	0	8,880,867	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	3,296,901	0	3,296,901	65.00
66.00	06600	PHYSICAL THERAPY	225,943	0	5,859,032	-294,454	5,564,578	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,402,522	0	1,402,522	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	408,117	0	408,117	68.00
69.00	06900	ELECTROCARDIOLOGY	381,279	0	2,348,237	-496,892	1,851,345	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	776,376	0	776,376	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	25,999	0	25,999	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,006,251	0	10,006,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	10,105,397	0	10,105,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,771,086	0	9,771,086	73.00
76.00	03020	HEMODIALYSIS	0	0	864,458	0	864,458	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	885,360	0	885,360	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	225,943	0	1,396,788	-294,454	1,102,334	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	508,372	0	8,379,207	-662,523	7,716,684	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	760	0	760	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,357,269	0	151,691,515	-9,588,172	142,103,343	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	379,030	0	379,030	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	763,510	0	763,510	192.00
192.01	19201	CFPC CLINIC	0	0	1,952,659	0	1,952,659	192.01
194.00	07950	OFFICE BUILDINGS	0	0	884,506	0	884,506	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	65,454	0	65,454	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	605,659	0	605,659	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,357,269	0	156,342,333	-9,588,172	146,754,161	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	137,171	64,937	202,108	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	4,313,175	2,041,864	6,355,039	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	18,561	8,787	27,348	8.00
9.00	00900	HOUSEKEEPING	0	173,629	82,196	255,825	9.00
10.00	01000	DIETARY	0	48,908	23,153	72,061	10.00
11.00	01100	CAFETERIA	0	124,193	58,793	182,986	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	15,090	7,144	22,234	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	181,657	85,997	267,654	14.00
15.00	01500	PHARMACY	0	55,834	26,432	82,266	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	81,940	38,791	120,731	16.00
17.00	01700	SOCIAL SERVICE	0	39,929	18,902	58,831	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	566,475	268,170	834,645	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,692,680	801,318	2,493,998	30.00
31.00	03100	INTENSIVE CARE UNIT	0	159,957	75,724	235,681	31.00
41.00	04100	SUBPROVIDER - IRF	0	217,300	102,870	320,170	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	522,230	247,225	769,455	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	49,044	23,217	72,261	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	460,496	218,000	678,496	54.00
54.01	05401	NUCLEAR MEDICINE	0	16,599	7,858	24,457	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	25,654	12,144	37,798	57.00
58.00	05800	MRI	0	22,635	10,716	33,351	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	138,831	65,723	204,554	59.00
60.00	06000	LABORATORY	0	125,250	59,293	184,543	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	45,271	21,431	66,702	65.00
66.00	06600	PHYSICAL THERAPY	0	150,903	71,438	222,341	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	12,495	5,915	18,410	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	40,744	19,288	60,032	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	57,343	27,146	84,489	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	128,268	60,722	188,990	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	282,415	133,696	416,111	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,904,677	4,688,890	14,593,567	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,917	0	27,917	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	218,809	0	218,809	0	192.01
194.00	07950	OFFICE BUILDINGS	0	32,761	0	32,761	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	10,563	5,001	15,564	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	105,632	50,006	155,638	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	10,300,359	4,743,897	15,044,256	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	202,108					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	24,231	0	6,379,270			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	692	0	21,256	49,296		8.00
9.00	00900	HOUSEKEEPING	5,493	0	198,837	0	460,155	9.00
10.00	01000	DIETARY	2,089	0	56,008	0	4,184	10.00
11.00	01100	CAFETERIA	3,522	0	142,224	0	10,626	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,068	0	17,281	0	1,291	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,756	0	208,031	0	15,542	14.00
15.00	01500	PHARMACY	4,985	0	63,940	0	4,777	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	401	0	93,837	0	7,011	16.00
17.00	01700	SOCIAL SERVICE	129	0	45,726	0	3,416	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,752	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,198	0	648,717	0	48,466	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,136	0	1,938,426	36,356	144,819	30.00
31.00	03100	INTENSIVE CARE UNIT	7,727	0	183,180	4,791	13,685	31.00
41.00	04100	SUBPROVIDER - IRF	5,932	0	248,849	8,149	18,592	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,554	0	598,049	0	44,681	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,390	0	56,164	0	4,196	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,441	0	527,352	0	39,399	54.00
54.01	05401	NUCLEAR MEDICINE	443	0	19,009	0	1,420	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	1,772	0	29,378	0	2,195	57.00
58.00	05800	MRI	778	0	25,922	0	1,937	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,554	0	158,987	0	11,878	59.00
60.00	06000	LABORATORY	10,618	0	143,434	0	10,716	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,692	0	51,843	0	3,873	65.00
66.00	06600	PHYSICAL THERAPY	6,206	0	172,812	0	12,911	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,660	0	14,309	0	1,069	67.00
68.00	06800	SPEECH PATHOLOGY	502	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,028	0	46,659	0	3,486	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	661	0	65,668	0	4,906	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	32	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,917	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,012	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,409	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	1,115	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	1,018	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	700	0	146,890	0	10,974	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	7,695	0	323,417	0	24,163	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1	0	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	197,309	0	6,246,205	49,296	450,213	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	473	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	988	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	2,171	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	1,141	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	26	0	12,097	0	904	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	120,968	0	9,038	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	202,108	0	6,379,270	49,296	460,155	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	134,342					10.00
11.00	01100	CAFETERIA	0	339,358				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	11,085	0	54,959		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,949	0	0	498,932	14.00
15.00	01500	PHARMACY	0	18,516	0	0	7,361	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	398	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	81	0	0	2	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,806	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	15,951	0	0	4	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	99,079	95,188	0	40,533	76,440	30.00
31.00	03100	INTENSIVE CARE UNIT	13,056	22,786	0	5,341	40,311	31.00
41.00	04100	SUBPROVIDER - IRF	22,207	15,600	0	9,085	5,991	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	35,479	0	0	214,447	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	4,926	0	0	2,106	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,768	0	0	11,815	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,503	0	0	259	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	6,382	0	0	6,633	57.00
58.00	05800	MRI	0	2,762	0	0	785	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,237	0	0	44,191	59.00
60.00	06000	LABORATORY	0	11	0	0	9,624	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	12,307	0	0	18,847	65.00
66.00	06600	PHYSICAL THERAPY	0	9,400	0	0	3,093	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	6,415	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,955	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,010	0	0	5,044	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	1,972	0	0	190	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	127	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	3,886	0	0	8,971	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,479	0	0	24	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	26,274	0	0	41,477	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	4	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	134,342	333,257	0	54,959	497,615	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,421	0	0	12	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	4,402	0	0	1,305	192.01
194.00	07950	OFFICE BUILDINGS	0	278	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	134,342	339,358	0	54,959	498,932	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	181,845					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	222,378				16.00
17.00	01700	SOCIAL SERVICE	0	0	108,185			17.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		13,558	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	491	17,616	79,788			30.00
31.00	03100	INTENSIVE CARE UNIT	205	3,174	10,514			31.00
41.00	04100	SUBPROVIDER - IRF	20	3,753	17,883			41.00
42.00	04200	SUBPROVIDER	0	0	0			42.00
43.00	04300	NURSERY	0	0	0			43.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,066	27,032	0			50.00
50.01	05001	ENDOSCOPY	0	0	0			50.01
50.02	05002	DAY SURGERY	0	0	0			50.02
51.00	05100	RECOVERY ROOM	66	2,334	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	189	10,621	0			54.00
54.01	05401	NUCLEAR MEDICINE	6	1,861	0			54.01
54.02	05402	ULTRASOUND	0	0	0			54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0			54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0			54.04
54.05	05407	PET SCAN	0	0	0			54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
57.00	05700	CT SCAN	154	26,011	0			57.00
58.00	05800	MRI	4	6,034	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	63	4,349	0			59.00
60.00	06000	LABORATORY	0	27,502	0			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01
65.00	06500	RESPIRATORY THERAPY	33	6,748	0			65.00
66.00	06600	PHYSICAL THERAPY	0	5,483	0			66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0			66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0			66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0			66.03
67.00	06700	OCCUPATIONAL THERAPY	0	1,507	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	526	0			68.00
69.00	06900	ELECTROCARDIOLOGY	28	7,328	0			69.00
69.01	06901	VASCULAR LAB	0	0	0			69.01
69.02	06902	CARDIAC REHAB	0	459	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	127	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	212	5,745	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,008	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	167,682	22,949	0			73.00
76.00	03020	HEMODIALYSIS	0	749	0			76.00
76.01	03952	LITHOTRIPSY	0	0	0			76.01
76.02	03950	WOUND CARE	0	2,619	0			76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	92	0			90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0			90.01
91.00	09100	EMERGENCY	163	21,751	0			91.00
91.01	09101	OP DEPARTMENT	0	0	0			91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0			91.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0			92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	172,382	222,378	108,185	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	CFPC CLINIC	9,463	0	0			192.01
194.00	07950	OFFICE BUILDINGS	0	0	0			194.00
194.01	07951	MARKETING	0	0	0			194.01
194.02	07952	FOUNDATION	0	0	0			194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0			194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0			194.04
200.00		Cross Foot Adjustments				0	13,558	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	181,845	222,378	108,185	0	13,558	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,553,981					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			5,050,870	0	5,050,870	30.00
31.00	03100	INTENSIVE CARE UNIT			540,451	0	540,451	31.00
41.00	04100	SUBPROVIDER - IRF			676,231	0	676,231	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
43.00	04300	NURSERY			0	0	0	43.00
45.00	04500	NURSING FACILITY			0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			1,711,763	0	1,711,763	50.00
50.01	05001	ENDOSCOPY			0	0	0	50.01
50.02	05002	DAY SURGERY			0	0	0	50.02
51.00	05100	RECOVERY ROOM			143,443	0	143,443	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,285,081	0	1,285,081	54.00
54.01	05401	NUCLEAR MEDICINE			48,958	0	48,958	54.01
54.02	05402	ULTRASOUND			0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING			0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY			0	0	0	54.04
54.05	05407	PET SCAN			0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0	0	55.00
57.00	05700	CT SCAN			110,323	0	110,323	57.00
58.00	05800	MRI			71,573	0	71,573	58.00
59.00	05900	CARDIAC CATHETERIZATION			429,813	0	429,813	59.00
60.00	06000	LABORATORY			386,448	0	386,448	60.00
60.01	06001	BLOOD LABORATORY			0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY			164,045	0	164,045	65.00
66.00	06600	PHYSICAL THERAPY			432,246	0	432,246	66.00
66.01	06601	FAIRVIEW REHAB CTR			0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR			0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR			0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY			43,370	0	43,370	67.00
68.00	06800	SPEECH PATHOLOGY			2,983	0	2,983	68.00
69.00	06900	ELECTROCARDIOLOGY			130,615	0	130,615	69.00
69.01	06901	VASCULAR LAB			0	0	0	69.01
69.02	06902	CARDIAC REHAB			158,345	0	158,345	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY			286	0	286	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			18,874	0	18,874	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			29,020	0	29,020	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			198,040	0	198,040	73.00
76.00	03020	HEMODIALYSIS			1,864	0	1,864	76.00
76.01	03952	LITHOTRIPSY			0	0	0	76.01
76.02	03950	WOUND CARE			16,494	0	16,494	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY			0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			349,149	0	349,149	90.00
90.01	09001	PAIN MGMT CLINIC			0	0	0	90.01
91.00	09100	EMERGENCY			861,051	0	861,051	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
91.01	09101	OP DEPARTMENT			0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY			0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			5	0	5	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF			0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	12,861,341	0	12,861,341	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			29,823	0	29,823	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			988	0	988	192.00
192.01	19201	CFPC CLINIC			236,150	0	236,150	192.01
194.00	07950	OFFICE BUILDINGS			34,180	0	34,180	194.00
194.01	07951	MARKETING			0	0	0	194.01
194.02	07952	FOUNDATION			28,591	0	28,591	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA			285,644	0	285,644	194.03
194.04	07954	HHA TRANSITIONAL CARE			0	0	0	194.04
200.00		Cross Foot Adjustments	1,553,981	0	1,567,539	0	1,567,539	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,553,981	0	15,044,256	0	15,044,256	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQ FT)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	682,581					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		664,060				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	46,403,923			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,090	9,090	3,393,519	-37,327,851	118,858,844	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	285,824	285,824	1,736,724	0	14,253,610	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,230	1,230	0	0	407,184	8.00
9.00	00900	HOUSEKEEPING	11,506	11,506	0	0	3,230,883	9.00
10.00	01000	DIETARY	3,241	3,241	0	0	1,228,847	10.00
11.00	01100	CAFETERIA	8,230	8,230	0	0	2,071,992	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,000	1,000	1,348,222	0	1,804,477	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,038	12,038	601,942	0	1,621,463	14.00
15.00	01500	PHARMACY	3,700	3,700	2,252,016	0	2,932,172	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,430	5,430	48,460	0	236,095	16.00
17.00	01700	SOCIAL SERVICE	2,646	2,646	9,793	0	75,734	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,314,273	0	1,618,929	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	37,539	37,539	1,939,985	0	3,646,026	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,170	112,170	11,576,550	0	16,521,964	30.00
31.00	03100	INTENSIVE CARE UNIT	10,600	10,600	2,771,396	0	4,545,273	31.00
41.00	04100	SUBPROVIDER - IRF	14,400	14,400	1,897,294	0	3,489,444	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,607	34,607	4,315,190	0	11,502,644	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	3,250	3,250	599,113	0	817,652	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,516	30,516	1,552,888	0	2,612,306	54.00
54.01	05401	NUCLEAR MEDICINE	1,100	1,100	182,805	0	260,849	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	1,700	1,700	776,259	0	1,042,526	57.00
58.00	05800	MRI	1,500	1,500	335,939	0	457,583	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,200	9,200	515,317	0	913,968	59.00
60.00	06000	LABORATORY	8,300	8,300	1,282	0	6,246,075	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,000	3,000	1,496,893	0	2,171,683	65.00
66.00	06600	PHYSICAL THERAPY	10,000	10,000	1,143,326	0	3,650,522	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	828	828	780,222	0	976,618	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	237,743	0	295,131	68.00
69.00	06900	ELECTROCARDIOLOGY	2,700	2,700	730,958	0	1,193,124	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	3,800	3,800	239,860	0	388,639	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	15,476	0	18,571	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,597,954	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,653,963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,358,012	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	656,159	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	472,688	0	599,093	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	8,500	8,500	179,848	0	411,930	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	18,715	18,715	3,195,524	0	4,526,221	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQ FT)				
			1.00	2.00	4.00	5A	5.00	
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	449	0	552	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	656,360	656,360	45,661,954	-37,327,851	116,035,868	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,850	0	172,838	0	278,027	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	581,035	192.00
192.01	19201	CFPC CLINIC	14,500	0	535,366	0	1,277,261	192.01
194.00	07950	OFFICE BUILDINGS	2,171	0	33,765	0	671,089	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	700	700	0	0	15,564	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	7,000	7,000	0	-155,638	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,300,359	4,743,897	7,155,547		37,327,851	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.090310	7.143778	0.154201		0.314052	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		202,108	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.001700	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQ FT)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQ FT)	DIETARY (PATIENT DA YS)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	369,146				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,230	34,120			8.00
9.00	00900	HOUSEKEEPING	0	11,506	0	356,410		9.00
10.00	01000	DIETARY	0	3,241	0	3,241	34,120	10.00
11.00	01100	CAFETERIA	0	8,230	0	8,230	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,000	0	1,000	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,038	0	12,038	0	14.00
15.00	01500	PHARMACY	0	3,700	0	3,700	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,430	0	5,430	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,646	0	2,646	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	37,539	0	37,539	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	112,170	25,164	112,170	25,164	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,600	3,316	10,600	3,316	31.00
41.00	04100	SUBPROVIDER - IRF	0	14,400	5,640	14,400	5,640	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,607	0	34,607	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	3,250	0	3,250	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,516	0	30,516	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,100	0	1,100	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	1,700	0	1,700	0	57.00
58.00	05800	MRI	0	1,500	0	1,500	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,200	0	9,200	0	59.00
60.00	06000	LABORATORY	0	8,300	0	8,300	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,000	0	3,000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,000	0	10,000	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	828	0	828	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,700	0	2,700	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	3,800	0	3,800	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	8,500	0	8,500	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	18,715	0	18,715	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQ FT)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQ FT)	DIETARY (PATIENT DA YS)	
		6.00	7.00	8.00	9.00	10.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
	OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	361,446	34,120	348,710	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	700	0	700	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	7,000	0	7,000	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	18,729,985	597,470	4,829,347	1,823,128 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	50.738691	17.510844	13.549976	53.432825 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	6,379,270	49,296	460,155	134,342 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	17.281157	1.444783	1.291083	3.937339 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			CAFETERIA (GROSS SALARY)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	41,273,680					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,348,222	0	34,120			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	601,942	0	0	7,034,097		14.00
15.00	01500	PHARMACY	2,252,016	0	0	103,772	4,701,007	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	48,460	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,793	0	0	33	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,314,273	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,939,985	0	0	58	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,576,550	0	25,164	1,077,684	12,706	30.00
31.00	03100	INTENSIVE CARE UNIT	2,771,396	0	3,316	568,321	5,298	31.00
41.00	04100	SUBPROVIDER - IRF	1,897,294	0	5,640	84,458	507	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,315,190	0	0	3,023,325	79,254	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	599,113	0	0	29,685	1,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,552,888	0	0	166,568	4,879	54.00
54.01	05401	NUCLEAR MEDICINE	182,805	0	0	3,648	164	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	776,259	0	0	93,520	3,969	57.00
58.00	05800	MRI	335,939	0	0	11,069	112	58.00
59.00	05900	CARDIAC CATHETERIZATION	515,317	0	0	623,021	1,634	59.00
60.00	06000	LABORATORY	1,282	0	0	135,677	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,496,893	0	0	265,717	849	65.00
66.00	06600	PHYSICAL THERAPY	1,143,326	0	0	43,613	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	780,222	0	0	7	0	67.00
68.00	06800	SPEECH PATHOLOGY	237,743	0	0	7	0	68.00
69.00	06900	ELECTROCARDIOLOGY	730,958	0	0	71,113	734	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	239,860	0	0	2,675	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	15,476	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,481	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,334,889	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	472,688	0	0	126,474	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	179,848	0	0	334	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,195,524	0	0	584,754	4,209	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			CAFETERIA (GROSS SALA RIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DA YS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	449	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,531,711	0	34,120	7,015,533	4,456,384	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	172,838	0	0	170	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	535,366	0	0	18,394	244,623	192.01
194.00	07950	OFFICE BUILDINGS	33,765	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,251,800	0	2,541,687	2,952,019	4,311,871	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.078786	0.000000	74.492585	0.419673	0.917223	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	339,358	0	54,959	498,932	181,845	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008222	0.000000	1.610756	0.070930	0.038682	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			INTERNS & RESIDENTS					
			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES		SERVICES-OTHER
						APPROV (ASSIGNED TIME)		PRGM COSTS APPROV (ASSIGNED TIME)
			16.00	17.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	576,848,847					16.00
17.00	01700	SOCIAL SERVICE	0	34,120				17.00
20.00	02000	NURSING SCHOOL	0	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPROV	0	0		41,680		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPROV	0	0			41,680	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,636,324	25,164	0	29,600	29,600	30.00
31.00	03100	INTENSIVE CARE UNIT	8,223,863	3,316	0	1,200	1,200	31.00
41.00	04100	SUBPROVIDER - IRF	9,722,598	5,640	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	70,031,239	0	0	3,280	3,280	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	6,045,993	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,516,234	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	4,820,121	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	67,386,437	0	0	0	0	57.00
58.00	05800	MRI	15,631,498	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,268,090	0	0	0	0	59.00
60.00	06000	LABORATORY	71,993,333	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	17,481,968	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14,203,765	0	0	1,280	1,280	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	3,904,200	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,361,548	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	18,984,844	0	0	2,160	2,160	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	1,188,190	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	327,836	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,884,642	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,471,365	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,453,611	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	1,939,710	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	6,784,781	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	237,150	0	0	1,280	1,280	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	56,349,507	0	0	2,880	2,880	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPROV (ASSIGNED TIME)	
			16.00	17.00	20.00	21.00	22.00	
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	576,848,847	34,120	0	41,680	41,680	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	663,146	270,412	0	2,230,903	7,357,269	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001150	7.925322	0.000000	53.524544	176.517970	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	222,378	108,185	0	13,558	1,553,981	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000386	3.170721	0.000000	0.325288	37.283613	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0			206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000			207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
50.02	05002	DAY SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE	54.01
54.02	05402	ULTRASOUND	54.02
54.03	05405	GRANT SQUARE IMAGING	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	54.04
54.05	05407	PET SCAN	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	FAIRVIEW REHAB CTR	66.01
66.02	06602	WESTCHESTER REHAB CTR	66.02
66.03	06603	LAGRANGE REHAB CTR	66.03
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	VASCULAR LAB	69.01
69.02	06902	CARDIAC REHAB	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	HEMODIALYSIS	76.00
76.01	03952	LITHOTRIPSY	76.01
76.02	03950	WOUND CARE	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	PAIN MGMT CLINIC	90.01
91.00	09100	EMERGENCY	91.00
91.01	09101	OP DEPARTMENT	91.01
91.02	09102	MEDICAL ONCOLOGY	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet B-1
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			PARAMED ED PRGM (ASSIGNED TIME)	
			23.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
		OTHER REIMBURSABLE COST CENTERS		
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00
		SPECIAL PURPOSE COST CENTERS		
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
		NONREIMBURSABLE COST CENTERS		
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	CFPC CLINIC	0	192.01
194.00	07950	OFFICE BUILDINGS	0	194.00
194.01	07951	MARKETING	0	194.01
194.02	07952	FOUNDATION	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	194.04
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

			Title XVIII	Hospital	PPS			
Cost Center Description			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	34,209,660		34,209,660	3,503	34,213,163	30.00
31.00	03100	INTENSIVE CARE UNIT	7,633,903		7,633,903	0	7,633,903	31.00
41.00	04100	SUBPROVIDER - IRF	6,572,598		6,572,598	0	6,572,598	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,101,925		19,101,925	0	19,101,925	50.00
50.01	05001	ENDOSCOPY	0		0	0	0	50.01
50.02	05002	DAY SURGERY	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,351,546		1,351,546	0	1,351,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,622,908		5,622,908	0	5,622,908	54.00
54.01	05401	NUCLEAR MEDICINE	435,113		435,113	0	435,113	54.01
54.02	05402	ULTRASOUND	0		0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407	PET SCAN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700	CT SCAN	1,660,764		1,660,764	0	1,660,764	57.00
58.00	05800	MRI	746,912		746,912	0	746,912	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,108,979		2,108,979	0	2,108,979	59.00
60.00	06000	LABORATORY	8,880,867		8,880,867	0	8,880,867	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,296,901	0	3,296,901	0	3,296,901	65.00
66.00	06600	PHYSICAL THERAPY	5,564,578	0	5,564,578	0	5,564,578	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,402,522	0	1,402,522	0	1,402,522	67.00
68.00	06800	SPEECH PATHOLOGY	408,117	0	408,117	0	408,117	68.00
69.00	06900	ELECTROCARDIOLOGY	1,851,345		1,851,345	89,887	1,941,232	69.00
69.01	06901	VASCULAR LAB	0		0	0	0	69.01
69.02	06902	CARDIAC REHAB	776,376		776,376	0	776,376	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	25,999		25,999	0	25,999	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,006,251		10,006,251	0	10,006,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,105,397		10,105,397	0	10,105,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,771,086		9,771,086	0	9,771,086	73.00
76.00	03020	HEMODIALYSIS	864,458		864,458	0	864,458	76.00
76.01	03952	LITHOTRIPSY	0		0	0	0	76.01
76.02	03950	WOUND CARE	885,360		885,360	3,671	889,031	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,102,334		1,102,334	0	1,102,334	90.00
90.01	09001	PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	7,716,684		7,716,684	0	7,716,684	91.00
91.01	09101	OP DEPARTMENT	0		0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,558,283		4,558,283	0	4,558,283	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	760		760	0	760	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	146,661,626	0	146,661,626	97,061	146,758,687	200.00
201.00		Less Observation Beds	4,558,283		4,558,283		4,558,283	201.00
202.00		Total (see instructions)	142,103,343	0	142,103,343	97,061	142,200,404	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,858,645		33,858,645			30.00
31.00	03100	INTENSIVE CARE UNIT	8,223,863		8,223,863			31.00
41.00	04100	SUBPROVIDER - IRF	9,722,598		9,722,598			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,441,186	38,590,053	70,031,239	0.272763	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	0.000000	50.02
51.00	05100	RECOVERY ROOM	2,534,231	3,511,762	6,045,993	0.223544	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,197,388	18,318,846	27,516,234	0.204349	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	1,562,146	3,257,975	4,820,121	0.090270	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
57.00	05700	CT SCAN	20,527,037	46,859,400	67,386,437	0.024645	0.000000	57.00
58.00	05800	MRI	3,944,669	11,686,829	15,631,498	0.047782	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,441,564	4,826,526	11,268,090	0.187164	0.000000	59.00
60.00	06000	LABORATORY	42,092,527	29,900,806	71,993,333	0.123357	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	16,242,533	1,239,435	17,481,968	0.188589	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,964,124	9,239,641	14,203,765	0.391768	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	3,635,642	268,558	3,904,200	0.359234	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,309,030	52,518	1,361,548	0.299745	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,118,498	10,866,346	18,984,844	0.097517	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	0.000000	69.01
69.02	06902	CARDIAC REHAB	25,349	1,162,841	1,188,190	0.653411	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	250,730	77,106	327,836	0.079305	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,242,717	9,641,925	14,884,642	0.672253	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,314,313	19,157,052	41,471,365	0.243672	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,465,437	17,988,174	59,453,611	0.164348	0.000000	73.00
76.00	03020	HEMODIALYSIS	1,921,741	17,969	1,939,710	0.445664	0.000000	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.01
76.02	03950	WOUND CARE	67,087	6,717,694	6,784,781	0.130492	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
	OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	6,301	230,849	237,150	4.648256	0.000000	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	15,221,396	41,128,111	56,349,507	0.136943	0.000000	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0.000000	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,641,740	9,135,939	11,777,679	0.387027	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	292,972,492	283,876,355	576,848,847			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	292,972,492	283,876,355	576,848,847			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/27/2021 1:34 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.272763		50.00
50.01	05001	ENDOSCOPY	0.000000		50.01
50.02	05002	DAY SURGERY	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.223544		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204349		54.00
54.01	05401	NUCLEAR MEDICINE	0.090270		54.01
54.02	05402	ULTRASOUND	0.000000		54.02
54.03	05403	GRANT SQUARE IMAGING	0.000000		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000		54.04
54.05	05407	PET SCAN	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.024645		57.00
58.00	05800	MRI	0.047782		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.187164		59.00
60.00	06000	LABORATORY	0.123357		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.188589		65.00
66.00	06600	PHYSICAL THERAPY	0.391768		66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000		66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000		66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000		66.03
67.00	06700	OCCUPATIONAL THERAPY	0.359234		67.00
68.00	06800	SPEECH PATHOLOGY	0.299745		68.00
69.00	06900	ELECTROCARDIOLOGY	0.102252		69.00
69.01	06901	VASCULAR LAB	0.000000		69.01
69.02	06902	CARDIAC REHAB	0.653411		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.079305		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.672253		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.243672		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164348		73.00
76.00	03020	HEMODIALYSIS	0.445664		76.00
76.01	03952	LITHOTRIPSY	0.000000		76.01
76.02	03950	WOUND CARE	0.131033		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	4.648256		90.00
90.01	09001	PAIN MGMT CLINIC	0.000000		90.01
91.00	09100	EMERGENCY	0.136943		91.00
91.01	09101	OP DEPARTMENT	0.000000		91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.387027		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,209,660		34,209,660	3,503	34,213,163	30.00
31.00	03100	INTENSIVE CARE UNIT	7,633,903		7,633,903	0	7,633,903	31.00
41.00	04100	SUBPROVIDER - IRF	6,572,598		6,572,598	0	6,572,598	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,101,925		19,101,925	0	19,101,925	50.00
50.01	05001	ENDOSCOPY	0		0	0	0	50.01
50.02	05002	DAY SURGERY	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,351,546		1,351,546	0	1,351,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,622,908		5,622,908	0	5,622,908	54.00
54.01	05401	NUCLEAR MEDICINE	435,113		435,113	0	435,113	54.01
54.02	05402	ULTRASOUND	0		0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407	PET SCAN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700	CT SCAN	1,660,764		1,660,764	0	1,660,764	57.00
58.00	05800	MRI	746,912		746,912	0	746,912	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,108,979		2,108,979	0	2,108,979	59.00
60.00	06000	LABORATORY	8,880,867		8,880,867	0	8,880,867	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,296,901	0	3,296,901	0	3,296,901	65.00
66.00	06600	PHYSICAL THERAPY	5,564,578	0	5,564,578	0	5,564,578	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,402,522	0	1,402,522	0	1,402,522	67.00
68.00	06800	SPEECH PATHOLOGY	408,117	0	408,117	0	408,117	68.00
69.00	06900	ELECTROCARDIOLOGY	1,851,345		1,851,345	89,887	1,941,232	69.00
69.01	06901	VASCULAR LAB	0		0	0	0	69.01
69.02	06902	CARDIAC REHAB	776,376		776,376	0	776,376	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	25,999		25,999	0	25,999	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,006,251		10,006,251	0	10,006,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,105,397		10,105,397	0	10,105,397	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,771,086		9,771,086	0	9,771,086	73.00
76.00	03020	HEMODIALYSIS	864,458		864,458	0	864,458	76.00
76.01	03952	LITHOTRIPSY	0		0	0	0	76.01
76.02	03950	WOUND CARE	885,360		885,360	3,671	889,031	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,102,334		1,102,334	0	1,102,334	90.00
90.01	09001	PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	7,716,684		7,716,684	0	7,716,684	91.00
91.01	09101	OP DEPARTMENT	0		0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,558,283		4,558,283	0	4,558,283	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	760		760	0	760	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	146,661,626	0	146,661,626	97,061	146,758,687	200.00
201.00		Less Observation Beds	4,558,283		4,558,283	0	4,558,283	201.00
202.00		Total (see instructions)	142,103,343	0	142,103,343	97,061	142,200,404	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0065		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 7/27/2021 1:34 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
				Inpatient	Outpatient	Total (col. 6 + col. 7)			
				6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	33,858,645		33,858,645				30.00
31.00	03100	INTENSIVE CARE UNIT	8,223,863		8,223,863				31.00
41.00	04100	SUBPROVIDER - IRF	9,722,598		9,722,598				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	0		0				43.00
45.00	04500	NURSING FACILITY	0		0				45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	31,441,186	38,590,053	70,031,239	0.272763	0.000000		50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	0.000000		50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	0.000000		50.02
51.00	05100	RECOVERY ROOM	2,534,231	3,511,762	6,045,993	0.223544	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,197,388	18,318,846	27,516,234	0.204349	0.000000		54.00
54.01	05401	NUCLEAR MEDICINE	1,562,146	3,257,975	4,820,121	0.090270	0.000000		54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000		54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000		54.04
54.05	05407	PET SCAN	0	0	0	0.000000	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
57.00	05700	CT SCAN	20,527,037	46,859,400	67,386,437	0.024645	0.000000		57.00
58.00	05800	MRI	3,944,669	11,686,829	15,631,498	0.047782	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,441,564	4,826,526	11,268,090	0.187164	0.000000		59.00
60.00	06000	LABORATORY	42,092,527	29,900,806	71,993,333	0.123357	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	16,242,533	1,239,435	17,481,968	0.188589	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,964,124	9,239,641	14,203,765	0.391768	0.000000		66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000		66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000		66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000		66.03
67.00	06700	OCCUPATIONAL THERAPY	3,635,642	268,558	3,904,200	0.359234	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,309,030	52,518	1,361,548	0.299745	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	8,118,498	10,866,346	18,984,844	0.097517	0.000000		69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	0.000000		69.01
69.02	06902	CARDIAC REHAB	25,349	1,162,841	1,188,190	0.065341	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	250,730	77,106	327,836	0.079305	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,242,717	9,641,925	14,884,642	0.672253	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,314,313	19,157,052	41,471,365	0.243672	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,465,437	17,988,174	59,453,611	0.164348	0.000000		73.00
76.00	03020	HEMODIALYSIS	1,921,741	17,969	1,939,710	0.445664	0.000000		76.00
76.01	03952	LITHOTRIPSY	0	0	0	0.000000	0.000000		76.01
76.02	03950	WOUND CARE	67,087	6,717,694	6,784,781	0.130492	0.000000		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	6,301	230,849	237,150	4.648256	0.000000		90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	0.000000		90.01
91.00	09100	EMERGENCY	15,221,396	41,128,111	56,349,507	0.136943	0.000000		91.00
91.01	09101	OP DEPARTMENT	0	0	0	0.000000	0.000000		91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,641,740	9,135,939	11,777,679	0.387027	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	292,972,492	283,876,355	576,848,847				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	292,972,492	283,876,355	576,848,847				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
50.02	05002	DAY SURGERY	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	NUCLEAR MEDICINE	0.000000			54.01
54.02	05402	ULTRASOUND	0.000000			54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000			54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000			54.04
54.05	05407	PET SCAN	0.000000			54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000			66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000			66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000			66.03
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	VASCULAR LAB	0.000000			69.01
69.02	06902	CARDIAC REHAB	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03020	HEMODIALYSIS	0.000000			76.00
76.01	03952	LITHOTRIPSY	0.000000			76.01
76.02	03950	WOUND CARE	0.000000			76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PAIN MGMT CLINIC	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	OP DEPARTMENT	0.000000			91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,050,870	0	5,050,870	29,032	173.98	30.00
31.00	INTENSIVE CARE UNIT	540,451		540,451	3,316	162.98	31.00
41.00	SUBPROVIDER - IRF	676,231	0	676,231	5,640	119.90	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	6,267,552		6,267,552	37,988		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	13,435	2,337,421				30.00
31.00	INTENSIVE CARE UNIT	1,333	217,252				31.00
41.00	SUBPROVIDER - IRF	3,706	444,349				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	18,474	2,999,022				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,711,763	70,031,239	0.024443	16,470,895	402,598	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	143,443	6,045,993	0.023725	1,265,964	30,035	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,285,081	27,516,234	0.046703	4,710,872	220,012	54.00
54.01	05401	NUCLEAR MEDICINE	48,958	4,820,121	0.010157	874,408	8,881	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700	CT SCAN	110,323	67,386,437	0.001637	9,980,828	16,339	57.00
58.00	05800	MRI	71,573	15,631,498	0.004579	1,783,397	8,166	58.00
59.00	05900	CARDIAC CATHETERIZATION	429,813	11,268,090	0.038144	3,072,425	117,195	59.00
60.00	06000	LABORATORY	386,448	71,993,333	0.005368	20,096,590	107,878	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	164,045	17,481,968	0.009384	8,093,784	75,952	65.00
66.00	06600	PHYSICAL THERAPY	432,246	14,203,765	0.030432	1,444,312	43,953	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	43,370	3,904,200	0.011109	717,394	7,970	67.00
68.00	06800	SPEECH PATHOLOGY	2,983	1,361,548	0.002191	353,454	774	68.00
69.00	06900	ELECTROCARDIOLOGY	130,615	18,984,844	0.006880	4,137,692	28,467	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	158,345	1,188,190	0.133266	11,547	1,539	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	286	327,836	0.000872	99,207	87	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,874	14,884,642	0.001268	2,815,288	3,570	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,020	41,471,365	0.000700	12,521,190	8,765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	198,040	59,453,611	0.003331	17,029,740	56,726	73.00
76.00	03020	HEMODIALYSIS	1,864	1,939,710	0.000961	1,017,129	977	76.00
76.01	03952	LITHOTRIPSY	0	0	0.000000	0	0	76.01
76.02	03950	WOUND CARE	16,494	6,784,781	0.002431	50,188	122	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	349,149	237,150	1.472271	5,574	8,206	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	861,051	56,349,507	0.015281	9,133,447	139,568	91.00
91.01	09101	OP DEPARTMENT	0	0	0.000000	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	672,935	11,777,679	0.057136	1,289,964	73,703	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	7,266,724	525,043,741		116,975,289	1,361,483	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0065		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/27/2021 1:34 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	29,032	0.00		13,435		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	3,316	0.00		1,333		31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	5,640	0.00		3,706		41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00		0		42.00	
43.00	04300	NURSERY	0	0	0	0.00		0		43.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00		0		45.00	
200.00		Total (lines 30 through 199)	0	0	37,988			18,474		200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
42.00	04200	SUBPROVIDER	0								42.00
43.00	04300	NURSERY	0								43.00
45.00	04500	NURSING FACILITY	0								45.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
Provider CCN: 14-0065
Period: From 01/01/2020 To 12/31/2020
Worksheet D Part IV Date/Time Prepared: 7/27/2021 1:34 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0065		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 1:34 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	70,031,239	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	6,045,993	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	27,516,234	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	4,820,121	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	67,386,437	0.000000	57.00
58.00	05800	MRI	0	0	0	15,631,498	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,268,090	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	71,993,333	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,481,968	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,203,765	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,904,200	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,361,548	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,984,844	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	0	0	0	1,188,190	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	327,836	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,884,642	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	41,471,365	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	59,453,611	0.000000	73.00
76.00	03020	HEMODIALYSIS	0	0	0	1,939,710	0.000000	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0.000000	76.01
76.02	03950	WOUND CARE	0	0	0	6,784,781	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	237,150	0.000000	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	56,349,507	0.000000	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,777,679	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	525,043,741		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
Provider CCN: 14-0065
Period: From 01/01/2020 To 12/31/2020
Worksheet D Part IV Date/Time Prepared: 7/27/2021 1:34 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	16,470,895	0	11,493,780	0	50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	1,265,964	0	885,847	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,710,872	0	4,825,705	0	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	874,408	0	1,300,947	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	9,980,828	0	14,267,254	0	57.00
58.00	05800	MRI	0.000000	1,783,397	0	3,590,476	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,072,425	0	1,983,655	0	59.00
60.00	06000	LABORATORY	0.000000	20,096,590	0	4,806,857	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	8,093,784	0	461,947	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,444,312	0	115,691	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.000000	717,394	0	5,749	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	353,454	0	7,277	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,137,692	0	3,060,738	0	69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0.000000	11,547	0	534,553	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	99,207	0	27,468	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,815,288	0	2,787,842	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	12,521,190	0	7,900,729	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	17,029,740	0	2,101,819	0	73.00
76.00	03020	HEMODIALYSIS	0.000000	1,017,129	0	16,722	0	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	0	0	0	76.01
76.02	03950	WOUND CARE	0.000000	50,188	0	3,137,330	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	5,574	0	142,852	0	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	9,133,447	0	9,743,736	0	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,289,964	0	2,014,488	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		116,975,289	0	75,213,462	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0065		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/27/2021 1:34 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.272763	11,493,780	0	0	3,135,078	50.00	
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01	
50.02	05002	DAY SURGERY	0.000000	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0.223544	885,847	0	0	198,026	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204349	4,825,705	0	0	986,128	54.00	
54.01	05401	NUCLEAR MEDICINE	0.090270	1,300,947	0	0	117,436	54.01	
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02	
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03	
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04	
54.05	05407	PET SCAN	0.000000	0	0	0	0	54.05	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
57.00	05700	CT SCAN	0.024645	14,267,254	0	0	351,616	57.00	
58.00	05800	MRI	0.047782	3,590,476	0	0	171,560	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.187164	1,983,655	0	0	371,269	59.00	
60.00	06000	LABORATORY	0.123357	4,806,857	0	0	592,959	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0.188589	461,947	0	0	87,118	65.00	
66.00	06600	PHYSICAL THERAPY	0.391768	115,691	0	0	45,324	66.00	
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01	
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02	
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03	
67.00	06700	OCCUPATIONAL THERAPY	0.359234	5,749	0	0	2,065	67.00	
68.00	06800	SPEECH PATHOLOGY	0.299745	7,277	0	0	2,181	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.097517	3,060,738	0	0	298,474	69.00	
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0	69.01	
69.02	06902	CARDIAC REHAB	0.653411	534,553	0	0	349,283	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.079305	27,468	0	0	2,178	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.672253	2,787,842	0	0	1,874,135	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.243672	7,900,729	0	0	1,925,186	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164348	2,101,819	183	53,797	345,430	73.00	
76.00	03020	HEMODIALYSIS	0.445664	16,722	0	0	7,452	76.00	
76.01	03952	LITHOTRIPSY	0.000000	0	0	0	0	76.01	
76.02	03950	WOUND CARE	0.130492	3,137,330	0	0	409,396	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00	
90.00	09000	CLINIC	4.648256	142,852	0	0	664,013	90.00	
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0.136943	9,743,736	0	0	1,334,336	91.00	
91.01	09101	OP DEPARTMENT	0.000000	0	0	0	0	91.01	
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.387027	2,014,488	0	0	779,661	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
200.00		Subtotal (see instructions)		75,213,462	183	53,797	14,050,304	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		75,213,462	183	53,797	14,050,304	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 1:34 pm

				Title XVIII	Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
50.02	05002	DAY SURGERY	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NUCLEAR MEDICINE	0	0		54.01
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05405	GRANT SQUARE IMAGING	0	0		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0		54.04
54.05	05407	PET SCAN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0		66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0		66.02
66.03	06603	LAGRANGE REHAB CTR	0	0		66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	VASCULAR LAB	0	0		69.01
69.02	06902	CARDIAC REHAB	0	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30	8,841		73.00
76.00	03020	HEMODIALYSIS	0	0		76.00
76.01	03952	LITHOTRIPSY	0	0		76.01
76.02	03950	WOUND CARE	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
	OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PAIN MGMT CLINIC	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	OP DEPARTMENT	0	0		91.01
91.02	09102	MEDICAL ONCOLOGY	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	30	8,841		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	30	8,841		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0065

Period:

Worksheet D

Component CCN: 14-T065

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/27/2021 1:34 pm

				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,711,763	70,031,239	0.024443	44,948	1,099	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	143,443	6,045,993	0.023725	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,285,081	27,516,234	0.046703	148,115	6,917	54.00
54.01	05401	NUCLEAR MEDICINE	48,958	4,820,121	0.010157	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700	CT SCAN	110,323	67,386,437	0.001637	211,737	347	57.00
58.00	05800	MRI	71,573	15,631,498	0.004579	52,939	242	58.00
59.00	05900	CARDIAC CATHETERIZATION	429,813	11,268,090	0.038144	0	0	59.00
60.00	06000	LABORATORY	386,448	71,993,333	0.005368	1,017,471	5,462	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	164,045	17,481,968	0.009384	336,701	3,160	65.00
66.00	06600	PHYSICAL THERAPY	432,246	14,203,765	0.030432	1,714,726	52,183	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	43,370	3,904,200	0.011109	1,640,417	18,223	67.00
68.00	06800	SPEECH PATHOLOGY	2,983	1,361,548	0.002191	413,995	907	68.00
69.00	06900	ELECTROCARDIOLOGY	130,615	18,984,844	0.006880	46,155	318	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	158,345	1,188,190	0.133266	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	286	327,836	0.000872	6,540	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,874	14,884,642	0.001268	17,864	23	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,020	41,471,365	0.000700	10,875	8	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	198,040	59,453,611	0.003331	1,323,657	4,409	73.00
76.00	03020	HEMODIALYSIS	1,864	1,939,710	0.000961	74,208	71	76.00
76.01	03952	LITHOTRIPSY	0	0	0.000000	0	0	76.01
76.02	03950	WOUND CARE	16,494	6,784,781	0.002431	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	349,149	237,150	1.472271	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	861,051	56,349,507	0.015281	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0.000000	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,777,679	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	6,593,789	525,043,741		7,060,348	93,375	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0065 Component CCN: 14-T065		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 1:34 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY		0	0	0	0	0	50.01
50.02	05002	DAY SURGERY		0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE		0	0	0	0	0	54.01
54.02	05402	ULTRASOUND		0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING		0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY		0	0	0	0	0	54.04
54.05	05407	PET SCAN		0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR		0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR		0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR		0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	VASCULAR LAB		0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB		0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS		0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY		0	0	0	0	0	76.01
76.02	03950	WOUND CARE		0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC		0	0	0	0	0	90.01
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT		0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY		0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0065 Component CCN: 14-T065		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 1:34 pm	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	70,031,239	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	6,045,993	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	27,516,234	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	4,820,121	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	67,386,437	0.000000	57.00
58.00	05800	MRI	0	0	0	15,631,498	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,268,090	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	71,993,333	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,481,968	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,203,765	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,904,200	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,361,548	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,984,844	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	0	0	0	1,188,190	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	327,836	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,884,642	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	41,471,365	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	59,453,611	0.000000	73.00
76.00	03020	HEMODIALYSIS	0	0	0	1,939,710	0.000000	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0.000000	76.01
76.02	03950	WOUND CARE	0	0	0	6,784,781	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	237,150	0.000000	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	56,349,507	0.000000	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,777,679	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	525,043,741		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0065 Component CCN: 14-T065		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 1:34 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	44,948	0	28	0	50.00
50.01	05001	ENDOSCOPY		0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	148,115	0	890	0	54.00
54.01	05401	NUCLEAR MEDICINE		0.000000	0	0	0	0	54.01
54.02	05402	ULTRASOUND		0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING		0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY		0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN		0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	211,737	0	0	0	57.00
58.00	05800	MRI		0.000000	52,939	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	1,017,471	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY		0.000000	336,701	0	324	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,714,726	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR		0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR		0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR		0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,640,417	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	413,995	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	46,155	0	0	0	69.00
69.01	06901	VASCULAR LAB		0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB		0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	6,540	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	17,864	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	10,875	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,323,657	0	174	0	73.00
76.00	03020	HEMODIALYSIS		0.000000	74,208	0	0	0	76.00
76.01	03952	LITHOTRIPSY		0.000000	0	0	0	0	76.01
76.02	03950	WOUND CARE		0.000000	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.000000	0	0	108	0	91.00
91.01	09101	OP DEPARTMENT		0.000000	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY		0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			7,060,348	0	1,524	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0065

Period:

Worksheet D

Component CCN: 14-T065

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/27/2021 1:34 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.272763	28	0	0	8 50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	0	0 50.01
50.02	05002 DAY SURGERY	0.000000	0	0	0	0 50.02
51.00	05100 RECOVERY ROOM	0.223544	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.204349	890	0	0	182 54.00
54.01	05401 NUCLEAR MEDICINE	0.090270	0	0	0	0 54.01
54.02	05402 ULTRASOUND	0.000000	0	0	0	0 54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000	0	0	0	0 54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0 54.04
54.05	05407 PET SCAN	0.000000	0	0	0	0 54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
57.00	05700 CT SCAN	0.024645	0	0	0	0 57.00
58.00	05800 MRI	0.047782	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.187164	0	0	0	0 59.00
60.00	06000 LABORATORY	0.123357	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
65.00	06500 RESPIRATORY THERAPY	0.188589	324	0	0	61 65.00
66.00	06600 PHYSICAL THERAPY	0.391768	0	0	0	0 66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000	0	0	0	0 66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000	0	0	0	0 66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000	0	0	0	0 66.03
67.00	06700 OCCUPATIONAL THERAPY	0.359234	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.299745	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.097517	0	0	0	0 69.00
69.01	06901 VASCULAR LAB	0.000000	0	0	0	0 69.01
69.02	06902 CARDIAC REHAB	0.653411	0	0	0	0 69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.079305	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.672253	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.243672	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.164348	174	0	147	29 73.00
76.00	03020 HEMODIALYSIS	0.445664	0	0	0	0 76.00
76.01	03952 LITHOTRIPSY	0.000000	0	0	0	0 76.01
76.02	03950 WOUND CARE	0.130492	0	0	0	0 76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000 CLINIC	4.648256	0	0	0	0 90.00
90.01	09001 PAIN MGMT CLINIC	0.000000	0	0	0	0 90.01
91.00	09100 EMERGENCY	0.136943	108	0	0	15 91.00
91.01	09101 OP DEPARTMENT	0.000000	0	0	0	0 91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000	0	0	0	0 91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.387027	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
200.00	Subtotal (see instructions)		1,524	0	147	295 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		1,524	0	147	295 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/27/2021 1:34 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24	73.00
76.00	03020	HEMODIALYSIS	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	76.01
76.02	03950	WOUND CARE	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	0	24	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	24	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 1:34 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,032	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,032	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)		25,164	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		13,435	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)		34,213,163	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)		34,213,163	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)		34,213,163	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)		1,178.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,832,610	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)		15,832,610	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
7/27/2021 1:34 pm

		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	7,633,903	3,316	2,302.14	1,333	3,068,753	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					22,075,180	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,976,543	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)					2,554,673	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,361,483	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,916,156	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,060,387	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)					3,868	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,178.46	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,558,283	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet D-1

Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,050,870	34,213,163	0.147629	4,558,283	672,935
91.00	Nursing School cost	0	34,213,163	0.000000	4,558,283	0
92.00	Allied health cost	0	34,213,163	0.000000	4,558,283	0
93.00	All other Medical Education	0	34,213,163	0.000000	4,558,283	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 1:34 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,640	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,640	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,640	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,706	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,572,598	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,572,598	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,572,598	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,165.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,318,787	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,318,787	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 1:34 pm	
				Title XVIII	Subprovider - IRF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,894,956	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,213,743	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)					444,349	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					93,375	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					537,724	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,676,019	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

Period:

Worksheet D-1

Component CCN: 14-T065

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/27/2021 1:34 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	676,231	6,572,598	0.102886	0	0	90.00
91.00	Nursing School cost	0	6,572,598	0.000000	0	0	91.00
92.00	Allied health cost	0	6,572,598	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,572,598	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 1:34 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,574,156	30.00
31.00	03100	INTENSIVE CARE UNIT		3,857,954	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.272763	16,470,895	50.00
50.01	05001	ENDOSCOPY	0.000000	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.223544	1,265,964	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.204349	4,710,872	54.00
54.01	05401	NUCLEAR MEDICINE	0.090270	874,408	54.01
54.02	05402	ULTRASOUND	0.000000	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	54.04
54.05	05407	PET SCAN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
57.00	05700	CT SCAN	0.024645	9,980,828	57.00
58.00	05800	MRI	0.047782	1,783,397	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.187164	3,072,425	59.00
60.00	06000	LABORATORY	0.123357	20,096,590	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.188589	8,093,784	65.00
66.00	06600	PHYSICAL THERAPY	0.391768	1,444,312	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.359234	717,394	67.00
68.00	06800	SPEECH PATHOLOGY	0.299745	353,454	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102252	4,137,692	69.00
69.01	06901	VASCULAR LAB	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0.653411	11,547	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.079305	99,207	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.672253	2,815,288	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.243672	12,521,190	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164348	17,029,740	73.00
76.00	03020	HEMODIALYSIS	0.445664	1,017,129	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	76.01
76.02	03950	WOUND CARE	0.131033	50,188	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	4.648256	5,574	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.136943	9,133,447	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.387027	1,289,964	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		116,975,289	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		116,975,289	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 1:34 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		6,406,500		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.272763	44,948	12,260	50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	50.01
50.02	05002 DAY SURGERY	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	0.223544	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.204349	148,115	30,267	54.00
54.01	05401 NUCLEAR MEDICINE	0.090270	0	0	54.01
54.02	05402 ULTRASOUND	0.000000	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	54.04
54.05	05407 PET SCAN	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
57.00	05700 CT SCAN	0.024645	211,737	5,218	57.00
58.00	05800 MRI	0.047782	52,939	2,530	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.187164	0	0	59.00
60.00	06000 LABORATORY	0.123357	1,017,471	125,512	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.188589	336,701	63,498	65.00
66.00	06600 PHYSICAL THERAPY	0.391768	1,714,726	671,775	66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0.359234	1,640,417	589,294	67.00
68.00	06800 SPEECH PATHOLOGY	0.299745	413,995	124,093	68.00
69.00	06900 ELECTROCARDIOLOGY	0.102252	46,155	4,719	69.00
69.01	06901 VASCULAR LAB	0.000000	0	0	69.01
69.02	06902 CARDIAC REHAB	0.653411	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.079305	6,540	519	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.672253	17,864	12,009	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.243672	10,875	2,650	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.164348	1,323,657	217,540	73.00
76.00	03020 HEMODIALYSIS	0.445664	74,208	33,072	76.00
76.01	03952 LITHOTRIPSY	0.000000	0	0	76.01
76.02	03950 WOUND CARE	0.131033	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	4.648256	0	0	90.00
90.01	09001 PAIN MGMT CLINIC	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.136943	0	0	91.00
91.01	09101 OP DEPARTMENT	0.000000	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.387027	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,060,348	1,894,956	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		7,060,348		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 1:34 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			22,854,978	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			9,165,535	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			132,322	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			164,097	2.04
3.00	Managed Care Simulated Payments			11,170,731	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			147.44	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)		or	24.70	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.35	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			-1.41	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)			22.94	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			19.55	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)			19.55	12.00
13.00	Total allowable FTE count for the prior year.			20.19	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			18.65	14.00
15.00	Sum of lines 12 through 14 divided by 3.			19.46	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			19.46	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.131986	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.136235	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.131986	21.00
22.00	IME payment adjustment (see instructions)			2,225,842	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			776,511	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)			-3.39	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)			2,225,842	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			776,511	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.47	30.00
31.00	Percentage of Medicaid patient days (see instructions)			10.13	31.00
32.00	Sum of lines 30 and 31			11.60	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: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 1:34 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		34,542,774		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)			35,319,285	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,719,706	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			1,649,702	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			231,561	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			39,920,254	59.00
60.00	Primary payer payments			26,529	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			39,893,725	61.00
62.00	Deductibles billed to program beneficiaries			3,038,491	62.00
63.00	Coinurance billed to program beneficiaries			60,698	63.00
64.00	Allowable bad debts (see instructions)			374,986	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			243,741	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			279,568	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			37,038,277	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			264,692	70.93
70.94	HRR adjustment amount (see instructions)			-51,070	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 1:34 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		37,251,899	71.00
71.01	Sequestration adjustment (see instructions)		245,863	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		37,163,449	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-157,413	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		48,748	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		46,292	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/27/2021 1:34 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,854,978	0	22,854,978		22,854,978	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,165,535	0		9,165,535	9,165,535	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	132,322	0	132,322		132,322	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	164,097	0		164,097	164,097	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	11,170,731	0	8,185,231	2,985,500	11,170,731	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.131986	0.131986	0.131986	0.131986		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,225,842	0	1,588,718	637,124	2,225,842	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	776,511	0	568,980	207,531	776,511	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,225,842	0	1,588,718	637,124	2,225,842	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	776,511	0	568,980	207,531	776,511	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	34,542,774	0	24,576,018	9,966,756	34,542,774	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	35,319,285	0	25,144,998	10,174,287	35,319,285	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,719,706	0	1,958,943	760,763	2,719,706	16.00
17.00	Special add-on payments for new technologies	54.00	231,561	0	0	231,561	231,561	17.00
17.01	Net organ aquisition cost							17.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/27/2021 1:34 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	27,103,941	11,166,611	38,270,552	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,491,068	0	1,801,809	689,259	2,491,068	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	46,292	0	25,242	21,050	46,292	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	0.0732	0.0732	0.0732	0.0732		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	182,346	0	131,892	50,454	182,346	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,719,706	0	1,958,943	760,763	2,719,706	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: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/27/2021 1:34 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,854,978	22,854,978		22,854,978	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,165,535		9,165,535	9,165,535	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	132,322	132,322		132,322	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	164,097		164,097	164,097	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	11,170,731	8,185,232	2,985,500	11,170,732	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.131986	0.131986	0.131986		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,225,842	1,588,718	637,124	2,225,842	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	776,511	568,980	207,531	776,511	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	2,225,842	1,588,718	637,124	2,225,842	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	776,511	568,980	207,531	776,511	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	34,542,774	24,576,018	9,966,756	34,542,774	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	35,319,285	25,144,998	10,174,287	35,319,285	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,719,706	1,958,943	760,763	2,719,706	16.00
17.00	Special add-on payments for new technologies	54.00	231,561	0	231,561	231,561	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			27,103,941	11,166,611	38,270,552	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/27/2021 1:34 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,491,068	1,801,809	689,259	2,491,068	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	46,292	25,242	21,050	46,292	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	0.0732	0.0732	0.0732		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	182,346	131,892	50,454	182,346	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,719,706	1,958,943	760,763	2,719,706	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	264,692	219,026	45,666	264,692	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	-51,070	-38,854	-12,216	-51,070	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/27/2021 1:34 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,871	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,050,304	2.00
3.00	OPPS payments		11,914,071	3.00
4.00	Outlier payment (see instructions)		32,040	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,871	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		53,980	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)		53,980	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)		53,980	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,109	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)		8,871	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)		11,946,111	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		37	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,062,003	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)		9,892,942	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		491,859	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)		10,384,801	30.00
31.00	Primary payer payments		4,433	31.00
32.00	Subtotal (line 30 minus line 31)		10,380,368	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)		173,218	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		112,592	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		148,664	36.00
37.00	Subtotal (see instructions)		10,492,960	37.00
38.00	MSP-LCC reconciliation amount from PS&R		57	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		10,492,903	40.00
40.01	Sequestration adjustment (see instructions)		69,253	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		10,301,068	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		122,582	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		22,518	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		32,040	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/27/2021 1:34 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		295	2.00
3.00	OPPS payments		120	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		147	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		147	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		147	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		123	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)		24	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)		120	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)		16	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)		128	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)		128	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		128	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		128	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		128	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		148	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-21	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
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: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/27/2021 1:34 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		34,867,093		9,840,597	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,941,806		460,471	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/16/2020	284,122		0	3.01
3.02		12/16/2020	70,428		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		354,550		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		37,163,449		10,301,068	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		122,582	6.01
6.02	SETTLEMENT TO PROGRAM		157,413		0	6.02
7.00	Total Medicare program liability (see instructions)		37,006,036		10,423,650	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Florida		09001		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0065
 Component CCN: 14-T065

 Period:
 From 01/01/2020
 To 12/31/2020

 Worksheet E-1
 Part I
 Date/Time Prepared:
 7/27/2021 1:34 pm

		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		7,942,661		148		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0		3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	11/20/2020	14,820		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		14,820		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		7,957,481		148		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		45,108		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		21		6.02
7.00	Total Medicare program liability (see instructions)		8,002,589		127		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Florida		09001			

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/27/2021 1:34 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/27/2021 1:34 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			7,968,461 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0069 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			101,199 3.00
4.00	Outlier Payments			43,289 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			15.409836 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			8,112,949 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			8,112,949 17.00
18.00	Primary payer payments			22,826 18.00
19.00	Subtotal (line 17 less line 18).			8,090,123 19.00
20.00	Deductibles			33,660 20.00
21.00	Subtotal (line 19 minus line 20)			8,056,463 21.00
22.00	Coinsurance			2,464 22.00
23.00	Subtotal (line 21 minus line 22)			8,053,999 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,704 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,758 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,704 26.00
27.00	Subtotal (sum of lines 23 and 25)			8,055,757 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			8,055,757 32.00
32.01	Sequestration adjustment (see instructions)			53,168 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			7,957,481 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			45,108 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			43,289 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/27/2021 1:34 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			19.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.35	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.90	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			19.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.55	6.00
7.00	Enter the lesser of line 5 or line 6			19.55	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	19.55	0.00	19.55	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	19.55	0.00	19.55	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	19.55	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	20.19	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.65	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	19.46	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	19.46	0.00		17.00
18.00	Per resident amount	154,359.54	0.00		18.00
19.00	Approved amount for resident costs	3,003,837	0	3,003,837	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,003,837	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	18,474	6,292		26.00
27.00	Total Inpatient Days (see instructions)	34,120	34,120		27.00
28.00	Ratio of inpatient days to total inpatient days	0.541442	0.184408		28.00
29.00	Program direct GME amount	1,626,404	553,932	2,180,336	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		38,775	38,775	30.00
31.00	Net Program direct GME amount			2,141,561	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/27/2021 1:34 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			47,190,286	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			49,355	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			47,140,931	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			14,059,494	42.00
43.00	Primary payer payments (see instructions)			4,433	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			14,055,061	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			61,195,992	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.770327	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.229673	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,141,561	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,649,702	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			491,859	50.00

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

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet G

Date/Time Prepared:
7/27/2021 1:34 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-14,112,699	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	56,252,464	0	0	0	4.00
5.00	Other receivable	464,396	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-34,759,608	0	0	0	6.00
7.00	Inventory	4,500,348	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	791,885	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)	13,136,786	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,779,429	0	0	0	12.00
13.00	Land improvements	6,813,116	0	0	0	13.00
14.00	Accumulated depreciation	-6,656,154	0	0	0	14.00
15.00	Buildings	289,329,357	0	0	0	15.00
16.00	Accumulated depreciation	-176,366,672	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	66,738,184	0	0	0	23.00
24.00	Accumulated depreciation	-53,866,136	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)	135,771,124	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,027,476	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	5,128,287	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,155,763	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	155,063,673	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	25,718,828	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	14,417,338	0	0	0	40.00
41.00	Deferred income	39,157	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	10,103,511	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,278,834	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	94,594,176	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,745,609	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	100,339,785	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	150,618,619	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	4,445,055	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	4,445,055	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	155,063,674	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-1

Date/Time Prepared:
7/27/2021 1:34 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		4,510,219		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		864,003				2.00
3.00	Total (sum of line 1 and line 2)		5,374,222		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARY RESTRICTED ACTIVITY BB	728,176		0		0	5.00
6.00	TEMPORARY RESTRICTED OTHER	406,876		0		0	6.00
7.00	PERMANENTLY RESTRICTED BEGINNING BAL	85,685		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,220,737		0		10.00
11.00	Subtotal (line 3 plus line 10)		6,594,959		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC	0		0		0	12.00
13.00	UNREST FUND BALANCE OTHER	2,149,905		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,149,905		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,445,054		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TEMPORARY RESTRICTED ACTIVITY BB		0				5.00
6.00	TEMPORARY RESTRICTED OTHER		0				6.00
7.00	PERMANENTLY RESTRICTED BEGINNING BAL		0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC		0				12.00
13.00	UNREST FUND BALANCE OTHER		0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/27/2021 1:34 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	33,858,645		33,858,645	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	9,722,598		9,722,598	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,581,243		43,581,243	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,223,863		8,223,863	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,223,863		8,223,863	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	51,805,106		51,805,106	17.00
18.00	Ancillary services	223,297,948	233,400,161	456,698,109	18.00
19.00	Outpatient services	17,869,437	50,494,899	68,364,336	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	5,929,290	5,929,290	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	292,972,491	289,824,350	582,796,841	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		163,024,261		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)		163,024,261		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0065

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-3

Date/Time Prepared:
7/27/2021 1:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	582,796,841	1.00
2.00	Less contractual allowances and discounts on patients' accounts	431,198,852	2.00
3.00	Net patient revenues (line 1 minus line 2)	151,597,989	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	163,024,261	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,426,272	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR REVENUE, OTHER OPER, NON OPER	2,966,865	24.00
24.50	COVID-19 PHE Funding	9,326,067	24.50
25.00	Total other income (sum of lines 6-24)	12,292,932	25.00
26.00	Total (line 5 plus line 25)	866,660	26.00
27.00	NON-RECURRING EXPENSES	2,657	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,657	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	864,003	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0065	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/27/2021 1:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,491,068	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		46,292	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)		77.81	3.00
4.00	Number of interns & residents (see instructions)		19.46	4.00
5.00	Indirect medical education percentage (see instructions)		7.32	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)		182,346	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,719,706	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