

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet S
Parts I-III
Date/Time Prepared:
11/24/2020 2:33 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/24/2020	Time: 2:33 pm
	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	6. Date Received: 12/19/2019	10. NPR Date:
	(1) As Submitted	7. Contractor No. 06101	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNIVERSITY OF CHICAGO HOSPITALS (14-0088) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 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) RICHARD SILVERIA
Officer or Administrator of Provider(s)

CFO

Title

(Dated when report is electronically signed.)
Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-4,808,353	580,446	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	-4,808,353	580,446	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 2:33 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 5841 SOUTH MARYLAND AVENUE			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60637		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		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			UNIVERSITY OF CHICAGO HOSPITALS	140088	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF										3.00
5.00	Subprovider - IRF										4.00
6.00	Subprovider - (Other)										5.00
7.00	Swing Beds - SNF										6.00
8.00	Swing Beds - NF										7.00
9.00	Hospital-Based SNF										8.00
10.00	Hospital-Based NF										9.00
11.00	Hospital-Based OLTC										10.00
12.00	Hospital-Based HHA										11.00
13.00	Separately Certified ASC										12.00
14.00	Hospital-Based Hospice										13.00
15.00	Hospital-Based Health Clinic - RHC										14.00
16.00	Hospital-Based Health Clinic - FQHC										15.00
17.00	Hospital-Based (CMHC) I										16.00
17.10	Hospital-Based (CORF) I										17.00
17.20	Hospital-Based (OPT) I										17.10
17.30	Hospital-Based (OOT) I										17.20
17.40	Hospital-Based (OSP) I										17.30
18.00	Renal Dialysis										17.40
19.00	Other										18.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/24/2020 2:33 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.	17,587	7,110	0	0	59,426	148	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.	0	0	0	0	0		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					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.					Y		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 2:33 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.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 2:33 pm	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		4.09	568.46	0.007143		64.00	
			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	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	GERIATRIC MEDICINE	1408	0.03	0.75	0.038462		65.00
65.01		PATHOLOGY	1950	0.51	22.56	0.022107		65.01
65.02		PEDIATRICS	2000	3.43	44.23	0.071968		65.02
65.03		DEVELOPMENTAL BEHAVIORAL PEDIATRICS	2015	0.12	3.35	0.034582		65.03
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		7.85	689.66	0.011254		66.00	
			Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	PEDIATRICS	2000	7.85	63.25	0.110408		67.00

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 2:33 pm	
				V	XIX		
				1.00	2.00		
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.			N	N	N	109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
				1.00	2.00	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.			Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			0	0	0	118.01
				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.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N			122.00
				Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			Y			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			01/02/1970			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			05/01/2000			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			03/08/1990			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			03/28/2008			129.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 2:33 pm			
					1.00	2.00				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				01/02/1970			130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				01/02/1970			132.00		
133.00	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			140.00		
					1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:		Contractor's Name:		Contractor's Number:			141.00		
142.00	Street:		PO Box:					142.00		
143.00	City:		State:		Zip Code:			143.00		
						1.00				
144.00	Are provider based physicians' costs included in Worksheet A?					Y		144.00		
					1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y	N		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N			146.00		
						1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					Y		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N		148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N		149.00		
					Part A	Part B	Title V	Title XIX		
					1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital				N	N	N	N	155.00	
156.00	Subprovider - IPF				N	N	N	N	156.00	
157.00	Subprovider - IRF				N	N	N	N	157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF				N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY				N	N	N	N	160.00	
161.00	CMHC					N	N	N	161.00	
161.10	CORF					N	N	N	161.10	
161.20	OUTPATIENT PHYSICAL THERAPY					N	N	N	161.20	
161.30	OUTPATIENT OCCUPATIONAL THERAPY					N	N	N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY					N	N	N	161.40	
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N		165.00		
					Name	County	State	Zip Code	CBSA	FTE/Campus
					0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)									0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 2:33 pm
			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.			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)			9.99169.00
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			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)			724171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 2:33 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
					4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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	11/15/2020	Y	11/15/2020
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/24/2020 2:33 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HARI		NARAYAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNIVERSITY OF CHICAGO MEDICINE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630/740-6817		HARI.NARAYAN@UCHOSPITALS.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 2:33 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER, REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 2:33 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	505	184,830	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		505	184,830	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	75	27,450	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	37	13,542	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	8	2,928	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NURSERY ICU	35.00	53	19,398	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		678	248,148	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		678				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		9	3,294			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 2:33 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)	41,021	7,459	148,429			1.00
2.00	HMO and other (see instructions)	26,177	60,024				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	41,021	7,459	148,429			7.00
8.00	INTENSIVE CARE UNIT	7,264	3,929	21,418			8.00
9.00	CORONARY CARE UNIT	871	197	10,889			9.00
10.00	BURN INTENSIVE CARE UNIT	393	514	2,441			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NURSERY ICU	0	6,501	14,825			12.00
13.00	NURSERY		4,930	8,138			13.00
14.00	Total (see instructions)	49,549	23,530	206,140	643.88	8,013.57	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				643.88	8,013.57	27.00
28.00	Observation Bed Days		5,379	12,657			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			2,172			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	717	1,234			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 2:33 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	7,508	4,101	28,457	1.00
2.00 HMO and other (see instructions)			3,628	9,975		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NURSERY ICU						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,508	4,101	28,457	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 2:33 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	660,030,641	51,876,101	711,906,742	15,791,451.00	45.08 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		6,966,297	0	6,966,297	71,370.85	97.61 3.00
4.00	Physician-Part A - Administrative		48,069,025	0	48,069,025	273,535.00	175.73 4.00
4.01	Physicians - Part A - Teaching		13,386,643	0	13,386,643	98,553.00	135.83 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	42,117,477	-367,565	41,749,912	1,254,529.28	33.28 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		16,211,541	6,115,784	22,327,325	554,624.59	40.26 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		9,414,933	0	9,414,933	133,399.00	70.58 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		0	0	0	0.00	0.00 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		153,685,646	0	153,685,646		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		5,354,324	0	5,354,324		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		1,670,590	0	1,670,590		
22.00	Physician Part A - Administrative		15,429,235	0	15,429,235		
22.01	Physician Part A - Teaching		4,595,588	0	4,595,588		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		7,695,261	0	7,695,261		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 2:33 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion 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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	7,220,343	-4,813	7,215,530	100,494.00	71.80	26.00
27.00	Administrative & General	5.00	111,447,670	12,705,698	124,153,368	2,280,110.00	54.45	27.00
28.00	Administrative & General under contract (see inst.)		9,545,825	0	9,545,825	58,414.46	163.42	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	15,124,287	-62,670	15,061,617	573,155.00	26.28	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	17,866,601	-91,910	17,774,691	953,966.00	18.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	7,029,231	-5,730	7,023,501	307,382.00	22.85	34.00
35.00	Dietary under contract (see instructions)		1,642,557	0	1,642,557	67,762.27	24.24	35.00
36.00	Cafeteria	11.00	687,412	-3,922	683,490	31,824.00	21.48	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	11,537,763	-30,552	11,507,211	253,921.00	45.32	38.00
39.00	Central Services and Supply	14.00	3,083,741	-7,234	3,076,507	129,179.00	23.82	39.00
40.00	Pharmacy	15.00	28,871,305	-7,260,269	21,611,036	598,218.00	36.13	40.00
41.00	Medical Records & Medical Records Library	16.00	5,021,514	-22,585	4,998,929	126,779.00	39.43	41.00
42.00	Social Service	17.00	398,494	0	398,494	13,966.00	28.53	42.00
43.00	Other General Service	18.00	5,591,983	-16,208	5,575,775	245,810.00	22.68	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/24/2020 2:33 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	608,748,606	52,243,666	660,992,272	14,493,174.60	45.61	1.00
2.00	Excluded area salaries (see instructions)	16,211,541	6,115,784	22,327,325	554,624.59	40.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)	592,537,065	46,127,882	638,664,947	13,938,550.01	45.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,414,933	0	9,414,933	133,399.00	70.58	4.00
5.00	Subtotal wage-related costs (see inst.)	169,114,881	0	169,114,881	0.00	26.48	5.00
6.00	Total (sum of lines 3 thru 5)	771,066,879	46,127,882	817,194,761	14,071,949.01	58.07	6.00
7.00	Total overhead cost (see instructions)	225,068,726	5,199,805	230,268,531	5,740,980.73	40.11	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
11/24/2020 2:33 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	34,325,996	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	2,500,000	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	362,587	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)	29,953,536	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	36,141,221	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	1,011,182	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	579,469	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,250,428	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,331,676	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	50,162,522	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	666,141	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	7,121,064	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	168,405,822	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	9,414,933	188,430,645	1.00
2.00	Hospital	9,414,933	188,430,645	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/24/2020 2:33 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)			0.173272 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	350,958,681		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	2,271,660,945		6.00
7.00	Medicaid cost (line 1 times line 6)	393,615,235		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)	42,656,554		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)	42,656,554		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)	79,487,130	87,941,585	167,428,715 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,772,894	87,941,585	101,714,479 21.00
22.00	Payments received from patients for amounts previously written off as charity care	47,526	165,854	213,380 22.00
23.00	Cost of charity care (line 21 minus line 22)	13,725,368	87,775,731	101,501,099 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)	25,211,612		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	4,457,135		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	6,857,131		27.01
28.00	Non-Medicare bad debt expense (see instructions)	18,354,481		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	5,580,314		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	107,081,413		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	149,737,967		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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		52,949,223	52,949,223	-4,741,025	48,208,198	1.00
1.01	00101	DCAM CAPITAL		0	0	6,213,466	6,213,466	1.01
1.02	00102	ORLAND PARK CAPITAL		0	0	1,377,978	1,377,978	1.02
1.03	00103	SOUTH LOOP CAPITAL		0	0	327,578	327,578	1.03
1.04	00104	RIVER EAST CAPITAL		0	0	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		58,897,333	58,897,333	39,997	58,937,330	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,220,343	167,695,024	174,915,367	0	174,915,367	4.00
5.01	00540	NONPATIENT TELEPHONES	1,834,191	49,325	1,883,516	0	1,883,516	5.01
5.02	00550	DATA PROCESSING	27,776,073	38,574,348	66,350,421	-247,279	66,103,142	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,062,391	1,756,520	8,818,911	0	8,818,911	5.03
5.04	00570	ADMITTING	5,551,239	352,234	5,903,473	0	5,903,473	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,092,205	16,002,127	22,094,332	-3,004	22,091,328	5.05
5.06	00590	OTHER ADMIN & GENERAL	63,131,571	125,767,469	188,899,040	-3,509,986	185,389,054	5.06
7.00	00700	OPERATION OF PLANT	15,124,287	30,422,933	45,547,220	717,056	46,264,276	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,652,975	3,652,975	0	3,652,975	8.00
9.00	00900	HOUSEKEEPING	17,866,601	8,816,604	26,683,205	-1,650	26,681,555	9.00
10.00	01000	DIETARY	7,029,231	5,302,205	12,331,436	-1,330	12,330,106	10.00
11.00	01100	CAFETERIA	687,412	2,178,504	2,865,916	0	2,865,916	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,537,763	557,917	12,095,680	0	12,095,680	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,083,741	3,516,787	6,600,528	0	6,600,528	14.00
15.00	01500	PHARMACY	28,871,305	291,280,616	320,151,921	-175,415,102	144,736,819	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,021,514	5,360,333	10,381,847	0	10,381,847	16.00
17.00	01700	SOCIAL SERVICE	398,494	639,600	1,038,094	0	1,038,094	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	190,589	86,299	276,888	0	276,888	18.01
18.02	01852	PATIENT TRANSPORT	4,378,316	1,450,827	5,829,143	0	5,829,143	18.02
18.03	01853	MEDICAL ELECTRONICS	1,023,078	1,135,811	2,158,889	0	2,158,889	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	42,117,477	1,439,084	43,556,561	-364,000	43,192,561	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,079,402	72,345	1,151,747	11,587	1,163,334	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,044,722	12,327,700	116,372,422	-3,028,384	113,344,038	30.00
31.00	03100	INTENSIVE CARE UNIT	26,948,339	6,779,474	33,727,813	-63,233	33,664,580	31.00
32.00	03200	CORONARY CARE UNIT	10,670,622	1,964,123	12,634,745	-6,777	12,627,968	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,577,970	544,138	3,122,108	-717	3,121,391	33.00
35.00	02080	NURSERY ICU	15,689,828	1,460,064	17,149,892	-21,112	17,128,780	35.00
43.00	04300	NURSERY	2,758,673	154,621	2,913,294	2,762,493	5,675,787	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,367,359	74,051,856	100,419,215	-56,388,772	44,030,443	50.00
51.00	05100	RECOVERY ROOM	13,110,857	2,296,630	15,407,487	0	15,407,487	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,861,816	2,258,208	9,120,024	-193,703	8,926,321	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	71,299	9,341	80,640	-8,767	71,873	52.01
53.00	05300	ANESTHESIOLOGY	9,131,465	3,327,581	12,459,046	-775,767	11,683,279	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,303,789	15,113,452	25,417,241	-6,648,440	18,768,801	54.00
54.01	03630	ULTRA SOUND	1,071,022	148,648	1,219,670	-87,393	1,132,277	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,902,403	3,459,557	8,361,960	-2,022	8,359,938	55.00
56.00	05600	RADIOISOTOPE	1,007,118	7,218,981	8,226,099	-486	8,225,613	56.00
57.00	05700	CT SCAN	3,254,600	1,063,970	4,318,570	43,594	4,362,164	57.00
58.00	05800	MRI	3,013,835	1,320,910	4,334,745	-30,364	4,304,381	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,923,674	10,515,483	12,439,157	-8,295,267	4,143,890	59.00
60.00	06000	LABORATORY	19,195,022	27,020,332	46,215,354	0	46,215,354	60.00
60.01	06001	LABORATORY - TRANSPLANT	546,493	1,123,803	1,670,296	0	1,670,296	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,406,440	12,938,738	16,345,178	0	16,345,178	63.00
65.00	06500	RESPIRATORY THERAPY	6,758,399	8,317,571	15,075,970	-20,051	15,055,919	65.00
66.00	06600	PHYSICAL THERAPY	6,586,584	1,056,812	7,643,396	-175,333	7,468,063	66.00
69.00	06900	ELECTROCARDIOLOGY	7,395,535	11,797,028	19,192,563	-6,664,448	12,528,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,122,699	395,728	3,518,427	0	3,518,427	70.00
70.01	07001	BRACE AND PLASTER ROOM	153,852	149,957	303,809	-123,565	180,244	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	40,530,443	40,530,443	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	197	0	197	44,067,979	44,068,176	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	749	749	166,437,760	166,438,509	73.00
74.00	07400	RENAL DIALYSIS	2,814,432	1,189,968	4,004,400	0	4,004,400	74.00
76.97	07697	CARDIAC REHABILITATION	141,486	15,456	156,942	0	156,942	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	2,193,738	2,193,738	77.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/24/2020 2:33 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	65,781,244	297,550,494	363,331,738	-7,106,200	356,225,538
90.01	09001	TRANSPLANT CLINIC	23,677	18,616	42,293	4,269,014	4,311,307
90.02	09002	SILVER CROSS CLINIC	2,682,182	3,458,033	6,140,215	-58,486	6,081,729
90.03	09003	ORLAND PARK CLINIC	3,015,796	4,777,139	7,792,935	-4,035,256	3,757,679
90.04	09004	RIVER EAST INFUSION THERAPY	0	5,968	5,968	0	5,968
91.00	09100	EMERGENCY	22,487,850	21,822,746	44,310,596	-6,015	44,304,581
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,329,752	146,068	2,475,820	-27,500	2,448,320
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	364,000	364,000
	SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3,714,256	4,309,752	8,024,008	-2,868,638	5,155,370
106.00	10600	HEART ACQUISITION	119,044	3,051,475	3,170,519	-254,155	2,916,364
107.00	10700	LIVER ACQUISITION	1,133,193	3,576,382	4,709,575	-716,619	3,992,956
108.00	10800	LUNG ACQUISITION	827,294	3,520,310	4,347,604	-717,195	3,630,409
109.00	10900	PANCREAS ACQUISITION	0	0	0	505,228	505,228
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE		36,558,728	36,558,728	0	36,558,728
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	653,022,041	1,404,773,033	2,057,795,074	-12,746,130	2,045,048,944
	NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	2,497	2,497	0	2,497
190.01	19001	ORLAND PARK PHYSICIAN	4,064,933	10,657,185	14,722,118	3,779,326	18,501,444
191.00	19100	RESEARCH	0	0	0	0	0
191.01	19101	OTHER NONREIMBURSABLE	1,499,801	3,643,718	5,143,519	8,966,804	14,110,323
191.02	19102	SOUTH LOOP CLINIC	1,419,065	3,471,758	4,890,823	0	4,890,823
191.03	19103	RIVER EAST CLINIC	24,801	3,134,199	3,159,000	0	3,159,000
191.04	19104	ADVOCATE JOINT VENTURE	0	896,935	896,935	0	896,935
200.00		TOTAL (SUM OF LINES 118 through 199)	660,030,641	1,426,579,325	2,086,609,966	0	2,086,609,966

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,627,354	43,580,844	1.00
1.01	00101	DCAM CAPITAL	0	6,213,466	1.01
1.02	00102	ORLAND PARK CAPITAL	0	1,377,978	1.02
1.03	00103	SOUTH LOOP CAPITAL	0	327,578	1.03
1.04	00104	RIVER EAST CAPITAL	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	58,937,330	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	217,303	175,132,670	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,883,516	5.01
5.02	00550	DATA PROCESSING	-5,634,310	60,468,832	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-115,390	8,703,521	5.03
5.04	00570	ADMITTING	0	5,903,473	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-216,657	21,874,671	5.05
5.06	00590	OTHER ADMIN & GENERAL	-32,844,722	152,544,332	5.06
7.00	00700	OPERATION OF PLANT	-876,009	45,388,267	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,652,975	8.00
9.00	00900	HOUSEKEEPING	-738,721	25,942,834	9.00
10.00	01000	DIETARY	-297,725	12,032,381	10.00
11.00	01100	CAFETERIA	-1,992,962	872,954	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-338	12,095,342	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,600,528	14.00
15.00	01500	PHARMACY	-119,596,131	25,140,688	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,381,847	16.00
17.00	01700	SOCIAL SERVICE	-7,062	1,031,032	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	18.00
18.01	01851	VOLUNTEERS	0	276,888	18.01
18.02	01852	PATIENT TRANSPORT	0	5,829,143	18.02
18.03	01853	MEDICAL ELECTRONICS	0	2,158,889	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,155,682	60,348,243	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	1,163,334	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,246,348	115,590,386	30.00
31.00	03100	INTENSIVE CARE UNIT	325,657	33,990,237	31.00
32.00	03200	CORONARY CARE UNIT	165,588	12,793,556	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	37,089	3,158,480	33.00
35.00	02080	NURSERY ICU	225,443	17,354,223	35.00
43.00	04300	NURSERY	123,767	5,799,554	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	4,950,415	48,980,858	50.00
51.00	05100	RECOVERY ROOM	0	15,407,487	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	589,728	9,516,049	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	71,873	52.01
53.00	05300	ANESTHESIOLOGY	-6,064,442	5,618,837	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,421,300	20,190,101	54.00
54.01	03630	ULTRA SOUND	0	1,132,277	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,391,967	10,751,905	55.00
56.00	05600	RADIOISOTOPE	0	8,225,613	56.00
57.00	05700	CT SCAN	105,818	4,467,982	57.00
58.00	05800	MRI	4,420	4,308,801	58.00
59.00	05900	CARDIAC CATHETERIZATION	200,948	4,344,838	59.00
60.00	06000	LABORATORY	-5,526,517	40,688,837	60.00
60.01	06001	LABORATORY - TRANSPLANT	-54,969	1,615,327	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	83,479	16,428,657	63.00
65.00	06500	RESPIRATORY THERAPY	362,627	15,418,546	65.00
66.00	06600	PHYSICAL THERAPY	-30,451	7,437,612	66.00
69.00	06900	ELECTROCARDIOLOGY	200,948	12,729,063	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	706,057	4,224,484	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	180,244	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,530,443	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	44,068,176	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	166,438,509	73.00
74.00	07400	RENAL DIALYSIS	230,971	4,235,371	74.00
76.97	07697	CARDIAC REHABILITATION	0	156,942	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	2,193,738	77.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet A
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-258,149,245	98,076,293	90.00
90.01	09001	TRANSPLANT CLINIC	0	4,311,307	90.01
90.02	09002	SILVER CROSS CLINIC	-3,938,461	2,143,268	90.02
90.03	09003	ORLAND PARK CLINIC	-393,462	3,364,217	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	5,968	90.04
91.00	09100	EMERGENCY	-112,721	44,191,860	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-1,855,182	593,138	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	364,000	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	297,955	5,453,325	105.00
106.00	10600	HEART ACQUISITION	-112,574	2,803,790	106.00
107.00	10700	LIVER ACQUISITION	-79,165	3,913,791	107.00
108.00	10800	LUNG ACQUISITION	-1,941,515	1,688,894	108.00
109.00	10900	PANCREAS ACQUISITION	8,421	513,649	109.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-36,558,728	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-449,712,882	1,595,336,062	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	2,497	190.00
190.01	19001	ORLAND PARK PHYSICIAN	-8,585,990	9,915,454	190.01
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	-1,273,599	12,836,724	191.01
191.02	19102	SOUTH LOOP CLINIC	-1,726,900	3,163,923	191.02
191.03	19103	RIVER EAST CLINIC	-651,725	2,507,275	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	896,935	191.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-461,951,096	1,624,658,870	200.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/24/2020 2:33 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - NRCC DIETARY					
1.00	OTHER NONREIMBURSABLE	191.01	758	572		1.00
	TOTALS		758	572		
	B - ST DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,813		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	5,076		2.00
3.00	DATA PROCESSING	5.02	0	25,848		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	5,309		4.00
5.00	ADMITTING	5.04	0	3,257		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	5,964		6.00
7.00	OTHER ADMIN & GENERAL	5.06	0	97,124		7.00
8.00	OPERATION OF PLANT	7.00	0	62,670		8.00
9.00	HOUSEKEEPING	9.00	0	91,910		9.00
10.00	DIETARY	10.00	0	4,972		10.00
11.00	CAFETERIA	11.00	0	3,922		11.00
12.00	NURSING ADMINISTRATION	13.00	0	30,552		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,234		13.00
14.00	PHARMACY	15.00	0	65,632		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	22,585		15.00
16.00	PATIENT TRANSPORT	18.02	0	16,208		16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	3,565		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	262,814		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	64,907		19.00
20.00	CORONARY CARE UNIT	32.00	0	22,274		20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	0	4,431		21.00
22.00	NURSERY ICU	35.00	0	72,923		22.00
23.00	OPERATING ROOM	50.00	0	77,732		23.00
24.00	RECOVERY ROOM	51.00	0	15,096		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,119		25.00
26.00	ANESTHESIOLOGY	53.00	0	21,117		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	25,001		27.00
28.00	ULTRA SOUND	54.01	0	4,290		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,554		29.00
30.00	RADIOISOTOPE	56.00	0	2,190		30.00
31.00	CT SCAN	57.00	0	5,248		31.00
32.00	MRI	58.00	0	3,931		32.00
34.00	LABORATORY	60.00	0	29,054		34.00
35.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	252		35.00
36.00	RESPIRATORY THERAPY	65.00	0	10,373		36.00
37.00	PHYSICAL THERAPY	66.00	0	5,999		37.00
38.00	ELECTROCARDIOLOGY	69.00	0	17,313		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,654		39.00
40.00	BRACE AND PLASTER ROOM	70.01	0	1,726		40.00
41.00	RENAL DIALYSIS	74.00	0	11,488		41.00
42.00	CLINIC	90.00	0	177,529		42.00
43.00	ORLAND PARK CLINIC	90.03	0	197		43.00
44.00	EMERGENCY	91.00	0	46,829		44.00
45.00	ORLAND PARK PHYSICIAN	190.01	0	36,109		45.00
46.00	OTHER NONREIMBURSABLE	191.01	0	5,493		46.00
47.00	OTHER NONREIMBURSABLE	191.01	0	2,182		47.00
48.00	SOUTH LOOP CLINIC	191.02	0	5,540		48.00
	TOTALS		0	1,421,006		
	C - DRUGS CHARGED					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	166,437,760		1.00
	TOTALS		0	166,437,760		
	D - ELECTRICITY RECLASS					
1.00	OPERATION OF PLANT	7.00	0	720,556		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
	TOTALS		0	720,556		
	E - NURSERY RECLASS					
1.00	NURSERY	43.00	2,400,813	363,279		1.00
	TOTALS		2,400,813	363,279		
	F - MED SUP & IMP					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	40,530,443		1.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	44,067,979		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
	TOTALS		0	84,598,422		
G - TRANSPLANT						
1.00	KIDNEY ACQUISITION	105.00	251,305	0		1.00
2.00	HEART ACQUISITION	106.00	229,622	29,631		2.00
3.00	LIVER ACQUISITION	107.00	215,914	25,961		3.00
4.00	LUNG ACQUISITION	108.00	125,779	17,291		4.00
5.00	PANCREAS ACQUISITION	109.00	261,269	243,959		5.00
6.00	TRANSPLANT CLINIC	90.01	3,127,898	1,141,116		6.00
	TOTALS		4,211,787	1,457,958		
H - PARAMED PHAR						
1.00	PARAMED ED PRGM-PHARMACY	23.00	651,526	0		1.00
2.00	PHARMACY	15.00	639,939	0		2.00
	TOTALS		1,291,465	0		
I - WAGE INDEX						
1.00	CLINIC	90.00	0	4,854,935		1.00
2.00	OTHER ADMIN & GENERAL	5.06	3,328,475	0		2.00
	TOTALS		3,328,475	4,854,935		
J - RADIOLOGY						
1.00	RADIOLOGY-THERAPEUTIC	55.00	24,722	5,181		1.00
2.00	CT SCAN	57.00	64,229	13,462		2.00
3.00	MRI	58.00	23,675	4,962		3.00
	TOTALS		112,626	23,605		
K - DCAM DEPR						
1.00	DCAM CAPITAL	1.01	0	6,213,466		1.00
2.00	ORLAND PARK CAPITAL	1.02	0	1,377,978		2.00
3.00	SOUTH LOOP CAPITAL	1.03	0	327,578		3.00
	TOTALS		0	7,919,022		
L - INSURANCE						
1.00		0.00	0	0		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,177,997		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	39,997		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
	TOTALS		0	3,217,994		
M - PHYSICIAN COMP						
1.00	OTHER ADMIN & GENERAL	5.06	9,737,436	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	13,603,371	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	1,839,073	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	293,047	0		4.00
5.00	CORONARY CARE UNIT	32.00	140,775	0		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	32,921	0		6.00
7.00	NURSERY ICU	35.00	195,365	0		7.00
8.00	NURSERY	43.00	116,045	0		8.00
9.00	OPERATING ROOM	50.00	6,144,892	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	682,479	0		10.00
11.00	ANESTHESIOLOGY	53.00	423,784	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	2,617,245	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	3,090,069	0		13.00

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00	CARDIAC CATHETERIZATION	59.00	290,567	0		14.00
15.00	LABORATORY	60.00	991,623	0		15.00
16.00	BLOOD STORING PROCESSING & TRANS.	63.00	214,520	0		16.00
17.00	RESPIRATORY THERAPY	65.00	434,836	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	290,567	0		18.00
19.00	ELECTROENCEPHALOGRAPHY	70.00	604,507	0		19.00
20.00	RENAL DIALYSIS	74.00	430,409	0		20.00
21.00	CLINIC	90.00	10,933,317	0		21.00
22.00	EMERGENCY	91.00	677,968	0		22.00
23.00	KIDNEY ACQUISITION	105.00	460,364	0		23.00
24.00	HEART ACQUISITION	106.00	63,024	0		24.00
25.00	LIVER ACQUISITION	107.00	337,419	0		25.00
26.00	LUNG ACQUISITION	108.00	177,944	0		26.00
	TOTALS		54,823,567	0		
N - ORLAND PARK						
1.00	ORLAND PARK PHYSICIAN	190.01	477,225	3,302,101		1.00
	TOTALS		477,225	3,302,101		
O - MEDICAL EDUCATION RECLASS						
1.00	I&R SERVICES-NOT APPRVD PRGM	100.00	364,000	0		1.00
	TOTALS		364,000	0		
P - STEM CELL						
1.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	2,193,738		1.00
	TOTALS		0	2,193,738		
R - OUTPATIENT PHARMACY						
1.00	OTHER NONREIMBURSABLE	191.01	7,183,050	1,782,455		1.00
	TOTALS		7,183,050	1,782,455		
500.00	Grand Total: Increases		74,193,766	278,293,403		500.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/24/2020 2:33 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - NRCC DIETARY						1.00
	DIETARY	10.00	758	572	0		
	TOTALS		758	572			
	B - ST DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,813	0	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	5,076	0	0		2.00
3.00	DATA PROCESSING	5.02	25,848	0	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	5,309	0	0		4.00
5.00	ADMITTING	5.04	3,257	0	0		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	5,964	0	0		6.00
7.00	OTHER ADMIN & GENERAL	5.06	97,124	0	0		7.00
8.00	OPERATION OF PLANT	7.00	62,670	0	0		8.00
9.00	HOUSEKEEPING	9.00	91,910	0	0		9.00
10.00	DIETARY	10.00	4,972	0	0		10.00
11.00	CAFETERIA	11.00	3,922	0	0		11.00
12.00	NURSING ADMINISTRATION	13.00	30,552	0	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	7,234	0	0		13.00
14.00	PHARMACY	15.00	65,632	0	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	22,585	0	0		15.00
16.00	PATIENT TRANSPORT	18.02	16,208	0	0		16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3,565	0	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	262,814	0	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	64,907	0	0		19.00
20.00	CORONARY CARE UNIT	32.00	22,274	0	0		20.00
21.00	BURN INTENSIVE CARE UNIT	33.00	4,431	0	0		21.00
22.00	NURSERY ICU	35.00	72,923	0	0		22.00
23.00	OPERATING ROOM	50.00	77,732	0	0		23.00
24.00	RECOVERY ROOM	51.00	15,096	0	0		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	15,119	0	0		25.00
26.00	ANESTHESIOLOGY	53.00	21,117	0	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	25,001	0	0		27.00
28.00	ULTRA SOUND	54.01	4,290	0	0		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	4,554	0	0		29.00
30.00	RADIOISOTOPE	56.00	2,190	0	0		30.00
31.00	CT SCAN	57.00	5,248	0	0		31.00
32.00	MRI	58.00	3,931	0	0		32.00
34.00	LABORATORY	60.00	29,054	0	0		34.00
35.00	BLOOD STORING PROCESSING & TRANS.	63.00	252	0	0		35.00
36.00	RESPIRATORY THERAPY	65.00	10,373	0	0		36.00
37.00	PHYSICAL THERAPY	66.00	5,999	0	0		37.00
38.00	ELECTROCARDIOLOGY	69.00	17,313	0	0		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	12,654	0	0		39.00
40.00	BRACE AND PLASTER ROOM	70.01	1,726	0	0		40.00
41.00	RENAL DIALYSIS	74.00	11,488	0	0		41.00
42.00	CLINIC	90.00	177,529	0	0		42.00
43.00	ORLAND PARK CLINIC	90.03	197	0	0		43.00
44.00	EMERGENCY	91.00	46,829	0	0		44.00
45.00	ORLAND PARK PHYSICIAN	190.01	36,109	0	0		45.00
46.00	OTHER NONREIMBURSABLE	191.01	5,493	0	0		46.00
47.00	OTHER NONREIMBURSABLE	191.01	2,182	0	0		47.00
48.00	SOUTH LOOP CLINIC	191.02	5,540	0	0		48.00
	TOTALS		1,421,006	0			
	C - DRUGS CHARGED						
1.00	PHARMACY	15.00	0	166,437,760	0		1.00
	TOTALS		0	166,437,760			
	D - ELECTRICITY RECLASS						
1.00	DATA PROCESSING	5.02	0	247,279	0		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,004	0		2.00
3.00	OTHER ADMIN & GENERAL	5.06	0	114,354	0		3.00
4.00	CLINIC	90.00	0	41,503	0		4.00
5.00	SILVER CROSS CLINIC	90.02	0	58,486	0		5.00
6.00	ORLAND PARK CLINIC	90.03	0	255,930	0		6.00
	TOTALS		0	720,556			
	E - NURSERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	2,400,813	363,279	0		1.00
	TOTALS		2,400,813	363,279			

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/24/2020 2:33 pm

	Decreases						11/24/2020 2:33 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - MED SUP & IMP						
1.00	ADULTS & PEDIATRICS	30.00	0	264,292	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	63,233	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	6,777	0		3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	0	717	0		4.00
5.00	NURSERY ICU	35.00	0	21,112	0		5.00
6.00	NURSERY	43.00	0	1,599	0		6.00
7.00	OPERATING ROOM	50.00	0	56,388,772	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	193,703	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	775,767	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,512,209	0		10.00
11.00	ULTRA SOUND	54.01	0	87,393	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	31,925	0		12.00
13.00	RADIOISOTOPE	56.00	0	486	0		13.00
14.00	CT SCAN	57.00	0	34,097	0		14.00
15.00	MRI	58.00	0	59,001	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	8,295,267	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	20,051	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	175,333	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	6,664,448	0		19.00
20.00	BRACE AND PLASTER ROOM	70.01	0	123,565	0		20.00
21.00	CLINIC	90.00	0	4,863,862	0		21.00
22.00	L & D TRIAGE/ANTEPARTUM CARE	52.01	0	8,767	0		22.00
23.00	OTHER NONREIMBURSABLE	191.01	0	31	0		23.00
24.00	EMERGENCY	91.00	0	6,015	0		24.00
	TOTALS		0	84,598,422			
	G - TRANSPLANT						
1.00	OTHER ADMIN & GENERAL	5.06	217,635	0	0		1.00
2.00	KIDNEY ACQUISITION	105.00	2,551,944	567,999	0		2.00
3.00	HEART ACQUISITION	106.00	98,788	414,620	0		3.00
4.00	LIVER ACQUISITION	107.00	677,674	280,820	0		4.00
5.00	LUNG ACQUISITION	108.00	665,746	194,519	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		4,211,787	1,457,958			
	H - PARAMED PHAR						
1.00	PHARMACY	15.00	651,526	0	0		1.00
2.00	PARAMED ED PRGM-PHARMACY	23.00	639,939	0	0		2.00
	TOTALS		1,291,465	0			
	I - WAGE INDEX						
1.00	CLINIC	90.00	4,854,935	0	0		1.00
2.00	OTHER ADMIN & GENERAL	5.06	0	3,328,475	0		2.00
	TOTALS		4,854,935	3,328,475			
	J - RADIOLOGY						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	112,626	23,605	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		112,626	23,605			
	K - DCAM DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,919,022	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
	TOTALS		0	7,919,022			
	L - INSURANCE						
1.00	OTHER ADMIN & GENERAL	5.06	0	3,177,997	9		1.00
2.00	OPERATION OF PLANT	7.00	0	3,500	9		2.00
3.00	HOUSEKEEPING	9.00	0	1,650	9		3.00
4.00	PHARMACY	15.00	0	250	0		4.00
5.00	CLINIC	90.00	0	7,097	0		5.00
6.00	AMBULANCE SERVICES	95.00	0	27,500	0		6.00
	TOTALS		0	3,217,994			
	M - PHYSICIAN COMP						
1.00	OTHER ADMIN & GENERAL	5.06	0	9,737,436	0		1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	0	13,603,371	0		2.00
	COSTS APPRV						
3.00	ADULTS & PEDIATRICS	30.00	0	1,839,073	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	293,047	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	140,775	0		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	0	32,921	0		6.00
7.00	NURSERY ICU	35.00	0	195,365	0		7.00
8.00	NURSERY	43.00	0	116,045	0		8.00
9.00	OPERATING ROOM	50.00	0	6,144,892	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	682,479	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	423,784	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,617,245	0		12.00

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
11/24/2020 2:33 pm

		Decreases					11/24/2020 1:00 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,090,069	0		13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	290,567	0		14.00	
15.00	LABORATORY	60.00	0	991,623	0		15.00	
16.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	214,520	0		16.00	
17.00	RESPIRATORY THERAPY	65.00	0	434,836	0		17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	290,567	0		18.00	
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	604,507	0		19.00	
20.00	RENAL DIALYSIS	74.00	0	430,409	0		20.00	
21.00	CLINIC	90.00	0	10,933,317	0		21.00	
22.00	EMERGENCY	91.00	0	677,968	0		22.00	
23.00	KIDNEY ACQUISITION	105.00	0	460,364	0		23.00	
24.00	HEART ACQUISITION	106.00	0	63,024	0		24.00	
25.00	LIVER ACQUISITION	107.00	0	337,419	0		25.00	
26.00	LUNG ACQUISITION	108.00	0	177,944	0		26.00	
TOTALS			0	54,823,567				
N - ORLAND PARK								
1.00	ORLAND PARK CLINIC	90.03	477,225	3,302,101	0		1.00	
TOTALS			477,225	3,302,101				
O - MEDICAL EDUCATION RECLASS								
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	364,000	0	0		1.00	
TOTALS			364,000	0				
P - STEM CELL								
1.00	CLINIC	90.00	0	2,193,738	0		1.00	
TOTALS			0	2,193,738				
R - OUTPATIENT PHARMACY								
1.00	PHARMACY	15.00	7,183,050	1,782,455	0		1.00	
TOTALS			7,183,050	1,782,455				
500.00	Grand Total: Decreases		22,317,665	330,169,504			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/24/2020 2:33 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	45,131,924	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,709,795,966	42,569,233	0	42,569,233	1,535,067	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	647,404,231	28,041,270	0	28,041,270	8,030,477	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,402,332,121	70,610,503	0	70,610,503	9,565,544	8.00
9.00	Reconciling Items	67,616,462	24,316,823	0	24,316,823	9,565,543	9.00
10.00	Total (line 8 minus line 9)	2,334,715,659	46,293,680	0	46,293,680	1	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	45,131,924	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	1,750,830,132	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	667,415,024	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	2,463,377,080	0				8.00
9.00	Reconciling Items	82,367,742	0				9.00
10.00	Total (line 8 minus line 9)	2,381,009,338	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/24/2020 2:33 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	52,949,223	0	0	0	0	1.00	
1.01	DCAM CAPITAL	0	0	0	0	0	1.01	
1.02	ORLAND PARK CAPITAL	0	0	0	0	0	1.02	
1.03	SOUTH LOOP CAPITAL	0	0	0	0	0	1.03	
1.04	RIVER EAST CAPITAL	0	0	0	0	0	1.04	
2.00	CAP REL COSTS-MVBLE EQUIP	58,897,333	0	0	0	0	2.00	
3.00	Total (sum of lines 1-2)	111,846,556	0	0	0	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Other	Total (1)					
		Capital-Relat	(sum of cols.					
		ed Costs (see	9 through 14)					
		instructions)						
		14.00	15.00					
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	52,949,223				1.00	
1.01	DCAM CAPITAL	0	0				1.01	
1.02	ORLAND PARK CAPITAL	0	0				1.02	
1.03	SOUTH LOOP CAPITAL	0	0				1.03	
1.04	RIVER EAST CAPITAL	0	0				1.04	
2.00	CAP REL COSTS-MVBLE EQUIP	0	58,897,333				2.00	
3.00	Total (sum of lines 1-2)	0	111,846,556				3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/24/2020 2:33 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	1,795,962,056	0	1,795,962,056	0.729065	0	1.00
1.01	DCAM CAPITAL	0	0	0	0.000000	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0.000000	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0.000000	0	1.03
1.04	RIVER EAST CAPITAL	0	0	0	0.000000	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	667,415,024	0	667,415,024	0.270935	0	2.00
3.00	Total (sum of lines 1-2)	2,463,377,080	0	2,463,377,080	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	43,580,844	0	1.00
1.01	DCAM CAPITAL	0	0	0	6,213,466	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	1,377,978	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	327,578	0	1.03
1.04	RIVER EAST CAPITAL	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	58,937,330	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	110,437,196	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	43,580,844	1.00
1.01	DCAM CAPITAL	0	0	0	0	6,213,466	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0	1,377,978	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0	327,578	1.03
1.04	RIVER EAST CAPITAL	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	58,937,330	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	110,437,196	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/24/2020 2:33 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	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - DCAM CAPITAL (chapter 2)			0DCAM CAPITAL	1.01	0	1.01
1.02	Investment income - ORLAND PARK CAPITAL (chapter 2)			0ORLAND PARK CAPITAL	1.02	0	1.02
1.03	Investment income - SOUTH LOOP CAPITAL (chapter 2)			0SOUTH LOOP CAPITAL	1.03	0	1.03
1.04	Investment income - RIVER EAST CAPITAL (chapter 2)			0RIVER EAST CAPITAL	1.04	0	1.04
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)	A	-4,695,224	OTHER ADMIN & GENERAL	5.06	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-22,008,135			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	-181,453,609			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,992,962	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients	A	-100,715,494	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts			0	0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - DCAM CAPITAL			0DCAM CAPITAL	1.01	0	26.01
26.02	Depreciation - ORLAND PARK CAPITAL			0ORLAND PARK CAPITAL	1.02	0	26.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/24/2020 2:33 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 #		
26.03	Depreciation - SOUTH LOOP CAPITAL	A-8-3		0 SOUTH LOOP CAPITAL	1.03	0	26.03
26.04	Depreciation - RIVER EAST CAPITAL			0 RIVER EAST CAPITAL	1.04	0	26.04
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0 CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0 NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 *** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 *** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	MISCELLANEOUS REVENUE	B	239,670	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	MISCELLANEOUS REVENUE	B	-216,657	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.01
33.02	MISCELLANEOUS REVENUE	B	-1,218,748	OTHER ADMIN & GENERAL	5.06	0	33.02
33.03	MISCELLANEOUS REVENUE	B	-1,455	OPERATION OF PLANT	7.00	0	33.03
33.05	MISCELLANEOUS REVENUE	B	-11,083	HOUSEKEEPING	9.00	0	33.05
33.06	MISCELLANEOUS REVENUE	B	-296,875	DIETARY	10.00	0	33.06
33.08	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	33.08
33.09	MISCELLANEOUS REVENUE	B	-338,553	PHARMACY	15.00	0	33.09
33.11	MISCELLANEOUS REVENUE	B	-824,000	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.11
33.12	MISCELLANEOUS REVENUE	B	-9,090	ADULTS & PEDIATRICS	30.00	0	33.12
33.13	MISCELLANEOUS REVENUE	B	-231,750	OPERATING ROOM	50.00	0	33.13
33.14	MISCELLANEOUS REVENUE	B	-421,778	RADIOLOGY-DIAGNOSTIC	54.00	0	33.14
33.15	MISCELLANEOUS REVENUE	B	105,818	CT SCAN	57.00	0	33.15
34.00	MISCELLANEOUS REVENUE	B	4,420	MRI	58.00	0	34.00
34.01	MISCELLANEOUS REVENUE	B	-6,201,468	LABORATORY	60.00	0	34.01
34.02	MISCELLANEOUS REVENUE	B	-54,969	LABORATORY - TRANSPLANT	60.01	0	34.02
34.03	MISCELLANEOUS REVENUE	B	-83,186	BLOOD STORING PROCESSING & TRANS.	63.00	0	34.03
34.04	MISCELLANEOUS REVENUE	B	-342,286	CLINIC	90.00	0	34.04
34.05	MISCELLANEOUS REVENUE	B	-1,371,576	SILVER CROSS CLINIC	90.02	0	34.05
34.06	MISCELLANEOUS REVENUE	B	-340,794	ORLAND PARK CLINIC	90.03	0	34.06
34.07	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	34.07
34.08	MISCELLANEOUS REVENUE	B	-303	EMERGENCY	91.00	9	34.08
34.09	MISCELLANEOUS REVENUE	B	-1,840,925	AMBULANCE SERVICES	95.00	0	34.09
34.10	MISCELLANEOUS REVENUE	B	136	HEART ACQUISITION	106.00	0	34.10
34.11	OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00	0	34.11
34.25	INTEREST EXPENSE OFFSET	A	-52,668	ORLAND PARK CLINIC	90.03	0	34.25
35.02	GL OFFSET - ADMINISTRATIVE	A	-6,965,800	OTHER ADMIN & GENERAL	5.06	0	35.02
35.04	PSYCH OFFSET	A	-530,091	CLINIC	90.00	0	35.04
35.06	INTEREST EXPENSE OFFSET	A	-36,558,728	INTEREST EXPENSE	113.00	0	35.06
35.07	OFFSET ALCOHOL COSTS	A	-10,213	OTHER ADMIN & GENERAL	5.06	0	35.07
36.00	APN OFFSET	A	-5,478,284	CLINIC	90.00	0	36.00
36.01	NON-ALLOWABLE PHYSICIAN OFFSET	A	-25,385	SOUTH LOOP CLINIC	191.02	0	36.01
36.02	NON-ALLOWABLE PHYSICIAN OFFSET	A	-14,231	OTHER NONREIMBURSABLE	191.01	0	36.02
37.00	NON-ALLOWABLE PHYSICIAN OFFSET	A	-2,566,885	SILVER CROSS CLINIC	90.02	0	37.00
37.01	ADVERTISING AND OTHER OFFSET	A	-57,210	OTHER ADMIN & GENERAL	5.06	0	37.01
37.02	ADVERTISING AND OTHER OFFSET	A	-22,367	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.02
37.03	ADVERTISING AND OTHER OFFSET	A	-5,634,310	DATA PROCESSING	5.02	0	37.03
37.04	ADVERTISING AND OTHER OFFSET	A	-115,390	PURCHASING RECEIVING AND STORES	5.03	0	37.04
37.05	ADVERTISING AND OTHER OFFSET	A	-2,132,829	OTHER ADMIN & GENERAL	5.06	0	37.05
37.06	ADVERTISING AND OTHER OFFSET	A	-850	DIETARY	10.00	0	37.06
37.07	ADVERTISING AND OTHER OFFSET	A	-338	NURSING ADMINISTRATION	13.00	0	37.07
37.08	ADVERTISING AND OTHER OFFSET	A	-7,062	SOCIAL SERVICE	17.00	0	37.08

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/24/2020 2:33 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	
37.09	ADVERTISING AND OTHER OFFSET	A	-2,475	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	37.09
37.10	ADVERTISING AND OTHER OFFSET	A	-4,416	RADIOLOGY-DIAGNOSTIC	54.00	0	37.10
37.11	ADVERTISING AND OTHER OFFSET	A	-5,787	RADIOLOGY-THERAPEUTIC	55.00	0	37.11
37.12	ADVERTISING AND OTHER OFFSET	A	-41,455	LABORATORY	60.00	0	37.12
37.13	ADVERTISING AND OTHER OFFSET	A	-30,451	PHYSICAL THERAPY	66.00	0	37.13
37.14	ADVERTISING AND OTHER OFFSET	A	-2,469	CLINIC	90.00	0	37.14
37.15	ADVERTISING AND OTHER OFFSET	A	-412,550	EMERGENCY	91.00	0	37.15
37.16	ADVERTISING AND OTHER OFFSET	A	-14,257	AMBULANCE SERVICES	95.00	0	37.16
37.17	ADVERTISING AND OTHER OFFSET	A	-3,458	KIDNEY ACQUISITION	105.00	0	37.17
37.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.18
37.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.19
37.20	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.20
37.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.21
39.10	PROVIDER TAX OFFSET	A	-49,517,525	OTHER ADMIN & GENERAL	5.06	0	39.10
39.12	NON-EMERGENCY PATIENT TRANS OFFSET	A	-101,342	EMERGENCY	91.00	0	39.12
39.13	NON-PATIENT CARE RELATED COSTS	A	-143,476	OTHER ADMIN & GENERAL	5.06	0	39.13
39.14	SMG SALARY & BENEFITS	A	863,720	OTHER ADMIN & GENERAL	5.06	0	39.14
40.00	ORGAN ACQUISITION	A	38,547	KIDNEY ACQUISITION	105.00	0	40.00
40.01	ORGAN ACQUISITION	A	-141,022	HEART ACQUISITION	106.00	0	40.01
40.02	ORGAN ACQUISITION	A	-435,734	LIVER ACQUISITION	107.00	0	40.02
40.03	ORGAN ACQUISITION	A	-2,003,470	LUNG ACQUISITION	108.00	0	40.03
40.04	ORGAN ACQUISITION	A	8,421	PANCREAS ACQUISITION	109.00	0	40.04
40.05	CRNA	A	-6,966,296	ANESTHESIOLOGY	53.00	0	40.05
40.06	OUTPATIENT PHARMACY DRUGS DISPENSING	A	-18,542,084	PHARMACY	15.00	0	40.06
40.08	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.08
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-461,951,096				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:

11/24/2020 2:33 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	BSD DEPRECIATION	0	4,627,354	1.00
2.00	5.06	OTHER ADMIN & GENERAL	HOSPITAL MALPRACTICE & OVERH	32,029,174	11,620,047	2.00
3.00	7.00	OPERATION OF PLANT	ELECTRICITY & STEAM	14,335,857	15,210,411	3.00
3.01	9.00	HOUSEKEEPING	HOUSEKEEPING	0	727,638	3.01
3.02	5.06	OTHER ADMIN & GENERAL	PHYSICIAN SERVICES	0	1,950,840	3.02
3.03	90.00	CLINIC	PHYSICIAN SERVICES	0	258,539,261	3.03
3.04	190.01	ORLAND PARK PHYSICIAN	PHYSICIAN SERVICES	0	8,585,990	3.04
3.05	191.01	OTHER NONREIMBURSABLE	PHYSICIAN SERVICES	0	1,259,368	3.05
3.06	191.02	SOUTH LOOP CLINIC	PHYSICIAN SERVICES	0	1,701,515	3.06
3.07	191.03	RIVER EAST CLINIC	PHYSICIAN SERVICES	0	651,725	3.07
3.08	54.00	RADIOLOGY-DIAGNOSTIC	PHYSICIAN SERVICES	0	157	3.08
3.09	21.00	I&R SERVICES-SALARY & FRINGE	PHYSICIAN SERVICES	0	74	3.09
3.10	30.00	ADULTS & PEDIATRICS	PHYSICIAN SERVICES	0	1,295	3.10
3.11	5.06	OTHER ADMIN & GENERAL	PHYSICIAN SERVICES	0	2,025,000	3.11
3.12	90.00	CLINIC	PHYSICIAN SERVICES	0	2,398,455	3.12
3.13	5.06	OTHER ADMIN & GENERAL	PHYSICIAN SERVICES	14,599,296	0	3.13
3.14	21.00	I&R SERVICES-SALARY & FRINGE	PHYSICIAN SERVICES	17,982,231	0	3.14
3.15	30.00	ADULTS & PEDIATRICS	PHYSICIAN SERVICES	3,564,728	0	3.15
3.16	31.00	INTENSIVE CARE UNIT	PHYSICIAN SERVICES	514,383	0	3.16
3.17	32.00	CORONARY CARE UNIT	PHYSICIAN SERVICES	261,514	0	3.17
3.18	33.00	BURN INTENSIVE CARE UNIT	PHYSICIAN SERVICES	58,624	0	3.18
3.19	35.00	NURSERY ICU	PHYSICIAN SERVICES	356,043	0	3.19
3.20	43.00	NURSERY	PHYSICIAN SERVICES	195,445	0	3.20
3.21	50.00	OPERATING ROOM	PHYSICIAN SERVICES	11,513,064	0	3.21
3.22	52.00	DELIVERY ROOM & LABOR ROOM	PHYSICIAN SERVICES	1,138,794	0	3.22
3.23	53.00	ANESTHESIOLOGY	PHYSICIAN SERVICES	1,634,595	0	3.23
3.24	54.00	RADIOLOGY-DIAGNOSTIC	PHYSICIAN SERVICES	3,276,595	0	3.24
3.25	55.00	RADIOLOGY-THERAPEUTIC	PHYSICIAN SERVICES	3,882,072	0	3.25
3.26	59.00	CARDIAC CATHETERIZATION	PHYSICIAN SERVICES	372,599	0	3.26
3.27	60.00	LABORATORY	PHYSICIAN SERVICES	1,234,402	0	3.27
3.28	63.00	BLOOD STORING PROCESSING &	PHYSICIAN SERVICES	166,665	0	3.28
3.29	65.00	RESPIRATORY THERAPY	PHYSICIAN SERVICES	515,331	0	3.29
3.30	69.00	ELECTROCARDIOLOGY	PHYSICIAN SERVICES	372,599	0	3.30
3.31	70.00	ELECTROENCEPHALOGRAPHY	PHYSICIAN SERVICES	1,109,709	0	3.31
3.32	74.00	RENAL DIALYSIS	PHYSICIAN SERVICES	389,422	0	3.32
3.33	90.00	CLINIC	PHYSICIAN SERVICES	16,165,539	0	3.33
3.34	91.00	EMERGENCY	PHYSICIAN SERVICES	549,830	0	3.34
3.35	105.00	KIDNEY ACQUISITION	PHYSICIAN SERVICES	539,482	0	3.35
3.36	106.00	HEART ACQUISITION	PHYSICIAN SERVICES	186,953	0	3.36
3.37	107.00	LIVER ACQUISITION	PHYSICIAN SERVICES	808,573	0	3.37
3.38	108.00	LUNG ACQUISITION	PHYSICIAN SERVICES	92,002	0	3.38
3.39	0.00			0	0	3.39
3.40	0.00			0	0	3.40
3.41	0.00			0	0	3.41
3.42	0.00			0	0	3.42
3.43	0.00			0	0	3.43
3.44	0.00			0	0	3.44
3.45	0.00			0	0	3.45
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			127,845,521	309,299,130	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

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

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/24/2020 2:33 pm

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	U OF C MEDICAL CENTER	100.00	UNIVERSITY OF CHICAGO	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
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: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/24/2020 2:33 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	-4,627,354	9		1.00
2.00	20,409,127	0		2.00
3.00	-874,554	0		3.00
3.01	-727,638	0		3.01
3.02	-1,950,840	0		3.02
3.03	-258,539,261	0		3.03
3.04	-8,585,990	0		3.04
3.05	-1,259,368	0		3.05
3.06	-1,701,515	0		3.06
3.07	-651,725	0		3.07
3.08	-157	0		3.08
3.09	-74	0		3.09
3.10	-1,295	0		3.10
3.11	-2,025,000	0		3.11
3.12	-2,398,455	0		3.12
3.13	14,599,296	0		3.13
3.14	17,982,231	0		3.14
3.15	3,564,728	0		3.15
3.16	514,383	0		3.16
3.17	261,514	0		3.17
3.18	58,624	0		3.18
3.19	356,043	0		3.19
3.20	195,445	0		3.20
3.21	11,513,064	0		3.21
3.22	1,138,794	0		3.22
3.23	1,634,595	0		3.23
3.24	3,276,595	0		3.24
3.25	3,882,072	0		3.25
3.26	372,599	0		3.26
3.27	1,234,402	0		3.27
3.28	166,665	0		3.28
3.29	515,331	0		3.29
3.30	372,599	0		3.30
3.31	1,109,709	0		3.31
3.32	389,422	0		3.32
3.33	16,165,539	0		3.33
3.34	549,830	0		3.34
3.35	539,482	0		3.35
3.36	186,953	0		3.36
3.37	808,573	0		3.37
3.38	92,002	0		3.38
3.39	0	0		3.39
3.40	0	0		3.40
3.41	0	0		3.41
3.42	0	0		3.42
3.43	0	0		3.43
3.44	0	0		3.44
3.45	0	0		3.45
4.00	0	0		4.00
5.00	-181,453,609			5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	UNIVERSITY/MEDICAL SCHOOL	6.00
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME
OFFICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
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	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
11/24/2020 2:33 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	30.00	ADULTS & PEDIATRICS	3,564,728	0	3,564,728	211,500	20,020	1.00
2.00	31.00	INTENSIVE CARE UNIT	514,383	0	514,383	211,500	2,889	2.00
3.00	32.00	CORONARY CARE UNIT	261,514	0	261,514	211,500	1,469	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	58,624	0	58,624	211,500	329	4.00
5.00	35.00	NURSERY ICU	356,043	0	356,043	211,500	2,000	5.00
6.00	43.00	NURSERY	195,445	0	195,445	211,500	1,098	6.00
7.00	50.00	OPERATING ROOM	11,513,064	0	11,513,064	246,400	37,719	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	1,138,794	0	1,138,794	237,100	4,554	8.00
9.00	53.00	ANESTHESIOLOGY	1,634,595	0	1,634,595	239,400	6,955	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	3,276,595	0	3,276,595	271,900	12,580	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	3,882,072	0	3,882,072	271,900	16,501	11.00
12.00	59.00	CARDIAC CATHETERIZATION	372,599	0	372,599	211,500	1,749	12.00
13.00	60.00	LABORATORY	1,234,402	0	1,234,402	260,300	5,113	13.00
14.00	63.00	BLOOD STORING PROCESSING & TRANS.	166,665	0	166,665	260,300	1,308	14.00
15.00	65.00	RESPIRATORY THERAPY	515,331	0	515,331	211,500	3,252	15.00
16.00	69.00	ELECTROCARDIOLOGY	372,599	0	372,599	211,500	1,749	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	1,109,709	0	1,109,709	211,500	6,267	17.00
18.00	74.00	RENAL DIALYSIS	389,422	0	389,422	211,500	2,034	18.00
19.00	90.00	CLINIC	16,165,539	0	16,165,539	211,500	80,045	19.00
20.00	91.00	EMERGENCY	549,830	0	549,830	211,500	3,613	20.00
21.00	105.00	KIDNEY ACQUISITION	539,482	0	539,482	246,400	2,219	21.00
22.00	106.00	HEART ACQUISITION	186,953	0	186,953	246,400	239	22.00
23.00	107.00	LIVER ACQUISITION	808,573	0	808,573	246,400	3,010	23.00
24.00	108.00	LUNG ACQUISITION	92,002	0	92,002	246,400	523	24.00
200.00			48,898,963	0	48,898,963		217,235	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	2,035,688	101,784	0	0	221,045	1.00
2.00	31.00	INTENSIVE CARE UNIT	293,761	14,688	0	0	31,896	2.00
3.00	32.00	CORONARY CARE UNIT	149,372	7,469	0	0	16,216	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	33,454	1,673	0	0	3,635	4.00
5.00	35.00	NURSERY ICU	203,365	10,168	0	0	22,078	5.00
6.00	43.00	NURSERY	111,648	5,582	0	0	12,119	6.00
7.00	50.00	OPERATING ROOM	4,468,251	223,413	0	0	713,914	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	519,112	25,956	0	0	70,616	8.00
9.00	53.00	ANESTHESIOLOGY	800,494	40,025	0	0	101,360	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	1,644,472	82,224	0	0	203,179	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	2,157,030	107,852	0	0	240,724	11.00
12.00	59.00	CARDIAC CATHETERIZATION	177,843	8,892	0	0	23,105	12.00
13.00	60.00	LABORATORY	639,862	31,993	0	0	76,544	13.00
14.00	63.00	BLOOD STORING PROCESSING & TRANS.	163,689	8,184	0	0	10,335	14.00
15.00	65.00	RESPIRATORY THERAPY	330,672	16,534	0	0	31,955	15.00
16.00	69.00	ELECTROCARDIOLOGY	177,843	8,892	0	0	23,105	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	637,245	31,862	0	0	68,812	17.00
18.00	74.00	RENAL DIALYSIS	206,823	10,341	0	0	24,148	18.00
19.00	90.00	CLINIC	8,139,191	406,960	0	0	1,002,410	19.00
20.00	91.00	EMERGENCY	367,380	18,369	0	0	34,094	20.00
21.00	105.00	KIDNEY ACQUISITION	262,866	13,143	0	0	0	21.00
22.00	106.00	HEART ACQUISITION	28,312	1,416	0	0	0	22.00
23.00	107.00	LIVER ACQUISITION	356,569	17,828	0	0	0	23.00
24.00	108.00	LUNG ACQUISITION	61,955	3,098	0	0	0	24.00
200.00			23,966,897	1,198,346	0	0	2,931,290	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	221,045	2,256,733	1,307,995	1,307,995		1.00
2.00	31.00	INTENSIVE CARE UNIT	31,896	325,657	188,726	188,726		2.00
3.00	32.00	CORONARY CARE UNIT	16,216	165,588	95,926	95,926		3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	3,635	37,089	21,535	21,535		4.00
5.00	35.00	NURSERY ICU	22,078	225,443	130,600	130,600		5.00
6.00	43.00	NURSERY	12,119	123,767	71,678	71,678		6.00
7.00	50.00	OPERATING ROOM	713,914	5,182,165	6,330,899	6,330,899		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	70,616	589,728	549,066	549,066		8.00
9.00	53.00	ANESTHESIOLOGY	101,360	901,854	732,741	732,741		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	203,179	1,847,651	1,428,944	1,428,944		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	240,724	2,397,754	1,484,318	1,484,318		11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
12.00	59.00	CARDIAC CATHETERIZATION	23,105	200,948	171,651	171,651		12.00
13.00	60.00	LABORATORY	76,544	716,406	517,996	517,996		13.00
14.00	63.00	BLOOD STORING PROCESSING & TRANS.	10,335	174,024	0	0		14.00
15.00	65.00	RESPIRATORY THERAPY	31,955	362,627	152,704	152,704		15.00
16.00	69.00	ELECTROCARDIOLOGY	23,105	200,948	171,651	171,651		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	68,812	706,057	403,652	403,652		17.00
18.00	74.00	RENAL DIALYSIS	24,148	230,971	158,451	158,451		18.00
19.00	90.00	CLINIC	1,002,410	9,141,601	7,023,938	7,023,938		19.00
20.00	91.00	EMERGENCY	34,094	401,474	148,356	148,356		20.00
21.00	105.00	KIDNEY ACQUISITION	0	262,866	276,616	276,616		21.00
22.00	106.00	HEART ACQUISITION	0	28,312	158,641	158,641		22.00
23.00	107.00	LIVER ACQUISITION	0	356,569	452,004	452,004		23.00
24.00	108.00	LUNG ACQUISITION	0	61,955	30,047	30,047		24.00
200.00			2,931,290	26,898,187	22,008,135	22,008,135		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 2:33 pm

			CAPITAL RELATED COSTS					
Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	43,580,844	43,580,844				1.00
1.01	00101	DCAM CAPITAL	6,213,466	0	6,213,466			1.01
1.02	00102	ORLAND PARK CAPITAL	1,377,978	0	0	1,377,978		1.02
1.03	00103	SOUTH LOOP CAPITAL	327,578	0	0	0	327,578	1.03
1.04	00104	RIVER EAST CAPITAL	0	0	0	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	58,937,330					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	175,132,670	575,949	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	1,883,516	43,940	0	0	0	5.01
5.02	00550	DATA PROCESSING	60,468,832	2,278,031	23,658	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	8,703,521	631,622	0	0	0	5.03
5.04	00570	ADMITTING	5,903,473	185,890	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	21,874,671	211,794	0	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	152,544,332	1,903,571	45,119	0	0	5.06
7.00	00700	OPERATION OF PLANT	45,388,267	588,901	8,672	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,652,975	38,195	0	0	0	8.00
9.00	00900	HOUSEKEEPING	25,942,834	1,380,962	109,939	0	0	9.00
10.00	01000	DIETARY	12,032,381	457,779	0	0	0	10.00
11.00	01100	CAFETERIA	872,954	994,489	210,147	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	12,095,342	149,297	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,600,528	896,095	110,099	0	0	14.00
15.00	01500	PHARMACY	25,140,688	618,461	99,329	27,706	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,381,847	351,238	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,031,032	0	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	276,888	40,562	0	0	0	18.01
18.02	01852	PATIENT TRANSPORT	5,829,143	351,830	10,950	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	2,158,889	319,624	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	60,348,243	638,725	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,163,334	32,763	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	115,590,386	12,100,499	16,105	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33,990,237	2,620,774	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	12,793,556	847,525	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,158,480	272,446	0	0	0	33.00
35.00	02080	NURSERY ICU	17,354,223	680,715	0	0	0	35.00
43.00	04300	NURSERY	5,799,554	296,609	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,980,858	2,022,994	300,783	0	0	50.00
51.00	05100	RECOVERY ROOM	15,407,487	1,018,408	90,417	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,516,049	575,984	0	0	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	71,873	142,647	0	0	0	52.01
53.00	05300	ANESTHESIOLOGY	5,618,837	158,907	19,802	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,190,101	1,714,651	543,940	0	0	54.00
54.01	03630	ULTRA SOUND	1,132,277	30,152	13,348	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	10,751,905	0	415,338	0	0	55.00
56.00	05600	RADIOISOTOPE	8,225,613	203,264	1,738	0	0	56.00
57.00	05700	CT SCAN	4,467,982	91,779	0	0	0	57.00
58.00	05800	MRI	4,308,801	1,811	86,960	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,344,838	178,126	0	0	0	59.00
60.00	06000	LABORATORY	40,688,837	1,857,751	62,443	0	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	1,615,327	56,091	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	16,428,657	180,876	22,299	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	15,418,546	104,557	53,611	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,437,612	403,951	18,323	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	12,729,063	191,252	57,107	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,224,484	140,175	71,574	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	180,244	0	12,708	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,530,443	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,068,176	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	166,438,509	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,235,371	118,135	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	156,942	5,849	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
			0	1.00	1.01	1.02	1.03	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,193,738	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	98,076,293	2,650,369	3,660,992	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	4,311,307	0	35,328	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	2,143,268	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	3,364,217	0	0	629,941	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	5,968	0	0	0	0	90.04
91.00	09100	EMERGENCY	44,191,860	1,747,832	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	593,138	25,695	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	364,000	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,453,325	86,974	93,974	0	0	105.00
106.00	10600	HEART ACQUISITION	2,803,790	19,254	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	3,913,791	37,846	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	1,688,894	10,619	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	513,649	16,399	0	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,595,336,062	43,300,634	6,194,703	657,647	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,497	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	9,915,454	0	0	720,331	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	12,836,724	280,210	18,763	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	3,163,923	0	0	0	327,578	191.02
191.03	19103	RIVER EAST CLINIC	2,507,275	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	896,935	0	0	0	0	191.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,624,658,870	43,580,844	6,213,466	1,377,978	327,578	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		Subtotal	RIVER EAST CAPITAL	MVBLE EQUIP			
		1A.03	1.04	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL	0	0			1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	58,937,330	58,937,330			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	175,708,619	0	185,015	175,893,634	4.00
5.01	00540	NONPATIENT TELEPHONES	1,927,456	0	0	456,554	2,384,010
5.02	00550	DATA PROCESSING	62,770,521	0	19,580,340	6,926,567	15,788
5.03	00560	PURCHASING RECEIVING AND STORES	9,335,143	0	219,475	1,761,476	15,788
5.04	00570	ADMITTING	6,089,363	0	45,490	1,384,798	15,788
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	22,086,465	0	3,873	1,519,150	15,788
5.06	00590	OTHER ADMIN & GENERAL	154,493,022	0	5,085,631	18,940,631	1,578,822
7.00	00700	OPERATION OF PLANT	45,985,840	0	358,566	3,759,440	15,788
8.00	00800	LAUNDRY & LINEN SERVICE	3,691,170	0	23,801	0	15,788
9.00	00900	HOUSEKEEPING	27,433,735	0	265,867	4,436,634	15,788
10.00	01000	DIETARY	12,490,160	0	20,502	1,753,094	15,788
11.00	01100	CAFETERIA	2,077,590	0	336,418	170,602	15,788
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	12,244,639	0	478,705	2,872,246	15,788
14.00	01400	CENTRAL SERVICES & SUPPLY	7,606,722	0	188,847	767,908	15,788
15.00	01500	PHARMACY	25,886,184	0	1,030,390	5,394,201	15,788
16.00	01600	MEDICAL RECORDS & LIBRARY	10,733,085	0	6,602	1,247,753	15,788
17.00	01700	SOCIAL SERVICE	1,031,032	0	0	99,466	15,788
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0
18.01	01851	VOLUNTEERS	317,450	0	2,847	47,572	15,788
18.02	01852	PATIENT TRANSPORT	6,191,923	0	133,866	1,088,800	15,788
18.03	01853	MEDICAL ELECTRONICS	2,478,513	0	63,715	255,364	15,788
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	60,986,968	0	156,125	10,420,945	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	3,395,456	15,788
23.00	02300	PARAMED ED PRGM-PHARMACY	1,196,097	0	0	272,315	15,788
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	127,706,990	0	1,576,896	25,764,059	15,788
31.00	03100	INTENSIVE CARE UNIT	36,611,011	0	403,598	6,783,358	15,788
32.00	03200	CORONARY CARE UNIT	13,641,081	0	51,124	2,693,008	15,788
33.00	03300	BURN INTENSIVE CARE UNIT	3,430,926	0	19,594	650,583	15,788
35.00	02080	NURSERY ICU	18,034,938	0	591,318	3,946,806	15,788
43.00	04300	NURSERY	6,096,163	0	76,053	1,316,794	15,788
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,304,635	0	6,289,202	8,095,786	31,576
51.00	05100	RECOVERY ROOM	16,516,312	0	125,443	3,268,754	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,092,033	0	77,977	1,879,312	15,788
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	214,520	0	8,626	17,797	0
53.00	05300	ANESTHESIOLOGY	5,797,546	0	837,582	2,379,757	15,788
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,448,692	0	3,345,394	3,190,790	15,788
54.01	03630	ULTRA SOUND	1,175,777	0	278,555	266,261	0
55.00	05500	RADIOLOGY-THERAPEUTIC	11,167,243	0	1,256,633	1,999,987	15,788
56.00	05600	RADIOISOTOPE	8,430,615	0	377,009	250,834	0
57.00	05700	CT SCAN	4,559,761	0	1,288,330	827,083	15,788
58.00	05800	MRI	4,397,572	0	2,279,547	757,193	15,788
59.00	05900	CARDIAC CATHETERIZATION	4,522,964	0	665,781	552,683	15,788
60.00	06000	LABORATORY	42,609,031	0	1,294,150	5,031,415	15,788
60.01	06001	LABORATORY - TRANSPLANT	1,671,418	0	68,971	136,407	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	16,631,832	0	137,975	903,743	15,788
65.00	06500	RESPIRATORY THERAPY	15,576,714	0	524,525	1,792,871	15,788
66.00	06600	PHYSICAL THERAPY	7,859,886	0	49,779	1,642,540	15,788
69.00	06900	ELECTROCARDIOLOGY	12,977,422	0	739,074	1,914,160	15,788
70.00	07000	ELECTROENCEPHALOGRAPHY	4,436,233	0	289,582	927,167	15,788
70.01	07001	BRACE AND PLASTER ROOM	192,952	0	0	37,971	15,788
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,530,443	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,068,176	0	0	49	0
73.00	07300	DRUGS CHARGED TO PATIENTS	166,438,509	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,353,506	0	416,946	807,058	15,788
76.97	07697	CARDIAC REHABILITATION	162,791	0	1,256	35,315	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,193,738	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
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To 06/30/2020Worksheet B
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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
			Subtotal	RIVER EAST CAPITAL	MVBLE EQUIP				
			1A.03	1.04	2.00	4.00	5.01		
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	104,387,654	0	3,384,902	17,892,138	15,788	90.00	
90.01	09001	TRANSPLANT CLINIC	4,346,635	0	33,839	786,646	15,788	90.01	
90.02	09002	SILVER CROSS CLINIC	2,143,268	0	131,991	669,483	0	90.02	
90.03	09003	ORLAND PARK CLINIC	3,994,158	0	1,809,733	633,588	0	90.03	
90.04	09004	RIVER EAST INFUSION THERAPY	5,968	0	0	0	0	90.04	
91.00	09100	EMERGENCY	45,939,692	0	998,776	5,770,592	15,788	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	618,833	0	26,429	581,515	15,788	95.00	
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	364,000	0	0	90,856	0	100.00	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,634,273	0	13,318	467,753	15,788	105.00	
106.00	10600	HEART ACQUISITION	2,823,044	0	3,621	78,102	15,788	106.00	
107.00	10700	LIVER ACQUISITION	3,951,637	0	7,117	251,813	15,788	107.00	
108.00	10800	LUNG ACQUISITION	1,699,513	0	1,994	116,134	15,788	108.00	
109.00	10900	PANCREAS ACQUISITION	530,048	0	3,085	65,214	15,788	109.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,593,989,180	0	57,671,800	172,244,347	2,384,010	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,497	0	0	0	0	190.00	
190.01	19001	ORLAND PARK PHYSICIAN	10,635,785	0	662,378	1,124,728		190.01	
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
191.01	19101	OTHER NONREIMBURSABLE	13,135,697	0	13,482	2,165,548	0	191.01	
191.02	19102	SOUTH LOOP CLINIC	3,491,501	0	386,593	352,821	0	191.02	
191.03	19103	RIVER EAST CLINIC	2,507,275	0	203,077	6,190	0	191.03	
191.04	19104	ADVOCATE JOINT VENTURE	896,935	0	0	0	0	191.04	
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)	1,624,658,870	0	58,937,330	175,893,634	2,384,010	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	
			5A.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	89,293,216	89,293,216				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	11,331,882	659,040	11,990,922			5.03
5.04	00570	ADMITTING	7,535,439	438,246	628	7,974,313		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	23,625,276	1,373,999	3,736	0	25,003,011	5.05
5.06	00590	OTHER ADMIN & GENERAL	180,098,106	10,473,710	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	50,119,634	2,914,858	37,437	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,730,759	216,973	18,769	0	0	8.00
9.00	00900	HOUSEKEEPING	32,152,024	1,869,897	69,141	0	0	9.00
10.00	01000	DIETARY	14,279,544	830,470	24,925	0	0	10.00
11.00	01100	CAFETERIA	2,600,398	151,234	13,374	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	15,611,378	907,927	1,419	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,579,265	498,953	51,367	0	0	14.00
15.00	01500	PHARMACY	32,326,563	1,880,048	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,003,228	698,084	1,371	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,146,286	66,666	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	383,657	22,313	94	0	0	18.01
18.02	01852	PATIENT TRANSPORT	7,430,377	432,136	1,791	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	2,813,380	163,621	142	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	71,564,038	4,162,021	463	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,411,244	198,391	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,484,200	86,318	64	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	155,063,733	9,018,197	225,129	1,234,291	2,174,808	30.00
31.00	03100	INTENSIVE CARE UNIT	43,813,755	2,548,120	132,737	481,150	772,643	31.00
32.00	03200	CORONARY CARE UNIT	16,401,001	953,849	43,291	211,968	340,384	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,116,891	239,430	11,661	36,561	58,710	33.00
35.00	02080	NURSERY ICU	22,588,850	1,313,722	32,161	279,277	448,470	35.00
43.00	04300	NURSERY	7,504,798	436,464	3,282	68,874	110,600	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	65,721,199	3,822,213	1,673,076	630,779	1,681,496	50.00
51.00	05100	RECOVERY ROOM	19,910,509	1,157,955	34,224	97,032	258,501	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,065,110	701,683	35,993	66,506	109,249	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	240,943	14,013	0	17,874	45,871	52.01
53.00	05300	ANESTHESIOLOGY	9,030,673	525,206	63,224	249,912	740,930	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,000,664	1,686,621	217,709	183,427	743,543	54.00
54.01	03630	ULTRA SOUND	1,720,593	100,066	2,710	24,454	87,138	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	14,439,651	839,781	35,593	30,737	504,652	55.00
56.00	05600	RADIOISOTOPE	9,058,458	526,822	177,333	10,507	156,973	56.00
57.00	05700	CT SCAN	6,690,962	389,133	18,204	335,658	1,316,611	57.00
58.00	05800	MRI	7,450,100	433,283	20,611	93,065	484,218	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,757,216	334,828	229,097	96,362	284,250	59.00
60.00	06000	LABORATORY	48,950,384	2,846,856	406,640	1,046,961	3,084,854	60.00
60.01	06001	LABORATORY - TRANSPLANT	1,876,796	109,151	25,850	3,972	32,696	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	17,689,338	1,028,777	308,520	209,077	425,440	63.00
65.00	06500	RESPIRATORY THERAPY	17,909,898	1,041,604	110,925	247,579	431,891	65.00
66.00	06600	PHYSICAL THERAPY	9,567,993	556,455	13,470	49,073	147,563	66.00
69.00	06900	ELECTROCARDIOLOGY	15,646,444	909,966	225,510	203,190	674,790	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,668,770	329,684	6,309	36,604	109,589	70.00
70.01	07001	BRACE AND PLASTER ROOM	246,711	14,348	3,621	11	1,961	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,530,443	2,357,170	0	206,365	534,023	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,068,225	2,562,920	0	320,183	805,465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	166,438,509	9,679,731	6,794,322	973,442	5,061,744	73.00
74.00	07400	RENAL DIALYSIS	5,593,298	325,295	25,868	73,605	122,265	74.00
76.97	07697	CARDIAC REHABILITATION	199,362	11,594	221	8	5,623	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,193,738	127,583	0	12,181	19,561	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	125,680,482	7,309,325	482,147	124,539	1,610,172	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			Subtotal	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	
			5A.01	5.02	5.03	5.04	5.05	
90.01	09001	TRANSPLANT CLINIC	5,182,908	301,428	13,377	200	8,029	90.01
90.02	09002	SILVER CROSS CLINIC	2,944,742	171,260	5,354	15	78,640	90.02
90.03	09003	ORLAND PARK CLINIC	6,437,479	374,391	19,453	988	302,592	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	5,968	347	91	0	13	90.04
91.00	09100	EMERGENCY	52,724,848	3,066,372	298,387	251,037	1,118,891	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0					92.00
95.00	09500	AMBULANCE SERVICES	1,242,565	72,265	2,142	11	35	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	454,856	26,454	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,131,132	356,574	231	23,061	37,285	105.00
106.00	10600	HEART ACQUISITION	2,920,555	169,854	320	12,540	20,137	106.00
107.00	10700	LIVER ACQUISITION	4,226,355	245,796	467	20,955	34,193	107.00
108.00	10800	LUNG ACQUISITION	1,833,429	106,629	5,740	8,715	13,995	108.00
109.00	10900	PANCREAS ACQUISITION	614,135	35,717	26	1,567	2,517	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,589,074,363	87,223,837	11,929,747	7,974,313	25,003,011	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,497	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	12,422,891	722,490	34,617	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	15,314,727	890,674	993	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	4,230,915	246,062	14,308	0	0	191.02
191.03	19103	RIVER EAST CLINIC	2,716,542	157,989	11,045	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	896,935	52,164	212	0	0	191.04
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)	1,624,658,870	89,293,216	11,990,922	7,974,313	25,003,011	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.05	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	190,571,816	190,571,816				5.06
7.00	00700	OPERATION OF PLANT	53,071,929	7,052,569	60,124,498			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,966,501	527,096	61,797	4,555,394		8.00
9.00	00900	HOUSEKEEPING	34,091,062	4,530,259	2,234,313	0	40,855,634	9.00
10.00	01000	DIETARY	15,134,939	2,011,237	740,659	0	523,274	10.00
11.00	01100	CAFETERIA	2,765,006	367,433	1,609,023	0	1,136,771	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	16,520,724	2,195,389	241,553	0	170,657	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,129,585	1,213,203	1,449,828	0	1,024,300	14.00
15.00	01500	PHARMACY	34,206,611	4,545,614	1,000,633	0	706,945	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,702,683	1,688,021	568,282	0	401,490	16.00
17.00	01700	SOCIAL SERVICE	1,212,952	161,186	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	406,064	53,961	65,627	0	46,366	18.01
18.02	01852	PATIENT TRANSPORT	7,864,304	1,045,064	569,239	0	402,166	18.02
18.03	01853	MEDICAL ELECTRONICS	2,977,143	395,624	517,132	0	365,352	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	75,726,522	10,063,070	1,033,418	0	730,108	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,609,635	479,674	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,570,582	208,710	53,009	0	37,451	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	167,716,158	22,287,297	19,577,884	3,280,064	13,831,735	30.00
31.00	03100	INTENSIVE CARE UNIT	47,748,405	6,345,142	4,240,254	473,307	2,995,731	31.00
32.00	03200	CORONARY CARE UNIT	17,950,493	2,385,387	1,371,244	240,631	968,781	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,463,253	593,108	440,801	53,943	311,425	33.00
35.00	02080	NURSERY ICU	24,662,480	3,277,323	1,101,355	327,611	778,105	35.00
43.00	04300	NURSERY	8,124,018	1,079,576	479,896	179,838	339,045	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	73,528,763	9,771,017	3,273,083	0	2,312,426	50.00
51.00	05100	RECOVERY ROOM	21,458,221	2,851,519	1,647,723	0	1,164,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,978,541	1,724,679	931,907	0	658,391	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	318,701	42,351	230,794	0	163,055	52.01
53.00	05300	ANESTHESIOLOGY	10,609,945	1,409,924	257,101	0	181,641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,831,964	4,230,054	2,774,203	0	1,959,968	54.00
54.01	03630	ULTRA SOUND	1,934,961	257,131	48,784	0	34,466	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	15,850,414	2,106,314	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9,930,093	1,319,580	328,869	0	232,345	56.00
57.00	05700	CT SCAN	8,750,568	1,162,837	148,492	0	104,909	57.00
58.00	05800	MRI	8,481,277	1,127,051	2,929	0	2,070	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,701,753	890,576	288,197	0	203,610	59.00
60.00	06000	LABORATORY	56,335,695	7,486,282	3,005,729	0	2,123,541	60.00
60.01	06001	LABORATORY - TRANSPLANT	2,048,465	272,214	90,752	0	64,116	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	19,661,152	2,612,712	292,647	0	206,754	63.00
65.00	06500	RESPIRATORY THERAPY	19,741,897	2,623,441	169,166	0	119,516	65.00
66.00	06600	PHYSICAL THERAPY	10,334,554	1,373,328	653,569	0	461,745	66.00
69.00	06900	ELECTROCARDIOLOGY	17,659,900	2,346,771	309,434	0	218,614	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,150,956	817,382	226,794	0	160,230	70.00
70.01	07001	BRACE AND PLASTER ROOM	266,652	35,435	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	43,628,001	5,797,594	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,756,793	6,346,257	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	188,947,748	25,109,323	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,140,331	815,970	191,136	0	135,037	74.00
76.97	07697	CARDIAC REHABILITATION	216,808	28,811	9,464	0	6,686	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,353,063	312,691	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	135,206,665	17,967,208	4,288,137	0	3,029,560	90.00
90.01	09001	TRANSPLANT CLINIC	5,505,942	731,668	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.05	5.06	7.00	8.00	9.00	
90.02	09002	SILVER CROSS CLINIC	3,200,011	425,240	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	7,134,903	948,136	0	0	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	6,419	853	0	0	0	90.04
91.00	09100	EMERGENCY	57,459,535	7,635,625	2,827,888	0	1,997,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0					92.00
95.00	09500	AMBULANCE SERVICES	1,317,018	175,015	41,573	0	29,371	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	481,310	63,960	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,548,283	870,182	140,718	0	99,417	105.00
106.00	10600	HEART ACQUISITION	3,123,406	415,060	31,152	0	22,009	106.00
107.00	10700	LIVER ACQUISITION	4,527,766	601,681	61,233	0	43,261	107.00
108.00	10800	LUNG ACQUISITION	1,968,508	261,589	17,181	0	12,139	108.00
109.00	10900	PANCREAS ACQUISITION	653,962	86,903	26,533	0	18,745	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,586,943,809	185,560,307	59,671,135	4,555,394	40,535,334	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,497	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	13,179,998	1,751,450	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	16,206,394	2,153,619	453,363	0	320,300	191.01
191.02	19102	SOUTH LOOP CLINIC	4,491,285	596,833	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	2,885,576	383,456	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	949,311	126,151	0	0	0	191.04
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)	1,624,658,870	190,571,816	60,124,498	4,555,394	40,855,634	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	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
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	18,410,109					10.00
11.00	01100	CAFETERIA	0	5,878,233				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	117,100	0	19,245,423		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	59,573	0	0	12,876,489	14.00
15.00	01500	PHARMACY	0	275,878	0	16,824	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	58,466	0	0	1,500	16.00
17.00	01700	SOCIAL SERVICE	0	6,441	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	2,878	0	0	103	18.01
18.02	01852	PATIENT TRANSPORT	0	98,255	0	0	1,960	18.02
18.03	01853	MEDICAL ELECTRONICS	0	12,227	0	0	155	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	954,131	0	115	506	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	20,845	0	0	70	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,256,011	1,073,662	0	6,507,415	246,294	30.00
31.00	03100	INTENSIVE CARE UNIT	1,912,815	238,923	0	1,981,188	145,216	31.00
32.00	03200	CORONARY CARE UNIT	972,483	88,965	0	791,056	47,361	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	218,003	23,239	0	182,001	12,757	33.00
35.00	02080	NURSERY ICU	1,324,002	128,681	0	1,114,688	35,185	35.00
43.00	04300	NURSERY	726,795	23,591	0	179,966	3,591	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	224,092	0	1,146,773	1,830,363	50.00
51.00	05100	RECOVERY ROOM	0	112,461	0	990,098	37,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	46,296	0	340,482	39,377	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	19,138	0	139,229	0	52.01
53.00	05300	ANESTHESIOLOGY	0	58,921	0	301,283	69,168	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	133,512	0	94,655	238,176	54.00
54.01	03630	ULTRA SOUND	0	11,127	0	0	2,965	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	46,611	0	44,583	38,939	55.00
56.00	05600	RADIOISOTOPE	0	9,358	0	0	194,005	56.00
57.00	05700	CT SCAN	0	32,373	0	0	19,915	57.00
58.00	05800	MRI	0	30,789	0	0	22,549	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,228	0	88,589	250,635	59.00
60.00	06000	LABORATORY	0	254,301	0	0	444,869	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	6,698	0	0	28,280	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	38,501	0	62,557	337,525	63.00
65.00	06500	RESPIRATORY THERAPY	0	84,142	0	18	121,353	65.00
66.00	06600	PHYSICAL THERAPY	0	77,376	0	19,239	14,736	66.00
69.00	06900	ELECTROCARDIOLOGY	0	83,807	0	173,367	246,710	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	45,576	0	29,961	6,902	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	2,612	0	0	3,962	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,432,903	73.00
74.00	07400	RENAL DIALYSIS	0	25,374	0	164,697	28,300	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,110	0	0	242	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	826,599	0	2,820,730	527,474	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.01	09001	TRANSPLANT CLINIC	0	31,512	0	119,779	14,634	90.01
90.02	09002	SILVER CROSS CLINIC	0	7,092	0	8,106	5,858	90.02
90.03	09003	ORLAND PARK CLINIC	0	30,674	0	64,068	21,282	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	100	90.04
91.00	09100	EMERGENCY	0	238,867	0	1,351,066	326,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	19,912	0	127,828	2,343	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	16,827	0	51,918	253	105.00
106.00	10600	HEART ACQUISITION	0	463	0	11,626	350	106.00
107.00	10700	LIVER ACQUISITION	0	4,862	0	23,296	510	107.00
108.00	10800	LUNG ACQUISITION	0	2,402	0	6,401	6,279	108.00
109.00	10900	PANCREAS ACQUISITION	0	1,866	0	5,758	28	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,410,109	5,727,334	0	18,959,360	12,809,563	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	59,102	0	139,344	37,872	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	70,282	0	101,466	1,086	191.01
191.02	19102	SOUTH LOOP CLINIC	0	20,836	0	45,253	15,653	191.02
191.03	19103	RIVER EAST CLINIC	0	679	0	0	12,083	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	232	191.04
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)	18,410,109	5,878,233	0	19,245,423	12,876,489	202.00

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
					OCCUPATIONAL THERAPY	VOLUNTEERS	
		15.00	16.00	17.00	18.00	18.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	40,752,505				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,420,442			16.00
17.00	01700	SOCIAL SERVICE	0	0	1,380,579		17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	0	0	574,999	18.01
18.02	01852	PATIENT TRANSPORT	0	0	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	136	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	183,883	2,388,742	994,071	0	30.00
31.00	03100	INTENSIVE CARE UNIT	52,774	930,293	143,443	0	31.00
32.00	03200	CORONARY CARE UNIT	5,950	409,836	72,927	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,526	70,690	16,348	0	33.00
35.00	02080	NURSERY ICU	9,606	539,976	99,287	0	35.00
43.00	04300	NURSERY	8,766	133,167	54,503	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	653,668	1,219,599	0	0	50.00
51.00	05100	RECOVERY ROOM	109,175	187,609	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,728	128,588	0	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	34,560	0	0	52.01
53.00	05300	ANESTHESIOLOGY	1,401,406	483,199	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	422,720	354,652	0	0	54.00
54.01	03630	ULTRA SOUND	11,892	47,282	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,199,632	59,430	0	0	55.00
56.00	05600	RADIOISOTOPE	673,165	20,315	0	0	56.00
57.00	05700	CT SCAN	977,513	648,987	0	0	57.00
58.00	05800	MRI	1,095,330	179,939	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	283,091	186,314	0	0	59.00
60.00	06000	LABORATORY	16,083	2,024,277	0	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	7,681	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	107,346	404,247	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,046,493	478,689	0	0	65.00
66.00	06600	PHYSICAL THERAPY	896,105	94,881	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	29,685	392,864	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70,774	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	22	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	399,003	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	619,068	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,882,130	0	0	73.00
74.00	07400	RENAL DIALYSIS	671	142,313	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	15	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	23,552	0	0	77.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						OCCUPATIONAL THERAPY	VOLUNTEERS	
			15.00	16.00	17.00	18.00	18.01	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21,764,940	240,794	0	0	8,969	90.00
90.01	09001	TRANSPLANT CLINIC	32,281	387	0	0	14	90.01
90.02	09002	SILVER CROSS CLINIC	964	29	0	0	1	90.02
90.03	09003	ORLAND PARK CLINIC	763,954	1,910	0	0	71	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	124,652	485,376	0	0	18,079	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	20,398	21	0	0	1	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	883	44,588	0	0	1,661	105.00
106.00	10600	HEART ACQUISITION	6,804	24,246	0	0	903	106.00
107.00	10700	LIVER ACQUISITION	11,229	40,516	0	0	1,509	107.00
108.00	10800	LUNG ACQUISITION	3,395	16,851	0	0	628	108.00
109.00	10900	PANCREAS ACQUISITION	98	3,030	0	0	113	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,969,942	15,420,442	1,380,579	0	574,999	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	2,836,667	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	1,311,865	0	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	634,031	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	40,752,505	15,420,442	1,380,579	0	574,999	202.00

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Cost Center Description		OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		PATIENT TRANSPORT	MEDICAL ELECTRONICS			SERVICES-SALARY & FRINGES APPRV	
		18.02	18.03			19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OCCUPATIONAL THERAPY					18.00
18.01	01851	VOLUNTEERS					18.01
18.02	01852	PATIENT TRANSPORT	9,980,988				18.02
18.03	01853	MEDICAL ELECTRONICS	0	4,267,633			18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		88,508,006	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,547,620	662,334	0	17,644,873	30.00
31.00	03100	INTENSIVE CARE UNIT	602,032	257,371	0	3,496,955	31.00
32.00	03200	CORONARY CARE UNIT	265,222	113,384	0	2,614,522	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	45,746	19,557	0	283,639	33.00
35.00	02080	NURSERY ICU	349,442	149,388	0	2,722,935	35.00
43.00	04300	NURSERY	86,178	36,841	0	946,724	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	789,255	337,410	0	15,835,886	50.00
51.00	05100	RECOVERY ROOM	121,410	51,903	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,215	35,575	0	2,125,402	52.00
52.01	05201	L & D TRIAGE/ANTEPARTEM CARE	22,365	9,561	0	0	52.01
53.00	05300	ANESTHESIOLOGY	312,699	133,680	0	7,910,379	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	229,510	98,117	0	4,001,202	54.00
54.01	03630	ULTRA SOUND	30,598	13,081	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	38,460	16,442	0	4,521,838	55.00
56.00	05600	RADIOISOTOPE	13,147	5,620	0	0	56.00
57.00	05700	CT SCAN	419,987	179,546	0	358,016	57.00
58.00	05800	MRI	116,446	49,781	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	120,572	51,545	0	0	59.00
60.00	06000	LABORATORY	1,309,996	560,029	0	2,827,567	60.00
60.01	06001	LABORATORY - TRANSPLANT	4,970	2,125	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	261,605	111,837	0	1,013,537	63.00
65.00	06500	RESPIRATORY THERAPY	309,780	132,432	0	0	65.00
66.00	06600	PHYSICAL THERAPY	61,401	26,249	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	254,239	108,688	0	2,890,598	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,801	19,580	0	3,499,476	70.00
70.01	07001	BRACE AND PLASTER ROOM	14	6	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	258,211	110,387	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	400,625	171,269	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,218,006	520,703	0	0	73.00
74.00	07400	RENAL DIALYSIS	92,097	39,372	0	906,385	74.00
76.97	07697	CARDIAC REHABILITATION	10	4	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	15,242	6,516	0	0	77.00

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Cost Center Description			OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
			PATIENT TRANSPORT	MEDICAL ELECTRONICS			SERVICES-SALA RY & FRINGES APPRV	
							18.02	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	155,828	66,617	0	0	9,293,278	90.00
90.01	09001	TRANSPLANT CLINIC	251	107	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	19	8	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	1,236	528	0	0	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	314,107	134,282	0	0	5,614,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	14	6	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	28,855	12,335	0	0	0	105.00
106.00	10600	HEART ACQUISITION	15,691	6,708	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	26,220	11,209	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	10,905	4,662	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,961	838	0	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,980,988	4,267,633	0	0	88,508,006	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,980,988	4,267,633	0	0	88,508,006	202.00

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHE R 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
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OCCUPATIONAL THERAPY						18.00
18.01	01851	VOLUNTEERS						18.01
18.02	01852	PATIENT TRANSPORT						18.02
18.03	01853	MEDICAL ELECTRONICS						18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,089,309					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY		1,890,667				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	815,242	0	272,102,884	-18,460,115	253,642,769	30.00
31.00	03100	INTENSIVE CARE UNIT	161,569	0	71,760,069	-3,658,524	68,101,545	31.00
32.00	03200	CORONARY CARE UNIT	120,798	0	28,434,305	-2,735,320	25,698,985	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,105	0	6,754,774	-296,744	6,458,030	33.00
35.00	02080	NURSERY ICU	125,807	0	36,765,984	-2,848,742	33,917,242	35.00
43.00	04300	NURSERY	43,741	0	12,451,196	-990,465	11,460,731	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	731,661	0	111,699,423	-16,567,547	95,131,876	50.00
51.00	05100	RECOVERY ROOM	0	0	28,738,661	0	28,738,661	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,199	0	19,246,170	-2,223,601	17,022,569	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	0	981,041	0	981,041	52.01
53.00	05300	ANESTHESIOLOGY	365,481	0	23,512,825	-8,275,860	15,236,965	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	184,866	0	46,566,809	-4,186,068	42,380,741	54.00
54.01	03630	ULTRA SOUND	0	0	2,394,048	0	2,394,048	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	208,921	0	26,133,798	-4,730,759	21,403,039	55.00
56.00	05600	RADIOISOTOPE	0	0	12,727,254	0	12,727,254	56.00
57.00	05700	CT SCAN	16,541	0	12,843,857	-374,557	12,469,300	57.00
58.00	05800	MRI	0	0	11,114,863	0	11,114,863	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	9,090,050	0	9,090,050	59.00
60.00	06000	LABORATORY	130,641	0	76,594,410	-2,958,208	73,636,202	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	2,525,587	0	2,525,587	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	46,828	0	25,172,305	-1,060,365	24,111,940	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	26,844,757	0	26,844,757	65.00
66.00	06600	PHYSICAL THERAPY	0	0	14,016,717	0	14,016,717	66.00
69.00	06900	ELECTROCARDIOLOGY	133,553	0	24,862,863	-3,024,151	21,838,712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	161,685	0	11,237,753	-3,661,161	7,576,592	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	308,704	0	308,704	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	50,208,058	0	50,208,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	55,317,071	0	55,317,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,890,667	227,071,585	0	227,071,585	73.00
74.00	07400	RENAL DIALYSIS	41,877	0	8,728,861	-948,262	7,780,599	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	264,151	0	264,151	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHE R PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	2,711,941	0	2,711,941	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	429,375	0	196,626,174	-9,722,653	186,903,521	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	6,436,575	0	6,436,575	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	3,647,328	0	3,647,328	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	8,966,762	0	8,966,762	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	7,372	0	7,372	90.04
91.00	09100	EMERGENCY	259,419	0	78,788,026	-5,874,213	72,913,813	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	1,733,500	0	1,733,500	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	545,270	0	545,270	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	7,815,920	0	7,815,920	105.00
106.00	10600	HEART ACQUISITION	0	0	3,658,418	0	3,658,418	106.00
107.00	10700	LIVER ACQUISITION	0	0	5,353,292	0	5,353,292	107.00
108.00	10800	LUNG ACQUISITION	0	0	2,310,940	0	2,310,940	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	799,835	0	799,835	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,089,309	1,890,667	1,575,872,186	-92,597,315	1,483,274,871	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	2,497	0	2,497	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	18,004,433	0	18,004,433	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	0	19,306,510	0	19,306,510	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	6,481,725	0	6,481,725	191.02
191.03	19103	RIVER EAST CLINIC	0	0	3,915,825	0	3,915,825	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	1,075,694	0	1,075,694	191.04
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)	4,089,309	1,890,667	1,624,658,870	-92,597,315	1,532,061,555	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL		SOUTH LOOP CAPITAL
			0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	575,949	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	43,940	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	2,278,031	23,658	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	631,622	0	0	0	5.03
5.04	00570	ADMITTING	0	185,890	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	211,794	0	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	1,903,571	45,119	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	588,901	8,672	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	38,195	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	1,380,962	109,939	0	0	9.00
10.00	01000	DIETARY	0	457,779	0	0	0	10.00
11.00	01100	CAFETERIA	0	994,489	210,147	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	149,297	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	896,095	110,099	0	0	14.00
15.00	01500	PHARMACY	0	618,461	99,329	27,706	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	351,238	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	40,562	0	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	351,830	10,950	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	319,624	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	638,725	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	32,763	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	12,100,499	16,105	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,620,774	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	847,525	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	272,446	0	0	0	33.00
35.00	02080	NURSERY ICU	0	680,715	0	0	0	35.00
43.00	04300	NURSERY	0	296,609	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,022,994	300,783	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,018,408	90,417	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	575,984	0	0	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	142,647	0	0	0	52.01
53.00	05300	ANESTHESIOLOGY	0	158,907	19,802	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,714,651	543,940	0	0	54.00
54.01	03630	ULTRA SOUND	0	30,152	13,348	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	415,338	0	0	55.00
56.00	05600	RADIOISOTOPE	0	203,264	1,738	0	0	56.00
57.00	05700	CT SCAN	0	91,779	0	0	0	57.00
58.00	05800	MRI	0	1,811	86,960	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	178,126	0	0	0	59.00
60.00	06000	LABORATORY	0	1,857,751	62,443	0	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	56,091	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	180,876	22,299	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	104,557	53,611	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	403,951	18,323	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	191,252	57,107	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	140,175	71,574	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	12,708	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	118,135	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	5,849	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
				1.00	1.01	1.02	1.03	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,650,369	3,660,992	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	35,328	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	629,941	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	1,747,832	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	25,695	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	86,974	93,974	0	0	105.00
106.00	10600	HEART ACQUISITION	0	19,254	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	37,846	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	10,619	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	16,399	0	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	43,300,634	6,194,703	657,647	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	720,331	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	280,210	18,763	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	327,578	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	0	43,580,844	6,213,466	1,377,978	327,578	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			RIVER EAST CAPITAL	MVBLE EQUIP				
			1.04	2.00	2A	4.00	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	185,015	760,964	760,964		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	43,940	1,975	45,915	5.01
5.02	00550	DATA PROCESSING	0	19,580,340	21,882,029	29,970	304	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	219,475	851,097	7,622	304	5.03
5.04	00570	ADMITTING	0	45,490	231,380	5,992	304	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,873	215,667	6,573	304	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	5,085,631	7,034,321	81,953	30,411	5.06
7.00	00700	OPERATION OF PLANT	0	358,566	956,139	16,267	304	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,801	61,996	0	304	8.00
9.00	00900	HOUSEKEEPING	0	265,867	1,756,768	19,197	304	9.00
10.00	01000	DIETARY	0	20,502	478,281	7,585	304	10.00
11.00	01100	CAFETERIA	0	336,418	1,541,054	738	304	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	478,705	628,002	12,428	304	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	188,847	1,195,041	3,323	304	14.00
15.00	01500	PHARMACY	0	1,030,390	1,775,886	23,340	304	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,602	357,840	5,399	304	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	430	304	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	2,847	43,409	206	304	18.01
18.02	01852	PATIENT TRANSPORT	0	133,866	496,646	4,711	304	18.02
18.03	01853	MEDICAL ELECTRONICS	0	63,715	383,339	1,105	304	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	156,125	794,850	45,090	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	14,692	304	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	32,763	1,178	304	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,576,896	13,693,500	111,375	304	30.00
31.00	03100	INTENSIVE CARE UNIT	0	403,598	3,024,372	29,351	304	31.00
32.00	03200	CORONARY CARE UNIT	0	51,124	898,649	11,652	304	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	19,594	292,040	2,815	304	33.00
35.00	02080	NURSERY ICU	0	591,318	1,272,033	17,077	304	35.00
43.00	04300	NURSERY	0	76,053	372,662	5,698	304	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,289,202	8,612,979	35,029	608	50.00
51.00	05100	RECOVERY ROOM	0	125,443	1,234,268	14,143	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	77,977	653,961	8,132	304	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	8,626	151,273	77	0	52.01
53.00	05300	ANESTHESIOLOGY	0	837,582	1,016,291	10,297	304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,345,394	5,603,985	13,806	304	54.00
54.01	03630	ULTRA SOUND	0	278,555	322,055	1,152	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,256,633	1,671,971	8,654	304	55.00
56.00	05600	RADIOISOTOPE	0	377,009	582,011	1,085	0	56.00
57.00	05700	CT SCAN	0	1,288,330	1,380,109	3,579	304	57.00
58.00	05800	MRI	0	2,279,547	2,368,318	3,276	304	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	665,781	843,907	2,391	304	59.00
60.00	06000	LABORATORY	0	1,294,150	3,214,344	21,770	304	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	68,971	125,062	590	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	137,975	341,150	3,910	304	63.00
65.00	06500	RESPIRATORY THERAPY	0	524,525	682,693	7,757	304	65.00
66.00	06600	PHYSICAL THERAPY	0	49,779	472,053	7,107	304	66.00
69.00	06900	ELECTROCARDIOLOGY	0	739,074	987,433	8,282	304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	289,582	501,331	4,012	304	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	12,708	164	304	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	416,946	535,081	3,492	304	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,256	7,105	153	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
			RIVER EAST CAPITAL	MVBLE EQUIP					
			1.04	2.00					
			1.04	2.00	2A	4.00	5.01		
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,384,902	9,696,263	77,417	304	90.00	
90.01	09001	TRANSPLANT CLINIC	0	33,839	69,167	3,404	304	90.01	
90.02	09002	SILVER CROSS CLINIC	0	131,991	131,991	2,897	0	90.02	
90.03	09003	ORLAND PARK CLINIC	0	1,809,733	2,439,674	2,741	0	90.03	
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0	998,776	2,746,608	24,969	304	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	26,429	52,124	2,516	304	95.00	
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	393	0	100.00	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	13,318	194,266	2,024	304	105.00	
106.00	10600	HEART ACQUISITION	0	3,621	22,875	338	304	106.00	
107.00	10700	LIVER ACQUISITION	0	7,117	44,963	1,090	304	107.00	
108.00	10800	LUNG ACQUISITION	0	1,994	12,613	502	304	108.00	
109.00	10900	PANCREAS ACQUISITION	0	3,085	19,484	282	304	109.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	57,671,800	107,824,784	745,173	45,915	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01	19001	ORLAND PARK PHYSICIAN	0	662,378	1,382,709	4,867	0	190.01	
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
191.01	19101	OTHER NONREIMBURSABLE	0	13,482	312,455	9,370	0	191.01	
191.02	19102	SOUTH LOOP CLINIC	0	386,593	714,171	1,527	0	191.02	
191.03	19103	RIVER EAST CLINIC	0	203,077	203,077	27	0	191.03	
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04	
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)	0	58,937,330	110,437,196	760,964	45,915	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	OTHER ADMIN & GENERAL	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	21,912,303					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	161,729	1,020,752				5.03
5.04	00570	ADMITTING	107,546	53	345,275			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	337,180	318	0	560,042		5.05
5.06	00590	OTHER ADMIN & GENERAL	2,569,958	0	0	0	9,716,643	5.06
7.00	00700	OPERATION OF PLANT	715,307	3,188	0	0	359,615	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	53,245	1,598	0	0	26,877	8.00
9.00	00900	HOUSEKEEPING	458,874	5,887	0	0	231,001	9.00
10.00	01000	DIETARY	203,798	2,122	0	0	102,554	10.00
11.00	01100	CAFETERIA	37,113	1,139	0	0	18,736	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	222,806	121	0	0	111,944	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	122,443	4,374	0	0	61,862	14.00
15.00	01500	PHARMACY	461,365	0	0	0	231,784	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	171,310	117	0	0	86,073	16.00
17.00	01700	SOCIAL SERVICE	16,360	0	0	0	8,219	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	5,476	8	0	0	2,751	18.01
18.02	01852	PATIENT TRANSPORT	106,046	153	0	0	53,289	18.02
18.03	01853	MEDICAL ELECTRONICS	40,153	12	0	0	20,173	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,021,362	39	0	0	513,123	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	48,685	0	0	0	24,459	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	21,183	5	0	0	10,642	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,213,070	19,168	52,551	48,395	1,136,445	30.00
31.00	03100	INTENSIVE CARE UNIT	625,310	11,302	20,897	17,193	323,543	31.00
32.00	03200	CORONARY CARE UNIT	234,075	3,686	9,206	7,574	121,633	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	58,756	993	1,588	1,306	30,243	33.00
35.00	02080	NURSERY ICU	322,388	2,738	12,129	9,980	167,113	35.00
43.00	04300	NURSERY	107,108	279	2,991	2,461	55,048	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	937,973	142,453	27,395	37,418	498,231	50.00
51.00	05100	RECOVERY ROOM	284,163	2,914	4,214	5,752	145,401	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	172,193	3,065	2,888	2,431	87,943	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	3,439	0	776	1,021	2,160	52.01
53.00	05300	ANESTHESIOLOGY	128,886	5,383	10,854	16,488	71,893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	413,897	18,537	7,966	16,546	215,693	54.00
54.01	03630	ULTRA SOUND	24,556	231	1,062	1,939	13,111	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	206,083	3,031	1,335	11,230	107,402	55.00
56.00	05600	RADIOISOTOPE	129,282	15,099	456	3,493	67,286	56.00
57.00	05700	CT SCAN	95,493	1,550	14,578	29,298	59,294	57.00
58.00	05800	MRI	106,328	1,755	4,042	10,775	57,469	58.00
59.00	05900	CARDIAC CATHETERIZATION	82,167	19,506	4,185	6,325	45,411	59.00
60.00	06000	LABORATORY	698,620	34,623	45,470	68,646	381,731	60.00
60.01	06001	LABORATORY - TRANSPLANT	26,786	2,201	173	728	13,880	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	252,462	26,269	9,080	9,467	133,224	63.00
65.00	06500	RESPIRATORY THERAPY	255,610	9,445	10,752	9,611	133,771	65.00
66.00	06600	PHYSICAL THERAPY	136,554	1,147	2,131	3,284	70,027	66.00
69.00	06900	ELECTROCARDIOLOGY	223,306	19,201	8,825	15,016	119,663	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	80,905	537	1,590	2,439	41,679	70.00
70.01	07001	BRACE AND PLASTER ROOM	3,521	308	0	44	1,807	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	578,450	0	8,963	11,883	295,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	628,942	0	13,906	17,924	323,600	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,375,410	578,290	42,277	116,296	1,279,599	73.00
74.00	07400	RENAL DIALYSIS	79,828	2,203	3,197	2,721	41,607	74.00
76.97	07697	CARDIAC REHABILITATION	2,845	19	0	125	1,469	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	31,309	0	529	435	15,944	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,793,712	41,052	5,409	35,831	916,160	90.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	OTHER ADMIN & GENERAL	
			5.02	5.03	5.04	5.05	5.06	
90.01	09001	TRANSPLANT CLINIC	73,970	1,139	9	179	37,308	90.01
90.02	09002	SILVER CROSS CLINIC	42,027	456	1	1,750	21,683	90.02
90.03	09003	ORLAND PARK CLINIC	91,876	1,656	43	6,733	48,346	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	85	8	0	0	43	90.04
91.00	09100	EMERGENCY	752,489	25,406	10,903	24,898	389,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	17,734	182	0	1	8,924	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	6,492	0	0	0	3,261	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	87,504	20	1,002	830	44,371	105.00
106.00	10600	HEART ACQUISITION	41,682	27	545	448	21,164	106.00
107.00	10700	LIVER ACQUISITION	60,319	40	910	761	30,680	107.00
108.00	10800	LUNG ACQUISITION	26,167	489	379	311	13,339	108.00
109.00	10900	PANCREAS ACQUISITION	8,765	2	68	56	4,431	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,404,476	1,015,544	345,275	560,042	9,461,101	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	177,300	2,947	0	0	89,308	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	218,572	85	0	0	109,815	191.01
191.02	19102	SOUTH LOOP CLINIC	60,384	1,218	0	0	30,433	191.02
191.03	19103	RIVER EAST CLINIC	38,770	940	0	0	19,553	191.03
191.04	19104	ADVOCATE JOINT VENTURE	12,801	18	0	0	6,433	191.04
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)	21,912,303	1,020,752	345,275	560,042	9,716,643	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT	2,050,820					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,108	146,128				8.00
9.00	00900	HOUSEKEEPING	76,211	0	2,548,242			9.00
10.00	01000	DIETARY	25,264	0	32,638	852,546		10.00
11.00	01100	CAFETERIA	54,883	0	70,903	0	1,724,870	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,239	0	10,644	0	34,361	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,453	0	63,887	0	17,481	14.00
15.00	01500	PHARMACY	34,131	0	44,093	0	80,952	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,384	0	25,042	0	17,156	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,890	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	2,239	0	2,892	0	844	18.01
18.02	01852	PATIENT TRANSPORT	19,416	0	25,084	0	28,831	18.02
18.03	01853	MEDICAL ELECTRONICS	17,639	0	22,788	0	3,588	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	35,249	0	45,538	0	279,974	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,808	0	2,336	0	6,117	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	667,792	105,218	862,710	613,867	315,046	30.00
31.00	03100	INTENSIVE CARE UNIT	144,633	15,183	186,849	88,580	70,108	31.00
32.00	03200	CORONARY CARE UNIT	46,773	7,719	60,425	45,034	26,105	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	15,036	1,730	19,424	10,095	6,819	33.00
35.00	02080	NURSERY ICU	37,567	10,509	48,532	61,313	37,759	35.00
43.00	04300	NURSERY	16,369	5,769	21,147	33,657	6,922	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,643	0	144,230	0	65,756	50.00
51.00	05100	RECOVERY ROOM	56,203	0	72,608	0	33,000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,787	0	41,065	0	13,585	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	7,872	0	10,170	0	5,616	52.01
53.00	05300	ANESTHESIOLOGY	8,770	0	11,329	0	17,290	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,627	0	122,247	0	39,177	54.00
54.01	03630	ULTRA SOUND	1,664	0	2,150	0	3,265	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	13,677	55.00
56.00	05600	RADIOISOTOPE	11,218	0	14,492	0	2,746	56.00
57.00	05700	CT SCAN	5,065	0	6,543	0	9,499	57.00
58.00	05800	MRI	100	0	129	0	9,035	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,830	0	12,700	0	5,349	59.00
60.00	06000	LABORATORY	102,524	0	132,449	0	74,621	60.00
60.01	06001	LABORATORY - TRANSPLANT	3,095	0	3,999	0	1,965	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	9,982	0	12,896	0	11,297	63.00
65.00	06500	RESPIRATORY THERAPY	5,770	0	7,454	0	24,690	65.00
66.00	06600	PHYSICAL THERAPY	22,293	0	28,800	0	22,705	66.00
69.00	06900	ELECTROCARDIOLOGY	10,555	0	13,635	0	24,592	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,736	0	9,994	0	13,373	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	0	766	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,520	0	8,423	0	7,446	74.00
76.97	07697	CARDIAC REHABILITATION	323	0	417	0	619	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	146,266	0	188,959	0	242,552	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	0	9,247	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	2,081	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	9,001	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	96,458	0	124,613	0	70,092	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	1,418	0	1,832	0	5,843	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,800	0	6,201	0	4,937	105.00
106.00	10600	HEART ACQUISITION	1,063	0	1,373	0	136	106.00
107.00	10700	LIVER ACQUISITION	2,089	0	2,698	0	1,427	107.00
108.00	10800	LUNG ACQUISITION	586	0	757	0	705	108.00
109.00	10900	PANCREAS ACQUISITION	905	0	1,169	0	548	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,035,356	146,128	2,528,264	852,546	1,680,591	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	17,343	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	15,464	0	19,978	0	20,623	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	6,114	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	199	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	2,050,820	146,128	2,548,242	852,546	1,724,870	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	1,028,849				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,518,168			14.00
15.00	01500	PHARMACY	0	899	0	2,652,754		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	177	0	682,802	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	0	12	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	0	231	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	18	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	6	60	9	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	8	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	347,884	29,042	11,970	104,767	30.00
31.00	03100	INTENSIVE CARE UNIT	0	105,913	17,123	3,435	41,264	31.00
32.00	03200	CORONARY CARE UNIT	0	42,289	5,585	387	18,179	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	9,730	1,504	295	3,136	33.00
35.00	02080	NURSERY ICU	0	59,591	4,149	625	23,951	35.00
43.00	04300	NURSERY	0	9,621	423	571	5,907	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	61,306	215,832	42,550	54,097	50.00
51.00	05100	RECOVERY ROOM	0	52,930	4,415	7,107	8,322	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,202	4,643	3,302	5,704	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	7,443	0	0	1,533	52.01
53.00	05300	ANESTHESIOLOGY	0	16,106	8,156	91,223	21,433	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,060	28,085	27,517	15,731	54.00
54.01	03630	ULTRA SOUND	0	0	350	774	2,097	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,383	4,592	208,277	2,636	55.00
56.00	05600	RADIOISOTOPE	0	0	22,877	43,819	901	56.00
57.00	05700	CT SCAN	0	0	2,348	63,630	28,786	57.00
58.00	05800	MRI	0	0	2,659	71,300	7,981	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,736	29,554	18,428	8,264	59.00
60.00	06000	LABORATORY	0	0	52,458	1,047	89,789	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	3,335	0	341	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	3,344	39,800	6,988	17,931	63.00
65.00	06500	RESPIRATORY THERAPY	0	1	14,310	198,309	21,233	65.00
66.00	06600	PHYSICAL THERAPY	0	1,028	1,738	58,331	4,209	66.00
69.00	06900	ELECTROCARDIOLOGY	0	9,268	29,091	1,932	17,426	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,602	814	0	3,139	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	467	0	1	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	17,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	27,459	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	876,274	0	83,484	73.00
74.00	07400	RENAL DIALYSIS	0	8,805	3,337	44	6,312	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	29	0	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,045	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	150,795	62,198	1,416,774	10,681	90.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
90.01	09001	TRANSPLANT CLINIC	0	6,403	1,726	2,101	17	90.01
90.02	09002	SILVER CROSS CLINIC	0	433	691	63	1	90.02
90.03	09003	ORLAND PARK CLINIC	0	3,425	2,510	49,729	85	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	12	0	0	90.04
91.00	09100	EMERGENCY	0	72,227	38,493	8,114	21,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	6,834	276	1,328	1	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	2,776	30	57	1,978	105.00
106.00	10600	HEART ACQUISITION	0	622	41	443	1,075	106.00
107.00	10700	LIVER ACQUISITION	0	1,245	60	731	1,797	107.00
108.00	10800	LUNG ACQUISITION	0	342	740	221	747	108.00
109.00	10900	PANCREAS ACQUISITION	0	308	3	6	134	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,013,557	1,510,276	2,341,437	682,802	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	7,449	4,466	184,650	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	5,424	128	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	2,419	1,846	85,395	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	1,425	41,272	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	27	0	0	191.04
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)	0	1,028,849	1,518,168	2,652,754	682,802	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER GENERAL SERVICE					
			SOCIAL SERVICE	OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS	
			17.00	18.00	18.01	18.02	18.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	27,203					17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0				18.00
18.01	01851	VOLUNTEERS	0	0	58,141			18.01
18.02	01852	PATIENT TRANSPORT	0	0	0	734,711		18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	0	489,119	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,588	0	9,973	112,213	74,120	30.00
31.00	03100	INTENSIVE CARE UNIT	2,826	0	3,439	44,438	29,625	31.00
32.00	03200	CORONARY CARE UNIT	1,437	0	1,515	19,577	13,051	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	322	0	261	3,377	2,251	33.00
35.00	02080	NURSERY ICU	1,956	0	1,996	25,794	17,196	35.00
43.00	04300	NURSERY	1,074	0	492	6,361	4,241	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	4,508	58,258	38,839	50.00
51.00	05100	RECOVERY ROOM	0	0	693	8,962	5,974	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	475	6,142	4,095	52.00
52.01	05201	L & D TRIAGE/ANTEPARTEM CARE	0	0	128	1,651	1,101	52.01
53.00	05300	ANESTHESIOLOGY	0	0	1,786	23,081	15,388	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,311	16,941	11,294	54.00
54.01	03630	ULTRA SOUND	0	0	175	2,259	1,506	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	220	2,839	1,893	55.00
56.00	05600	RADIOISOTOPE	0	0	75	970	647	56.00
57.00	05700	CT SCAN	0	0	2,399	31,001	20,667	57.00
58.00	05800	MRI	0	0	665	8,595	5,730	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	689	8,900	5,933	59.00
60.00	06000	LABORATORY	0	0	7,482	96,696	64,464	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	28	367	245	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	1,494	19,310	12,873	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,769	22,866	15,244	65.00
66.00	06600	PHYSICAL THERAPY	0	0	351	4,532	3,022	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,452	18,766	12,511	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	262	3,381	2,254	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	1	1	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,475	19,060	12,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,288	29,572	19,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,957	89,906	59,937	73.00
74.00	07400	RENAL DIALYSIS	0	0	526	6,798	4,532	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	87	1,125	750	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Part II
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	Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE					
				OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS		
			17.00	18.00	18.01	18.02	18.03		
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	890	11,502	7,668	90.00	
90.01	09001	TRANSPLANT CLINIC	0	0	1	18	12	90.01	
90.02	09002	SILVER CROSS CLINIC	0	0	0	1	1	90.02	
90.03	09003	ORLAND PARK CLINIC	0	0	7	91	61	90.03	
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0	0	1,794	23,185	15,457	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	1	1	95.00	
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	165	2,130	1,420	105.00	
106.00	10600	HEART ACQUISITION	0	0	90	1,158	772	106.00	
107.00	10700	LIVER ACQUISITION	0	0	150	1,935	1,290	107.00	
108.00	10800	LUNG ACQUISITION	0	0	62	805	537	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	11	145	96	109.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,203	0	58,141	734,711	489,119	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01	
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01	
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02	
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03	
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04	
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)	27,203	0	58,141	734,711	489,119	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY		
				SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV			
				19.00	20.00			21.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	DCAM CAPITAL					1.01	
1.02	00102	ORLAND PARK CAPITAL					1.02	
1.03	00103	SOUTH LOOP CAPITAL					1.03	
1.04	00104	RIVER EAST CAPITAL					1.04	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMIN & GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
12.00	01200	MAINTENANCE OF PERSONNEL					12.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00	
17.00	01700	SOCIAL SERVICE					17.00	
18.00	01850	OCCUPATIONAL THERAPY					18.00	
18.01	01851	VOLUNTEERS					18.01	
18.02	01852	PATIENT TRANSPORT					18.02	
18.03	01853	MEDICAL ELECTRONICS					18.03	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00	
20.00	02000	NURSING SCHOOL		0			20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			2,735,300		21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				88,140	22.00	
23.00	02300	PARAMED ED PRGM-PHARMACY					76,344	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					30.00	
31.00	03100	INTENSIVE CARE UNIT					31.00	
32.00	03200	CORONARY CARE UNIT					32.00	
33.00	03300	BURN INTENSIVE CARE UNIT					33.00	
35.00	02080	NURSERY ICU					35.00	
43.00	04300	NURSERY					43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					50.00	
51.00	05100	RECOVERY ROOM					51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00	
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE					52.01	
53.00	05300	ANESTHESIOLOGY					53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00	
54.01	03630	ULTRA SOUND					54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00	
56.00	05600	RADIOISOTOPE					56.00	
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	LABORATORY - TRANSPLANT					60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.					63.00	
65.00	06500	RESPIRATORY THERAPY					65.00	
66.00	06600	PHYSICAL THERAPY					66.00	
69.00	06900	ELECTROCARDIOLOGY					69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00	
70.01	07001	BRACE AND PLASTER ROOM					70.01	
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	
74.00	07400	RENAL DIALYSIS					74.00	
76.97	07697	CARDIAC REHABILITATION					76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98	
76.99	07699	LITHOTRIPSY					76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION					77.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	
					SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV		
					19.00	20.00		
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC						90.00
90.01	09001	TRANSPLANT CLINIC						90.01
90.02	09002	SILVER CROSS CLINIC						90.02
90.03	09003	ORLAND PARK CLINIC						90.03
90.04	09004	RIVER EAST INFUSION THERAPY						90.04
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
99.10	09910	CORF						99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY						99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
111.00	11100	ISLET ACQUISITION						111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN						190.00
190.01	19001	ORLAND PARK PHYSICIAN						190.01
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER NONREIMBURSABLE						191.01
191.02	19102	SOUTH LOOP CLINIC						191.02
191.03	19103	RIVER EAST CLINIC						191.03
191.04	19104	ADVOCATE JOINT VENTURE						191.04
200.00		Cross Foot Adjustments	0	0	2,735,300	88,140	76,344	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	2,735,300	88,140	76,344	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	DCAM CAPITAL				1.01
1.02	00102	ORLAND PARK CAPITAL				1.02
1.03	00103	SOUTH LOOP CAPITAL				1.03
1.04	00104	RIVER EAST CAPITAL				1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OCCUPATIONAL THERAPY				18.00
18.01	01851	VOLUNTEERS				18.01
18.02	01852	PATIENT TRANSPORT				18.02
18.03	01853	MEDICAL ELECTRONICS				18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,548,998	0	20,548,998	30.00
31.00	03100	INTENSIVE CARE UNIT	4,805,688	0	4,805,688	31.00
32.00	03200	CORONARY CARE UNIT	1,574,855	0	1,574,855	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	462,025	0	462,025	33.00
35.00	02080	NURSERY ICU	2,134,700	0	2,134,700	35.00
43.00	04300	NURSERY	659,105	0	659,105	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,089,105	0	11,089,105	50.00
51.00	05100	RECOVERY ROOM	1,941,069	0	1,941,069	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,059,917	0	1,059,917	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	194,260	0	194,260	52.01
53.00	05300	ANESTHESIOLOGY	1,474,958	0	1,474,958	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,652,724	0	6,652,724	54.00
54.01	03630	ULTRA SOUND	378,346	0	378,346	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,246,527	0	2,246,527	55.00
56.00	05600	RADIOISOTOPE	896,457	0	896,457	56.00
57.00	05700	CT SCAN	1,754,143	0	1,754,143	57.00
58.00	05800	MRI	2,658,461	0	2,658,461	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,108,579	0	1,108,579	59.00
60.00	06000	LABORATORY	5,087,038	0	5,087,038	60.00
60.01	06001	LABORATORY - TRANSPLANT	182,795	0	182,795	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	911,781	0	911,781	63.00
65.00	06500	RESPIRATORY THERAPY	1,421,589	0	1,421,589	65.00
66.00	06600	PHYSICAL THERAPY	839,616	0	839,616	66.00
69.00	06900	ELECTROCARDIOLOGY	1,521,258	0	1,521,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	675,352	0	675,352	70.00
70.01	07001	BRACE AND PLASTER ROOM	20,092	0	20,092	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	945,858	0	945,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,063,405	0	1,063,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,508,430	0	5,508,430	73.00
74.00	07400	RENAL DIALYSIS	721,176	0	721,176	74.00
76.97	07697	CARDIAC REHABILITATION	13,106	0	13,106	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	51,224	0	51,224	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	14,804,433	0	14,804,433	90.00
90.01	09001	TRANSPLANT CLINIC	205,005	0	205,005	90.01
90.02	09002	SILVER CROSS CLINIC	204,076	0	204,076	90.02
90.03	09003	ORLAND PARK CLINIC	2,655,978	0	2,655,978	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	148	0	148	90.04
91.00	09100	EMERGENCY	4,446,885	0	4,446,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	99,319	0	99,319	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	10,146	0	10,146	100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	354,815	0	354,815	105.00
106.00	10600	HEART ACQUISITION	94,156	0	94,156	106.00
107.00	10700	LIVER ACQUISITION	152,489	0	152,489	107.00
108.00	10800	LUNG ACQUISITION	59,606	0	59,606	108.00
109.00	10900	PANCREAS ACQUISITION	36,717	0	36,717	109.00
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)	103,726,410	0	103,726,410	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	1,871,039	0	1,871,039	190.01
191.00	19100	RESEARCH	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	711,914	0	711,914	191.01
191.02	19102	SOUTH LOOP CLINIC	903,507	0	903,507	191.02
191.03	19103	RIVER EAST CLINIC	305,263	0	305,263	191.03
191.04	19104	ADVOCATE JOINT VENTURE	19,279	0	19,279	191.04
200.00		Cross Foot Adjustments	2,899,784	0	2,899,784	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	110,437,196	0	110,437,196	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	DCAM CAPITAL (SQUARE FEET)	ORLAND PARK CAPITAL (SQUARE FEET)	SOUTH LOOP CAPITAL (SQUARE FEET)	Reconciliatio n	
		1.00	1.01	1.02	1.03	1A.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,251,698				1.00
1.01	00101	DCAM CAPITAL	0	310,959			1.01
1.02	00102	ORLAND PARK CAPITAL	0		44,911		1.02
1.03	00103	SOUTH LOOP CAPITAL	0	0	0	18,261	1.03
1.04	00104	RIVER EAST CAPITAL	0	0	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,542	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	1,262	0	0	0	5.01
5.02	00550	DATA PROCESSING	65,428	1,184	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	18,141	0	0	0	5.03
5.04	00570	ADMITTING	5,339	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,083	0	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	54,673	2,258	0	0	5.06
7.00	00700	OPERATION OF PLANT	16,914	434	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,097	0	0	0	8.00
9.00	00900	HOUSEKEEPING	39,663	5,502	0	0	9.00
10.00	01000	DIETARY	13,148	0	0	0	10.00
11.00	01100	CAFETERIA	28,563	10,517	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,288	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,737	5,510	0	0	14.00
15.00	01500	PHARMACY	17,763	4,971	903	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,088	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	1,165	0	0	0	18.01
18.02	01852	PATIENT TRANSPORT	10,105	548	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	9,180	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	18,345	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	941	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	347,542	806	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	75,272	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	24,342	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,825	0	0	0	33.00
35.00	02080	NURSERY ICU	19,551	0	0	0	35.00
43.00	04300	NURSERY	8,519	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	58,103	15,053	0	0	50.00
51.00	05100	RECOVERY ROOM	29,250	4,525	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,543	0	0	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTEM CARE	4,097	0	0	0	52.01
53.00	05300	ANESTHESIOLOGY	4,564	991	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,247	27,222	0	0	54.00
54.01	03630	ULTRA SOUND	866	668	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,786	0	0	55.00
56.00	05600	RADIOISOTOPE	5,838	87	0	0	56.00
57.00	05700	CT SCAN	2,636	0	0	0	57.00
58.00	05800	MRI	52	4,352	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,116	0	0	0	59.00
60.00	06000	LABORATORY	53,357	3,125	0	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	1,611	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	5,195	1,116	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,003	2,683	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,602	917	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	5,493	2,858	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,026	3,582	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	636	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,393	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	168	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DCAM CAPITAL (SQUARE FEET)	ORLAND PARK CAPITAL (SQUARE FEET)	SOUTH LOOP CAPITAL (SQUARE FEET)	Reconciliatio n	
			1.00	1.01	1.02	1.03	1A.04	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	76,122	183,218	0	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	1,768	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	20,531	0	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	50,200	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	738	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	2,498	4,703	0	0	0	105.00
106.00	10600	HEART ACQUISITION	553	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,087	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	305	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	471	0	0	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,243,650	310,020	21,434	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	23,477	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	8,048	939	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	18,261	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	43,580,844	6,213,466	1,377,978	327,578		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.817379	19.981625	30.682416	17.938667		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	Reconciliation	
			RIVER EAST CAPITAL (SQUARE FEET)	MOVBLE EQUIP (DOLLAR VALUE)				
			1.04	2.00	4.00	5.01	5A.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL	1,624,658,870					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		55,903,173				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	175,708,619	175,490	704,691,212			4.00
5.01	00540	NONPATIENT TELEPHONES	1,927,456	0	1,829,115	151		5.01
5.02	00550	DATA PROCESSING	62,770,521	18,572,318	27,750,225	1	-89,293,216	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	9,335,143	208,176	7,057,082	1	0	5.03
5.04	00570	ADMITTING	6,089,363	43,148	5,547,982	1	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	22,086,465	3,674	6,086,241	1	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	154,493,022	4,823,818	75,882,723	100	0	5.06
7.00	00700	OPERATION OF PLANT	45,985,840	340,107	15,061,617	1	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,691,170	22,576	0	1	0	8.00
9.00	00900	HOUSEKEEPING	27,433,735	252,180	17,774,691	1	0	9.00
10.00	01000	DIETARY	12,490,160	19,447	7,023,501	1	0	10.00
11.00	01100	CAFETERIA	2,077,590	319,099	683,490	1	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	12,244,639	454,061	11,507,211	1	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,606,722	179,125	3,076,507	1	0	14.00
15.00	01500	PHARMACY	25,886,184	977,345	21,611,036	1	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,733,085	6,262	4,998,929	1	0	16.00
17.00	01700	SOCIAL SERVICE	1,031,032	0	398,494	1	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	317,450	2,700	190,589	1	0	18.01
18.02	01852	PATIENT TRANSPORT	6,191,923	126,974	4,362,108	1	0	18.02
18.03	01853	MEDICAL ELECTRONICS	2,478,513	60,435	1,023,078	1	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	60,986,968	148,088	41,749,912	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	13,603,371	1	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,196,097	0	1,090,989	1	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	127,706,990	1,495,716	103,220,168	1	0	30.00
31.00	03100	INTENSIVE CARE UNIT	36,611,011	382,820	27,176,479	1	0	31.00
32.00	03200	CORONARY CARE UNIT	13,641,081	48,492	10,789,123	1	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,430,926	18,585	2,606,460	1	0	33.00
35.00	02080	NURSERY ICU	18,034,938	560,876	15,812,270	1	0	35.00
43.00	04300	NURSERY	6,096,163	72,138	5,275,531	1	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,304,635	5,965,428	32,434,519	2	0	50.00
51.00	05100	RECOVERY ROOM	16,516,312	118,985	13,095,761	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,092,033	73,963	7,529,176	1	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	214,520	8,182	71,299	0	0	52.01
53.00	05300	ANESTHESIOLOGY	5,797,546	794,463	9,534,132	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,448,692	3,173,170	12,783,407	1	0	54.00
54.01	03630	ULTRA SOUND	1,175,777	264,215	1,066,732	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	11,167,243	1,191,940	8,012,640	1	0	55.00
56.00	05600	RADIOISOTOPE	8,430,615	357,600	1,004,928	0	0	56.00
57.00	05700	CT SCAN	4,559,761	1,222,006	3,313,581	1	0	57.00
58.00	05800	MRI	4,397,572	2,162,194	3,033,579	1	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,522,964	631,506	2,214,241	1	0	59.00
60.00	06000	LABORATORY	42,609,031	1,227,526	20,157,591	1	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	1,671,418	65,420	546,493	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	16,631,832	130,872	3,620,708	1	0	63.00
65.00	06500	RESPIRATORY THERAPY	15,576,714	497,522	7,182,862	1	0	65.00
66.00	06600	PHYSICAL THERAPY	7,859,886	47,216	6,580,585	1	0	66.00
69.00	06900	ELECTROCARDIOLOGY	12,977,422	701,026	7,668,789	1	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,436,233	274,674	3,714,552	1	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	192,952	0	152,126	1	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,530,443	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,068,176	0	197	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	166,438,509	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,353,506	395,481	3,233,353	1	0	74.00
76.97	07697	CARDIAC REHABILITATION	162,791	1,191	141,486	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	Reconciliation	
			RIVER EAST CAPITAL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.04	2.00	4.00	5.01	5A.02	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,193,738	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	104,387,654	3,210,644	71,682,097	1	0	90.00
90.01	09001	TRANSPLANT CLINIC	4,346,635	32,097	3,151,575	1	0	90.01
90.02	09002	SILVER CROSS CLINIC	2,143,268	125,196	2,682,182	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	3,994,158	1,716,566	2,538,374	0	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	5,968	0	0	0	0	90.04
91.00	09100	EMERGENCY	45,939,692	947,358	23,118,989	1	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	618,833	25,068	2,329,752	1	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	364,000	0	364,000	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,634,273	12,632	1,873,981	1	0	105.00
106.00	10600	HEART ACQUISITION	2,823,044	3,435	312,902	1	0	106.00
107.00	10700	LIVER ACQUISITION	3,951,637	6,751	1,008,852	1	0	107.00
108.00	10800	LUNG ACQUISITION	1,699,513	1,891	465,271	1	0	108.00
109.00	10900	PANCREAS ACQUISITION	530,048	2,926	261,269	1	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,593,989,180	54,702,794	690,070,903	151	-89,293,216	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,497	0	0	0	-2,497	190.00
190.01	19001	ORLAND PARK PHYSICIAN	10,635,785	628,278	4,506,049	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	13,135,697	12,788	8,675,934	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	3,491,501	366,691	1,413,525	0	0	191.02
191.03	19103	RIVER EAST CLINIC	2,507,275	192,622	24,801	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	896,935	0	0	0	0	191.04
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	58,937,330	175,893,634	2,384,010		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.054275	0.249604	15,788.145695		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			760,964	45,915		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001080	304.072848		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (COSTED REQ UIS)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliatio n	
			5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	1,535,363,157					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	11,331,882	474,636,444				5.03
5.04	00570	ADMITTING	7,535,439	24,854	4,384,859,382			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	23,625,276	147,882		8,560,366,122		5.05
5.06	00590	OTHER ADMIN & GENERAL	180,098,106					5.06
7.00	00700	OPERATION OF PLANT	50,119,634	1,481,898			-190,571,816	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,730,759	742,960				8.00
9.00	00900	HOUSEKEEPING	32,152,024	2,736,837				9.00
10.00	01000	DIETARY	14,279,544	986,627				10.00
11.00	01100	CAFETERIA	2,600,398	529,376				11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	15,611,378	56,169				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,579,265	2,033,297				14.00
15.00	01500	PHARMACY	32,326,563					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,003,228	54,287				16.00
17.00	01700	SOCIAL SERVICE	1,146,286					17.00
18.00	01850	OCCUPATIONAL THERAPY						18.00
18.01	01851	VOLUNTEERS	383,657	3,734				18.01
18.02	01852	PATIENT TRANSPORT	7,430,377	70,906				18.02
18.03	01853	MEDICAL ELECTRONICS	2,813,380	5,618				18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	71,564,038	18,320				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,411,244					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,484,200	2,516				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	155,063,733	8,911,425	679,514,176	744,542,236		30.00
31.00	03100	INTENSIVE CARE UNIT	43,813,755	5,254,206	264,513,222	264,513,222		31.00
32.00	03200	CORONARY CARE UNIT	16,401,001	1,713,615	116,529,905	116,529,905		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,116,891	461,576	20,099,438	20,099,438		33.00
35.00	02080	NURSERY ICU	22,588,850	1,273,065	153,533,195	153,533,195		35.00
43.00	04300	NURSERY	7,504,798	129,922	37,863,788	37,863,788		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	65,721,199	66,226,327	346,772,666	575,657,548		50.00
51.00	05100	RECOVERY ROOM	19,910,509	1,354,707	53,343,509	88,497,307		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,065,110	1,424,742	36,561,857	37,401,362		52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	240,943		9,826,523	15,703,877		52.01
53.00	05300	ANESTHESIOLOGY	9,030,673	2,502,631	137,389,538	253,656,303		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,000,664	8,617,687	100,839,327	254,550,695		54.00
54.01	03630	ULTRA SOUND	1,720,593	107,262	13,443,758	29,831,615		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	14,439,651	1,408,900	16,897,865	172,766,733		55.00
56.00	05600	RADIOISOTOPE	9,058,458	7,019,490	5,776,296	53,739,626		56.00
57.00	05700	CT SCAN	6,690,962	720,562	184,528,611	450,739,966		57.00
58.00	05800	MRI	7,450,100	815,860	51,162,735	165,771,457		58.00
59.00	05900	CARDIAC CATHETERIZATION	5,757,216	9,068,492	52,975,196	97,312,681		59.00
60.00	06000	LABORATORY	48,950,384	16,096,285	575,569,288	1,056,095,202		60.00
60.01	06001	LABORATORY - TRANSPLANT	1,876,796	1,023,234	2,183,848	11,193,343		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	17,689,338	12,212,339	114,940,730	145,648,880		63.00
65.00	06500	RESPIRATORY THERAPY	17,909,898	4,390,801	136,107,331	147,857,307		65.00
66.00	06600	PHYSICAL THERAPY	9,567,993	533,174	26,977,764	50,517,911		66.00
69.00	06900	ELECTROCARDIOLOGY	15,646,444	8,926,483	111,704,177	231,013,309		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,668,770	249,718	20,123,385	37,517,632		70.00
70.01	07001	BRACE AND PLASTER ROOM	246,711	143,341	6,130	671,197		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,530,443		113,449,675	182,822,049		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,068,225		176,021,667	275,749,628		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	166,438,509	268,936,378	535,152,078	1,733,502,693		73.00
74.00	07400	RENAL DIALYSIS	5,593,298	1,023,966	40,464,444	41,857,297		74.00
76.97	07697	CARDIAC REHABILITATION	199,362	8,753	4,241	1,924,929		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,193,738		6,696,682	6,696,682		77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (COSTED REQ UIS)	ADMITTING (INPATIENT CHARGES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	125,680,482	19,085,105	68,465,787	551,239,948	0	90.00
90.01	09001	TRANSPLANT CLINIC	5,182,908	529,493	110,073	2,748,742	0	90.01
90.02	09002	SILVER CROSS CLINIC	2,944,742	211,940	8,256	26,922,169	0	90.02
90.03	09003	ORLAND PARK CLINIC	6,437,479	770,036	543,048	103,592,049	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	5,968	3,615	0	4,431	0	90.04
91.00	09100	EMERGENCY	52,724,848	11,811,223	138,008,391	383,050,698	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,242,565	84,779	6,024	11,998	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	454,856	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,131,132	9,143	12,677,789	12,764,335	0	105.00
106.00	10600	HEART ACQUISITION	2,920,555	12,681	6,894,006	6,894,006	0	106.00
107.00	10700	LIVER ACQUISITION	4,226,355	18,466	11,520,157	11,705,927	0	107.00
108.00	10800	LUNG ACQUISITION	1,833,429	227,197	4,791,209	4,791,209	0	108.00
109.00	10900	PANCREAS ACQUISITION	614,135	1,014	861,597	861,597	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,499,781,147	472,214,914	4,384,859,382	8,560,366,122	-190,571,816	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	-2,497	190.00
190.01	19001	ORLAND PARK PHYSICIAN	12,422,891	1,370,278	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	15,314,727	39,293	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	4,230,915	566,376	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	2,716,542	437,193	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	896,935	8,390	0	0	0	191.04
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)	89,293,216	11,990,922	7,974,313	25,003,011		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.058158	0.025263	0.001819	0.002921		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	21,912,303	1,020,752	345,275	560,042		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.014272	0.002151	0.000079	0.000065		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description		OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL	1,434,084,557				5.06
7.00	00700	OPERATION OF PLANT	53,071,929	1,067,316			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,966,501	1,097	206,140		8.00
9.00	00900	HOUSEKEEPING	34,091,062	39,663	0	1,026,556	9.00
10.00	01000	DIETARY	15,134,939	13,148	0	13,148	206,140 10.00
11.00	01100	CAFETERIA	2,765,006	28,563	0	28,563	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	16,520,724	4,288	0	4,288	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,129,585	25,737	0	25,737	0 14.00
15.00	01500	PHARMACY	34,206,611	17,763	0	17,763	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,702,683	10,088	0	10,088	0 16.00
17.00	01700	SOCIAL SERVICE	1,212,952	0	0	0	0 17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0 18.00
18.01	01851	VOLUNTEERS	406,064	1,165	0	1,165	0 18.01
18.02	01852	PATIENT TRANSPORT	7,864,304	10,105	0	10,105	0 18.02
18.03	01853	MEDICAL ELECTRONICS	2,977,143	9,180	0	9,180	0 18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	75,726,522	18,345	0	18,345	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,609,635	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,570,582	941	0	941	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	167,716,158	347,542	148,429	347,542	148,429 30.00
31.00	03100	INTENSIVE CARE UNIT	47,748,405	75,272	21,418	75,272	21,418 31.00
32.00	03200	CORONARY CARE UNIT	17,950,493	24,342	10,889	24,342	10,889 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,463,253	7,825	2,441	7,825	2,441 33.00
35.00	02080	NURSERY ICU	24,662,480	19,551	14,825	19,551	14,825 35.00
43.00	04300	NURSERY	8,124,018	8,519	8,138	8,519	8,138 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	73,528,763	58,103	0	58,103	0 50.00
51.00	05100	RECOVERY ROOM	21,458,221	29,250	0	29,250	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,978,541	16,543	0	16,543	0 52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	318,701	4,097	0	4,097	0 52.01
53.00	05300	ANESTHESIOLOGY	10,609,945	4,564	0	4,564	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,831,964	49,247	0	49,247	0 54.00
54.01	03630	ULTRA SOUND	1,934,961	866	0	866	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	15,850,414	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	9,930,093	5,838	0	5,838	0 56.00
57.00	05700	CT SCAN	8,750,568	2,636	0	2,636	0 57.00
58.00	05800	MRI	8,481,277	52	0	52	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	6,701,753	5,116	0	5,116	0 59.00
60.00	06000	LABORATORY	56,335,695	53,357	0	53,357	0 60.00
60.01	06001	LABORATORY - TRANSPLANT	2,048,465	1,611	0	1,611	0 60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	19,661,152	5,195	0	5,195	0 63.00
65.00	06500	RESPIRATORY THERAPY	19,741,897	3,003	0	3,003	0 65.00
66.00	06600	PHYSICAL THERAPY	10,334,554	11,602	0	11,602	0 66.00
69.00	06900	ELECTROCARDIOLOGY	17,659,900	5,493	0	5,493	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,150,956	4,026	0	4,026	0 70.00
70.01	07001	BRACE AND PLASTER ROOM	266,652	0	0	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	43,628,001	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,756,793	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	188,947,748	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	6,140,331	3,393	0	3,393	0 74.00
76.97	07697	CARDIAC REHABILITATION	216,808	168	0	168	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,353,063	0	0	0	0 77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description		OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		5.06	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	135,206,665	76,122	0	76,122	0	90.00
90.01	09001 TRANSPLANT CLINIC	5,505,942	0	0	0	0	90.01
90.02	09002 SILVER CROSS CLINIC	3,200,011	0	0	0	0	90.02
90.03	09003 ORLAND PARK CLINIC	7,134,903	0	0	0	0	90.03
90.04	09004 RIVER EAST INFUSION THERAPY	6,419	0	0	0	0	90.04
91.00	09100 EMERGENCY	57,459,535	50,200	0	50,200	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1,317,018	738	0	738	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	481,310	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	6,548,283	2,498	0	2,498	0	105.00
106.00	10600 HEART ACQUISITION	3,123,406	553	0	553	0	106.00
107.00	10700 LIVER ACQUISITION	4,527,766	1,087	0	1,087	0	107.00
108.00	10800 LUNG ACQUISITION	1,968,508	305	0	305	0	108.00
109.00	10900 PANCREAS ACQUISITION	653,962	471	0	471	0	109.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,396,371,993	1,059,268	206,140	1,018,508	206,140	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 ORLAND PARK PHYSICIAN	13,179,998	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 OTHER NONREIMBURSABLE	16,206,394	8,048	0	8,048	0	191.01
191.02	19102 SOUTH LOOP CLINIC	4,491,285	0	0	0	0	191.02
191.03	19103 RIVER EAST CLINIC	2,885,576	0	0	0	0	191.03
191.04	19104 ADVOCATE JOINT VENTURE	949,311	0	0	0	0	191.04
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)	190,571,816	60,124,498	4,555,394	40,855,634	18,410,109	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.132887	56.332425	22.098545	39.798739	89.308766	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,716,643	2,050,820	146,128	2,548,242	852,546	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.006776	1.921474	0.708877	2.482321	4.135762	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	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
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	12,746,430					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	253,921	0	4,368,570			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	129,179	0	0	465,896,544		14.00
15.00	01500	PHARMACY	598,218	0	3,819	0	14,081,163	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	126,779	0	0	54,287	0	16.00
17.00	01700	SOCIAL SERVICE	13,966	0	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	6,240	0	0	3,734	0	18.01
18.02	01852	PATIENT TRANSPORT	213,057	0	0	70,906	0	18.02
18.03	01853	MEDICAL ELECTRONICS	26,513	0	0	5,618	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,068,948	0	26	18,320	47	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	45,200	0	0	2,516	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,328,149	0	1,477,136	8,911,425	63,537	30.00
31.00	03100	INTENSIVE CARE UNIT	518,084	0	449,715	5,254,206	18,235	31.00
32.00	03200	CORONARY CARE UNIT	192,912	0	179,564	1,713,615	2,056	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	50,391	0	41,313	461,576	1,564	33.00
35.00	02080	NURSERY ICU	279,033	0	253,026	1,273,065	3,319	35.00
43.00	04300	NURSERY	51,154	0	40,851	129,922	3,029	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	485,923	0	260,309	66,226,327	225,861	50.00
51.00	05100	RECOVERY ROOM	243,862	0	224,745	1,354,707	37,723	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	100,389	0	77,287	1,424,742	17,528	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	41,498	0	31,604	0	0	52.01
53.00	05300	ANESTHESIOLOGY	127,766	0	68,389	2,502,631	484,226	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	289,510	0	21,486	8,617,687	146,062	54.00
54.01	03630	ULTRA SOUND	24,129	0	0	107,262	4,109	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	101,072	0	10,120	1,408,900	1,105,565	55.00
56.00	05600	RADIOISOTOPE	20,291	0	0	7,019,490	232,598	56.00
57.00	05700	CT SCAN	70,199	0	0	720,562	337,759	57.00
58.00	05800	MRI	66,764	0	0	815,860	378,468	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,526	0	20,109	9,068,492	97,816	59.00
60.00	06000	LABORATORY	551,430	0	0	16,096,285	5,557	60.00
60.01	06001	LABORATORY - TRANSPLANT	14,523	0	0	1,023,234	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	83,485	0	14,200	12,212,339	37,091	63.00
65.00	06500	RESPIRATORY THERAPY	182,454	0	4	4,390,801	1,052,651	65.00
66.00	06600	PHYSICAL THERAPY	167,784	0	4,367	533,174	309,630	66.00
69.00	06900	ELECTROCARDIOLOGY	181,728	0	39,353	8,926,483	10,257	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,827	0	6,801	249,718	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	5,663	0	0	143,341	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	268,936,378	0	73.00
74.00	07400	RENAL DIALYSIS	55,021	0	37,385	1,023,966	232	74.00
76.97	07697	CARDIAC REHABILITATION	4,576	0	0	8,753	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,792,407	0	640,285	19,085,105	7,520,413	90.00
90.01	09001	TRANSPLANT CLINIC	68,330	0	27,189	529,493	11,154	90.01
90.02	09002	SILVER CROSS CLINIC	15,378	0	1,840	211,940	333	90.02
90.03	09003	ORLAND PARK CLINIC	66,513	0	14,543	770,036	263,968	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	3,615	0	90.04
91.00	09100	EMERGENCY	517,963	0	306,682	11,811,223	43,071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	43,178	0	29,016	84,779	7,048	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	36,487	0	11,785	9,143	305	105.00
106.00	10600	HEART ACQUISITION	1,003	0	2,639	12,681	2,351	106.00
107.00	10700	LIVER ACQUISITION	10,542	0	5,288	18,466	3,880	107.00
108.00	10800	LUNG ACQUISITION	5,208	0	1,453	227,197	1,173	108.00
109.00	10900	PANCREAS ACQUISITION	4,047	0	1,307	1,014	34	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,419,220	0	4,303,636	463,475,014	12,428,650	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	128,158	0	31,630	1,370,278	980,150	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	152,400	0	23,032	39,293	0	191.01
191.02	19102	SOUTH LOOP CLINIC	45,180	0	10,272	566,376	453,287	191.02
191.03	19103	RIVER EAST CLINIC	1,472	0	0	437,193	219,076	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	8,390	0	191.04
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)	5,878,233	0	19,245,423	12,876,489	40,752,505	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.461167	0.000000	4.405429	0.027638	2.894115	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,724,870	0	1,028,849	1,518,168	2,652,754	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.135322	0.000000	0.235512	0.003259	0.188390	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (INPATIENT CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE			
				OCCUPATIONAL THERAPY (TIME SPENT)	VOLUNTEERS (INPATIENT CHARGES)	PATIENT TRANSPORT (INPATIENT CHARGES)	
		16.00	17.00	18.00	18.01	18.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,384,859,382				16.00
17.00	01700	SOCIAL SERVICE	0	206,140			17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0		18.00
18.01	01851	VOLUNTEERS	0	0	4,384,859,382		18.01
18.02	01852	PATIENT TRANSPORT	0	0	0	4,384,859,382	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	679,514,176	148,429	0	679,514,176	30.00
31.00	03100	INTENSIVE CARE UNIT	264,513,222	21,418	0	264,513,222	31.00
32.00	03200	CORONARY CARE UNIT	116,529,905	10,889	0	116,529,905	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	20,099,438	2,441	0	20,099,438	33.00
35.00	02080	NURSERY ICU	153,533,195	14,825	0	153,533,195	35.00
43.00	04300	NURSERY	37,863,788	8,138	0	37,863,788	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	346,772,666	0	0	346,772,666	50.00
51.00	05100	RECOVERY ROOM	53,343,509	0	0	53,343,509	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,561,857	0	0	36,561,857	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	9,826,523	0	0	9,826,523	52.01
53.00	05300	ANESTHESIOLOGY	137,389,538	0	0	137,389,538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100,839,327	0	0	100,839,327	54.00
54.01	03630	ULTRA SOUND	13,443,758	0	0	13,443,758	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	16,897,865	0	0	16,897,865	55.00
56.00	05600	RADIOISOTOPE	5,776,296	0	0	5,776,296	56.00
57.00	05700	CT SCAN	184,528,611	0	0	184,528,611	57.00
58.00	05800	MRI	51,162,735	0	0	51,162,735	58.00
59.00	05900	CARDIAC CATHETERIZATION	52,975,196	0	0	52,975,196	59.00
60.00	06000	LABORATORY	575,569,288	0	0	575,569,288	60.00
60.01	06001	LABORATORY - TRANSPLANT	2,183,848	0	0	2,183,848	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	114,940,730	0	0	114,940,730	63.00
65.00	06500	RESPIRATORY THERAPY	136,107,331	0	0	136,107,331	65.00
66.00	06600	PHYSICAL THERAPY	26,977,764	0	0	26,977,764	66.00
69.00	06900	ELECTROCARDIOLOGY	111,704,177	0	0	111,704,177	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,123,385	0	0	20,123,385	70.00
70.01	07001	BRACE AND PLASTER ROOM	6,130	0	0	6,130	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,449,675	0	0	113,449,675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,021,667	0	0	176,021,667	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	535,152,078	0	0	535,152,078	73.00
74.00	07400	RENAL DIALYSIS	40,464,444	0	0	40,464,444	74.00
76.97	07697	CARDIAC REHABILITATION	4,241	0	0	4,241	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (INPATIENT CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE			
					OCCUPATIONAL THERAPY (TIME SPENT)	VOLUNTEERS (INPATIENT CHARGES)	PATIENT TRANSPORT (INPATIENT CHARGES)	
			16.00	17.00	18.00	18.01	18.02	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,696,682	0	0	6,696,682	6,696,682	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	68,465,787	0	0	68,465,787	68,465,787	90.00
90.01	09001	TRANSPLANT CLINIC	110,073	0	0	110,073	110,073	90.01
90.02	09002	SILVER CROSS CLINIC	8,256	0	0	8,256	8,256	90.02
90.03	09003	ORLAND PARK CLINIC	543,048	0	0	543,048	543,048	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	138,008,391	0	0	138,008,391	138,008,391	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,024	0	0	6,024	6,024	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,677,789	0	0	12,677,789	12,677,789	105.00
106.00	10600	HEART ACQUISITION	6,894,006	0	0	6,894,006	6,894,006	106.00
107.00	10700	LIVER ACQUISITION	11,520,157	0	0	11,520,157	11,520,157	107.00
108.00	10800	LUNG ACQUISITION	4,791,209	0	0	4,791,209	4,791,209	108.00
109.00	10900	PANCREAS ACQUISITION	861,597	0	0	861,597	861,597	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,384,859,382	206,140	0	4,384,859,382	4,384,859,382	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	15,420,442	1,380,579	0	574,999	9,980,988	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003517	6.697288	0.000000	0.000131	0.002276	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	682,802	27,203	0	58,141	734,711	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000156	0.131964	0.000000	0.000013	0.000168	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
		MEDICAL ELECTRONICS (INPATIENT CHARGES)			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		18.03	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OCCUPATIONAL THERAPY					18.00
18.01	01851	VOLUNTEERS					18.01
18.02	01852	PATIENT TRANSPORT					18.02
18.03	01853	MEDICAL ELECTRONICS	4,384,859,382				18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00	02000	NURSING SCHOOL	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		70,210		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			70,210	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	679,514,176	0	0	13,997	30.00
31.00	03100	INTENSIVE CARE UNIT	264,513,222	0	0	2,774	31.00
32.00	03200	CORONARY CARE UNIT	116,529,905	0	0	2,074	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	20,099,438	0	0	225	33.00
35.00	02080	NURSERY ICU	153,533,195	0	0	2,160	35.00
43.00	04300	NURSERY	37,863,788	0	0	751	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	346,772,666	0	0	12,562	50.00
51.00	05100	RECOVERY ROOM	53,343,509	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,561,857	0	0	1,686	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	9,826,523	0	0	0	52.01
53.00	05300	ANESTHESIOLOGY	137,389,538	0	0	6,275	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100,839,327	0	0	3,174	54.00
54.01	03630	ULTRA SOUND	13,443,758	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	16,897,865	0	0	3,587	55.00
56.00	05600	RADIOISOTOPE	5,776,296	0	0	0	56.00
57.00	05700	CT SCAN	184,528,611	0	0	284	57.00
58.00	05800	MRI	51,162,735	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	52,975,196	0	0	0	59.00
60.00	06000	LABORATORY	575,569,288	0	0	2,243	60.00
60.01	06001	LABORATORY - TRANSPLANT	2,183,848	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	114,940,730	0	0	804	63.00
65.00	06500	RESPIRATORY THERAPY	136,107,331	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	26,977,764	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	111,704,177	0	0	2,293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,123,385	0	0	2,776	70.00
70.01	07001	BRACE AND PLASTER ROOM	6,130	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,449,675	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,021,667	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	535,152,078	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	40,464,444	0	0	719	74.00
76.97	07697	CARDIAC REHABILITATION	4,241	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
			MEDICAL ELECTRONICS (INPATIENT CHARGES)			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			18.03	19.00	20.00	21.00	22.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,696,682	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	68,465,787	0	0	7,372	7,372	90.00
90.01	09001	TRANSPLANT CLINIC	110,073	0	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	8,256	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	543,048	0	0	0	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	138,008,391	0	0	4,454	4,454	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,024	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	12,677,789	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	6,894,006	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	11,520,157	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	4,791,209	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	861,597	0	0	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,384,859,382	0	0	70,210	70,210	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	4,267,633	0	0	88,508,006	4,089,309	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000973	0.000000	0.000000	1,260.618231	58.243968	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	489,119	0	0	2,735,300	88,140	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000112	0.000000	0.000000	38.958838	1.255377	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: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	DCAM CAPITAL	1.01
1.02	00102	ORLAND PARK CAPITAL	1.02
1.03	00103	SOUTH LOOP CAPITAL	1.03
1.04	00104	RIVER EAST CAPITAL	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OCCUPATIONAL THERAPY	18.00
18.01	01851	VOLUNTEERS	18.01
18.02	01852	PATIENT TRANSPORT	18.02
18.03	01853	MEDICAL ELECTRONICS	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	23.00
		100	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
35.00	02080	NURSERY ICU	35.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	52.01
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
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	LABORATORY - TRANSPLANT	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	BRACE AND PLASTER ROOM	70.01
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
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 TRANSPLANT CLINIC	0	90.01
90.02	09002 SILVER CROSS CLINIC	0	90.02
90.03	09003 ORLAND PARK CLINIC	0	90.03
90.04	09004 RIVER EAST INFUSION THERAPY	0	90.04
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
99.10	09910 CORF	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	99.40
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	190.00
190.01	19001 ORLAND PARK PHYSICIAN	0	190.01
191.00	19100 RESEARCH	0	191.00
191.01	19101 OTHER NONREIMBURSABLE	0	191.01
191.02	19102 SOUTH LOOP CLINIC	0	191.02
191.03	19103 RIVER EAST CLINIC	0	191.03
191.04	19104 ADVOCATE JOINT VENTURE	0	191.04
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)	1,890,667	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18,906.670000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	76,344	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	763.440000	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: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
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				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	253,642,769		253,642,769	1,307,995	254,950,764	30.00	
31.00	03100	INTENSIVE CARE UNIT	68,101,545		68,101,545	188,726	68,290,271	31.00	
32.00	03200	CORONARY CARE UNIT	25,698,985		25,698,985	95,926	25,794,911	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	6,458,030		6,458,030	21,535	6,479,565	33.00	
35.00	02080	NURSERY ICU	33,917,242		33,917,242	130,600	34,047,842	35.00	
43.00	04300	NURSERY	11,460,731		11,460,731	71,678	11,532,409	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	95,131,876		95,131,876	6,330,899	101,462,775	50.00	
51.00	05100	RECOVERY ROOM	28,738,661		28,738,661	0	28,738,661	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,022,569		17,022,569	549,066	17,571,635	52.00	
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	981,041		981,041	0	981,041	52.01	
53.00	05300	ANESTHESIOLOGY	15,236,965		15,236,965	732,741	15,969,706	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,380,741		42,380,741	1,428,944	43,809,685	54.00	
54.01	03630	ULTRA SOUND	2,394,048		2,394,048	0	2,394,048	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	21,403,039		21,403,039	1,484,318	22,887,357	55.00	
56.00	05600	RADIOISOTOPE	12,727,254		12,727,254	0	12,727,254	56.00	
57.00	05700	CT SCAN	12,469,300		12,469,300	0	12,469,300	57.00	
58.00	05800	MRI	11,114,863		11,114,863	0	11,114,863	58.00	
59.00	05900	CARDIAC CATHETERIZATION	9,090,050		9,090,050	171,651	9,261,701	59.00	
60.00	06000	LABORATORY	73,636,202		73,636,202	517,996	74,154,198	60.00	
60.01	06001	LABORATORY - TRANSPLANT	2,525,587		2,525,587	0	2,525,587	60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	24,111,940		24,111,940	0	24,111,940	63.00	
65.00	06500	RESPIRATORY THERAPY	26,844,757	0	26,844,757	152,704	26,997,461	65.00	
66.00	06600	PHYSICAL THERAPY	14,016,717	0	14,016,717	0	14,016,717	66.00	
69.00	06900	ELECTROCARDIOLOGY	21,838,712		21,838,712	171,651	22,010,363	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	7,576,592		7,576,592	403,652	7,980,244	70.00	
70.01	07001	BRACE AND PLASTER ROOM	308,704		308,704	0	308,704	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,208,058		50,208,058	0	50,208,058	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,317,071		55,317,071	0	55,317,071	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	227,071,585		227,071,585	0	227,071,585	73.00	
74.00	07400	RENAL DIALYSIS	7,780,599		7,780,599	158,451	7,939,050	74.00	
76.97	07697	CARDIAC REHABILITATION	264,151		264,151	0	264,151	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,711,941		2,711,941	0	2,711,941	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	186,903,521		186,903,521	7,023,938	193,927,459	90.00	
90.01	09001	TRANSPLANT CLINIC	6,436,575		6,436,575	0	6,436,575	90.01	
90.02	09002	SILVER CROSS CLINIC	3,647,328		3,647,328	0	3,647,328	90.02	
90.03	09003	ORLAND PARK CLINIC	8,966,762		8,966,762	0	8,966,762	90.03	
90.04	09004	RIVER EAST INFUSION THERAPY	7,372		7,372	0	7,372	90.04	
91.00	09100	EMERGENCY	72,913,813		72,913,813	148,356	73,062,169	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	20,032,234		20,032,234	0	20,032,234	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1,733,500		1,733,500	0	1,733,500	95.00	
99.10	09910	CORF	0		0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	545,270		545,270	0	545,270	100.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	7,815,920		7,815,920	0	7,815,920	105.00	
106.00	10600	HEART ACQUISITION	3,658,418		3,658,418	0	3,658,418	106.00	
107.00	10700	LIVER ACQUISITION	5,353,292		5,353,292	0	5,353,292	107.00	
108.00	10800	LUNG ACQUISITION	2,310,940		2,310,940	0	2,310,940	108.00	
109.00	10900	PANCREAS ACQUISITION	799,835		799,835	0	799,835	109.00	
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)	1,503,307,105	0	1,503,307,105	21,090,827	1,524,397,932	200.00	
201.00		Less Observation Beds	20,032,234		20,032,234	0	20,032,234	201.00	
202.00		Total (see instructions)	1,483,274,871	0	1,483,274,871	21,090,827	1,504,365,698	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
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					Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	672,101,084		672,101,084			30.00	
31.00	03100	INTENSIVE CARE UNIT	264,513,222		264,513,222			31.00	
32.00	03200	CORONARY CARE UNIT	116,529,905		116,529,905			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	20,099,438		20,099,438			33.00	
35.00	02080	NURSERY ICU	153,533,195		153,533,195			35.00	
43.00	04300	NURSERY	37,863,788		37,863,788			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	346,772,666	228,884,882	575,657,548	0.165258	0.000000	50.00	
51.00	05100	RECOVERY ROOM	53,343,509	35,153,798	88,497,307	0.324741	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,561,857	839,505	37,401,362	0.455132	0.000000	52.00	
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	9,826,523	5,877,354	15,703,877	0.062471	0.000000	52.01	
53.00	05300	ANESTHESIOLOGY	137,389,538	116,266,765	253,656,303	0.060069	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	100,839,327	153,711,368	254,550,695	0.166492	0.000000	54.00	
54.01	03630	ULTRA SOUND	13,443,758	16,387,857	29,831,615	0.080252	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	16,897,865	155,868,868	172,766,733	0.123884	0.000000	55.00	
56.00	05600	RADIOISOTOPE	5,776,296	47,963,330	53,739,626	0.236832	0.000000	56.00	
57.00	05700	CT SCAN	184,528,611	266,211,355	450,739,966	0.027664	0.000000	57.00	
58.00	05800	MRI	51,162,735	114,608,722	165,771,457	0.067049	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	52,975,196	44,337,485	97,312,681	0.093411	0.000000	59.00	
60.00	06000	LABORATORY	575,569,288	480,525,914	1,056,095,202	0.069725	0.000000	60.00	
60.01	06001	LABORATORY - TRANSPLANT	2,183,848	9,009,495	11,193,343	0.225633	0.000000	60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	114,940,730	30,708,150	145,648,880	0.165548	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	136,107,331	11,749,976	147,857,307	0.181559	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	26,977,764	23,540,147	50,517,911	0.277460	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	111,704,177	119,309,132	231,013,309	0.094534	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	20,123,385	17,394,247	37,517,632	0.201948	0.000000	70.00	
70.01	07001	BRACE AND PLASTER ROOM	6,130	665,067	671,197	0.459931	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,449,675	69,372,374	182,822,049	0.274628	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,021,667	99,727,961	275,749,628	0.200606	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	535,152,078	1,198,350,615	1,733,502,693	0.130990	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	40,464,444	1,392,853	41,857,297	0.185884	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	4,241	1,920,688	1,924,929	0.137226	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,696,682	0	6,696,682	0.404968	0.000000	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	68,465,787	482,774,161	551,239,948	0.339060	0.000000	90.00	
90.01	09001	TRANSPLANT CLINIC	110,073	2,638,669	2,748,742	2.341644	0.000000	90.01	
90.02	09002	SILVER CROSS CLINIC	8,256	26,913,913	26,922,169	0.135477	0.000000	90.02	
90.03	09003	ORLAND PARK CLINIC	543,048	103,049,001	103,592,049	0.086558	0.000000	90.03	
90.04	09004	RIVER EAST INFUSION THERAPY	0	4,431	4,431	1.663733	0.000000	90.04	
91.00	09100	EMERGENCY	138,008,391	245,042,307	383,050,698	0.190350	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,413,092	65,028,060	72,441,152	0.276531	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	6,024	5,974	11,998	144.482414	0.000000	95.00	
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	12,677,789	86,546	12,764,335			105.00	
106.00	10600	HEART ACQUISITION	6,894,006	0	6,894,006			106.00	
107.00	10700	LIVER ACQUISITION	11,520,157	185,770	11,705,927			107.00	
108.00	10800	LUNG ACQUISITION	4,791,209	0	4,791,209			108.00	
109.00	10900	PANCREAS ACQUISITION	861,597	0	861,597			109.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	4,384,859,382	4,175,506,740	8,560,366,122			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	4,384,859,382	4,175,506,740	8,560,366,122			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
35.00	02080	NURSERY ICU			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.176255		50.00
51.00	05100	RECOVERY ROOM	0.324741		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.469813		52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0.062471		52.01
53.00	05300	ANESTHESIOLOGY	0.062958		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172106		54.00
54.01	03630	ULTRA SOUND	0.080252		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132475		55.00
56.00	05600	RADIOISOTOPE	0.236832		56.00
57.00	05700	CT SCAN	0.027664		57.00
58.00	05800	MRI	0.067049		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.095175		59.00
60.00	06000	LABORATORY	0.070215		60.00
60.01	06001	LABORATORY - TRANSPLANT	0.225633		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.165548		63.00
65.00	06500	RESPIRATORY THERAPY	0.182591		65.00
66.00	06600	PHYSICAL THERAPY	0.277460		66.00
69.00	06900	ELECTROCARDIOLOGY	0.095277		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.212706		70.00
70.01	07001	BRACE AND PLASTER ROOM	0.459931		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.274628		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.200606		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130990		73.00
74.00	07400	RENAL DIALYSIS	0.189669		74.00
76.97	07697	CARDIAC REHABILITATION	0.137226		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.404968		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.351802		90.00
90.01	09001	TRANSPLANT CLINIC	2.341644		90.01
90.02	09002	SILVER CROSS CLINIC	0.135477		90.02
90.03	09003	ORLAND PARK CLINIC	0.086558		90.03
90.04	09004	RIVER EAST INFUSION THERAPY	1.663733		90.04
91.00	09100	EMERGENCY	0.190738		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.276531		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	144.482414		95.00
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 2:33 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	253,642,769		253,642,769	1,307,995	254,950,764	30.00
31.00	03100	INTENSIVE CARE UNIT	68,101,545		68,101,545	188,726	68,290,271	31.00
32.00	03200	CORONARY CARE UNIT	25,698,985		25,698,985	95,926	25,794,911	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,458,030		6,458,030	21,535	6,479,565	33.00
35.00	02080	NURSERY ICU	33,917,242		33,917,242	130,600	34,047,842	35.00
43.00	04300	NURSERY	11,460,731		11,460,731	71,678	11,532,409	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,131,876		95,131,876	6,330,899	101,462,775	50.00
51.00	05100	RECOVERY ROOM	28,738,661		28,738,661	0	28,738,661	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,022,569		17,022,569	549,066	17,571,635	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	981,041		981,041	0	981,041	52.01
53.00	05300	ANESTHESIOLOGY	15,236,965		15,236,965	732,741	15,969,706	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,380,741		42,380,741	1,428,944	43,809,685	54.00
54.01	03630	ULTRA SOUND	2,394,048		2,394,048	0	2,394,048	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,403,039		21,403,039	1,484,318	22,887,357	55.00
56.00	05600	RADIOISOTOPE	12,727,254		12,727,254	0	12,727,254	56.00
57.00	05700	CT SCAN	12,469,300		12,469,300	0	12,469,300	57.00
58.00	05800	MRI	11,114,863		11,114,863	0	11,114,863	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,090,050		9,090,050	171,651	9,261,701	59.00
60.00	06000	LABORATORY	73,636,202		73,636,202	517,996	74,154,198	60.00
60.01	06001	LABORATORY - TRANSPLANT	2,525,587		2,525,587	0	2,525,587	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	24,111,940		24,111,940	0	24,111,940	63.00
65.00	06500	RESPIRATORY THERAPY	26,844,757	0	26,844,757	152,704	26,997,461	65.00
66.00	06600	PHYSICAL THERAPY	14,016,717	0	14,016,717	0	14,016,717	66.00
69.00	06900	ELECTROCARDIOLOGY	21,838,712		21,838,712	171,651	22,010,363	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,576,592		7,576,592	403,652	7,980,244	70.00
70.01	07001	BRACE AND PLASTER ROOM	308,704		308,704	0	308,704	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	50,208,058		50,208,058	0	50,208,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,317,071		55,317,071	0	55,317,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	227,071,585		227,071,585	0	227,071,585	73.00
74.00	07400	RENAL DIALYSIS	7,780,599		7,780,599	158,451	7,939,050	74.00
76.97	07697	CARDIAC REHABILITATION	264,151		264,151	0	264,151	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	2,711,941		2,711,941	0	2,711,941	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	186,903,521		186,903,521	7,023,938	193,927,459	90.00
90.01	09001	TRANSPLANT CLINIC	6,436,575		6,436,575	0	6,436,575	90.01
90.02	09002	SILVER CROSS CLINIC	3,647,328		3,647,328	0	3,647,328	90.02
90.03	09003	ORLAND PARK CLINIC	8,966,762		8,966,762	0	8,966,762	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	7,372		7,372	0	7,372	90.04
91.00	09100	EMERGENCY	72,913,813		72,913,813	148,356	73,062,169	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	20,032,234		20,032,234	0	20,032,234	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,733,500		1,733,500	0	1,733,500	95.00
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	545,270		545,270	0	545,270	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,815,920		7,815,920	0	7,815,920	105.00
106.00	10600	HEART ACQUISITION	3,658,418		3,658,418	0	3,658,418	106.00
107.00	10700	LIVER ACQUISITION	5,353,292		5,353,292	0	5,353,292	107.00
108.00	10800	LUNG ACQUISITION	2,310,940		2,310,940	0	2,310,940	108.00
109.00	10900	PANCREAS ACQUISITION	799,835		799,835	0	799,835	109.00
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)	1,503,307,105	0	1,503,307,105	21,090,827	1,524,397,932	200.00
201.00		Less Observation Beds	20,032,234		20,032,234	0	20,032,234	201.00
202.00		Total (see instructions)	1,483,274,871	0	1,483,274,871	21,090,827	1,504,365,698	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 2:33 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	672,101,084		672,101,084		30.00
31.00	03100	INTENSIVE CARE UNIT	264,513,222		264,513,222		31.00
32.00	03200	CORONARY CARE UNIT	116,529,905		116,529,905		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	20,099,438		20,099,438		33.00
35.00	02080	NURSERY ICU	153,533,195		153,533,195		35.00
43.00	04300	NURSERY	37,863,788		37,863,788		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	346,772,666	228,884,882	575,657,548	0.165258	0.000000
51.00	05100	RECOVERY ROOM	53,343,509	35,153,798	88,497,307	0.324741	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,561,857	839,505	37,401,362	0.455132	0.000000
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	9,826,523	5,877,354	15,703,877	0.062471	0.000000
53.00	05300	ANESTHESIOLOGY	137,389,538	116,266,765	253,656,303	0.060069	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	100,839,327	153,711,368	254,550,695	0.166492	0.000000
54.01	03630	ULTRA SOUND	13,443,758	16,387,857	29,831,615	0.080252	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	16,897,865	155,868,868	172,766,733	0.123884	0.000000
56.00	05600	RADIOISOTOPE	5,776,296	47,963,330	53,739,626	0.236832	0.000000
57.00	05700	CT SCAN	184,528,611	266,211,355	450,739,966	0.027664	0.000000
58.00	05800	MRI	51,162,735	114,608,722	165,771,457	0.067049	0.000000
59.00	05900	CARDIAC CATHETERIZATION	52,975,196	44,337,485	97,312,681	0.093411	0.000000
60.00	06000	LABORATORY	575,569,288	480,525,914	1,056,095,202	0.069725	0.000000
60.01	06001	LABORATORY - TRANSPLANT	2,183,848	9,009,495	11,193,343	0.225633	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING PROCESSING & TRANS.	114,940,730	30,708,150	145,648,880	0.165548	0.000000
65.00	06500	RESPIRATORY THERAPY	136,107,331	11,749,976	147,857,307	0.181559	0.000000
66.00	06600	PHYSICAL THERAPY	26,977,764	23,540,147	50,517,911	0.277460	0.000000
69.00	06900	ELECTROCARDIOLOGY	111,704,177	119,309,132	231,013,309	0.094534	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	20,123,385	17,394,247	37,517,632	0.201948	0.000000
70.01	07001	BRACE AND PLASTER ROOM	6,130	665,067	671,197	0.459931	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,449,675	69,372,374	182,822,049	0.274628	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,021,667	99,727,961	275,749,628	0.200606	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	535,152,078	1,198,350,615	1,733,502,693	0.130990	0.000000
74.00	07400	RENAL DIALYSIS	40,464,444	1,392,853	41,857,297	0.185884	0.000000
76.97	07697	CARDIAC REHABILITATION	4,241	1,920,688	1,924,929	0.137226	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,696,682	0	6,696,682	0.404968	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	68,465,787	482,774,161	551,239,948	0.339060	0.000000
90.01	09001	TRANSPLANT CLINIC	110,073	2,638,669	2,748,742	2.341644	0.000000
90.02	09002	SILVER CROSS CLINIC	8,256	26,913,913	26,922,169	0.135477	0.000000
90.03	09003	ORLAND PARK CLINIC	543,048	103,049,001	103,592,049	0.086558	0.000000
90.04	09004	RIVER EAST INFUSION THERAPY	0	4,431	4,431	1.663733	0.000000
91.00	09100	EMERGENCY	138,008,391	245,042,307	383,050,698	0.190350	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,413,092	65,028,060	72,441,152	0.276531	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	6,024	5,974	11,998	144.482414	0.000000
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	12,677,789	86,546	12,764,335		105.00
106.00	10600	HEART ACQUISITION	6,894,006	0	6,894,006		106.00
107.00	10700	LIVER ACQUISITION	11,520,157	185,770	11,705,927		107.00
108.00	10800	LUNG ACQUISITION	4,791,209	0	4,791,209		108.00
109.00	10900	PANCREAS ACQUISITION	861,597	0	861,597		109.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	4,384,859,382	4,175,506,740	8,560,366,122		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	4,384,859,382	4,175,506,740	8,560,366,122		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
35.00	02080	NURSERY ICU				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0.000000			52.01
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRA SOUND	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	LABORATORY - TRANSPLANT	0.000000			60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	BRACE AND PLASTER ROOM	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	TRANSPLANT CLINIC	0.000000			90.01
90.02	09002	SILVER CROSS CLINIC	0.000000			90.02
90.03	09003	ORLAND PARK CLINIC	0.000000			90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/24/2020 2:33 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	20,548,998	0	20,548,998	161,086	127.57	30.00
31.00	INTENSIVE CARE UNIT	4,805,688		4,805,688	21,418	224.38	31.00
32.00	CORONARY CARE UNIT	1,574,855		1,574,855	10,889	144.63	32.00
33.00	BURN INTENSIVE CARE UNIT	462,025		462,025	2,441	189.28	33.00
35.00	NURSERY ICU	2,134,700		2,134,700	14,825	143.99	35.00
43.00	NURSERY	659,105		659,105	8,138	80.99	43.00
200.00	Total (lines 30 through 199)	30,185,371		30,185,371	218,797		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	41,021	5,233,049				30.00
31.00	INTENSIVE CARE UNIT	7,264	1,629,896				31.00
32.00	CORONARY CARE UNIT	871	125,973				32.00
33.00	BURN INTENSIVE CARE UNIT	393	74,387				33.00
35.00	NURSERY ICU	0	0				35.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	49,549	7,063,305				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/24/2020 2:33 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	11,089,105	575,657,548	0.019263	96,512,302	1,859,116	50.00
51.00	05100 RECOVERY ROOM	1,941,069	88,497,307	0.021934	24,769	543	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,059,917	37,401,362	0.028339	269,503	7,637	52.00
52.01	05201 L & D TRIAGE/ANTEPARTUM CARE	194,260	15,703,877	0.012370	257,742	3,188	52.01
53.00	05300 ANESTHESIOLOGY	1,474,958	253,656,303	0.005815	31,987,202	186,006	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,652,724	254,550,695	0.026135	26,542,482	693,688	54.00
54.01	03630 ULTRA SOUND	378,346	29,831,615	0.012683	2,992,491	37,954	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	2,246,527	172,766,733	0.013003	4,818,252	62,652	55.00
56.00	05600 RADIOISOTOPE	896,457	53,739,626	0.016681	1,297,701	21,647	56.00
57.00	05700 CT SCAN	1,754,143	450,739,966	0.003892	45,412,580	176,746	57.00
58.00	05800 MRI	2,658,461	165,771,457	0.016037	11,880,735	190,531	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,108,579	97,312,681	0.011392	19,557,559	222,800	59.00
60.00	06000 LABORATORY	5,087,038	1,056,095,202	0.004817	159,568,912	768,643	60.00
60.01	06001 LABORATORY - TRANSPLANT	182,795	11,193,343	0.016331	625,237	10,211	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	911,781	145,648,880	0.006260	27,259,946	170,647	63.00
65.00	06500 RESPIRATORY THERAPY	1,421,589	147,857,307	0.009615	24,704,069	237,530	65.00
66.00	06600 PHYSICAL THERAPY	839,616	50,517,911	0.016620	7,987,302	132,749	66.00
69.00	06900 ELECTROCARDIOLOGY	1,521,258	231,013,309	0.006585	34,024,750	224,053	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	675,352	37,517,632	0.018001	4,432,808	79,795	70.00
70.01	07001 BRACE AND PLASTER ROOM	20,092	671,197	0.029935	2,174	65	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	945,858	182,822,049	0.005174	32,747,977	169,438	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,063,405	275,749,628	0.003856	63,044,721	243,100	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,508,430	1,733,502,693	0.003178	131,208,346	416,980	73.00
74.00	07400 RENAL DIALYSIS	721,176	41,857,297	0.017229	13,416,262	231,149	74.00
76.97	07697 CARDIAC REHABILITATION	13,106	1,924,929	0.006809	2,089	14	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	51,224	6,696,682	0.007649	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	14,804,433	551,239,948	0.026857	16,150,501	433,754	90.00
90.01	09001 TRANSPLANT CLINIC	205,005	2,748,742	0.074581	30,973	2,310	90.01
90.02	09002 SILVER CROSS CLINIC	204,076	26,922,169	0.007580	1,285	10	90.02
90.03	09003 ORLAND PARK CLINIC	2,655,978	103,592,049	0.025639	266,861	6,842	90.03
90.04	09004 RIVER EAST INFUSION THERAPY	148	4,431	0.033401	0	0	90.04
91.00	09100 EMERGENCY	4,446,885	383,050,698	0.011609	32,693,552	379,539	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,614,598	72,441,152	0.022288	3,737,231	83,295	92.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	74,348,389	7,258,696,418		793,458,314	7,052,632	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/24/2020 2:33 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
32.00	03200	CORONARY CARE UNIT		0	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	0	0	0	33.00
35.00	02080	NURSERY ICU		0	0	0	0	0	0	35.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	161,086	0.00	41,021	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	21,418	0.00	7,264	31.00	
32.00	03200	CORONARY CARE UNIT			0	10,889	0.00	871	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT			0	2,441	0.00	393	33.00	
35.00	02080	NURSERY ICU			0	14,825	0.00	0	35.00	
43.00	04300	NURSERY			0	8,138	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	218,797		49,549	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0						30.00
31.00	03100	INTENSIVE CARE UNIT		0						31.00
32.00	03200	CORONARY CARE UNIT		0						32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0						33.00
35.00	02080	NURSERY ICU		0						35.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	0	0	0	0	52.01
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,890,667	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,890,667	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 2:33 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	575,657,548	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	88,497,307	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	37,401,362	0.000000	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE		0	0	0	15,703,877	0.000000	52.01
53.00	05300	ANESTHESIOLOGY		0	0	0	253,656,303	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	254,550,695	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	29,831,615	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	172,766,733	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	53,739,626	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	450,739,966	0.000000	57.00
58.00	05800	MRI		0	0	0	165,771,457	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	97,312,681	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	1,050,095,202	0.000000	60.00
60.01	06001	LABORATORY - TRANSPLANT		0	0	0	11,193,343	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	145,648,880	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	147,857,307	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	50,517,911	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	231,013,309	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	37,517,632	0.000000	70.00
70.01	07001	BRACE AND PLASTER ROOM		0	0	0	671,197	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	182,822,049	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	275,749,628	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	1,890,667	1,890,667	1,733,502,693	0.001091	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	41,857,297	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,924,929	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	6,696,682	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	551,239,948	0.000000	90.00
90.01	09001	TRANSPLANT CLINIC		0	0	0	2,748,742	0.000000	90.01
90.02	09002	SILVER CROSS CLINIC		0	0	0	26,922,169	0.000000	90.02
90.03	09003	ORLAND PARK CLINIC		0	0	0	103,592,049	0.000000	90.03
90.04	09004	RIVER EAST INFUSION THERAPY		0	0	0	4,431	0.000000	90.04
91.00	09100	EMERGENCY		0	0	0	383,050,698	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	72,441,152	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	1,890,667	1,890,667	7,258,696,418		95.00
200.00		Total (lines 50 through 199)		0	1,890,667	1,890,667	7,258,696,418		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 2:33 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	96,512,302	0	52,384,008	0
51.00	05100	RECOVERY ROOM	0.000000	24,769	0	50,397	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	269,503	0	949	0
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0.000000	257,742	0	63,050	0
53.00	05300	ANESTHESIOLOGY	0.000000	31,987,202	0	26,310,441	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	26,542,482	0	45,028,886	0
54.01	03630	ULTRA SOUND	0.000000	2,992,491	0	3,118,020	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	4,818,252	0	45,601,981	0
56.00	05600	RADIOISOTOPE	0.000000	1,297,701	0	10,354,275	0
57.00	05700	CT SCAN	0.000000	45,412,580	0	71,991,085	0
58.00	05800	MRI	0.000000	11,880,735	0	23,117,177	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	19,557,559	0	17,609,497	0
60.00	06000	LABORATORY	0.000000	159,568,912	0	82,345,115	0
60.01	06001	LABORATORY - TRANSPLANT	0.000000	625,237	0	1,286,090	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	27,259,946	0	6,107,891	0
65.00	06500	RESPIRATORY THERAPY	0.000000	24,704,069	0	3,261,503	0
66.00	06600	PHYSICAL THERAPY	0.000000	7,987,302	0	184,766	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	34,024,750	0	36,217,420	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,432,808	0	3,048,494	0
70.01	07001	BRACE AND PLASTER ROOM	0.000000	2,174	0	47,861	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	32,747,977	0	20,789,327	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	63,044,721	0	35,349,854	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001091	131,208,346	143,148	432,445,880	471,798
74.00	07400	RENAL DIALYSIS	0.000000	13,416,262	0	845,568	0
76.97	07697	CARDIAC REHABILITATION	0.000000	2,089	0	617,660	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	16,150,501	0	95,122,622	0
90.01	09001	TRANSPLANT CLINIC	0.000000	30,973	0	633,637	0
90.02	09002	SILVER CROSS CLINIC	0.000000	1,285	0	8,718,256	0
90.03	09003	ORLAND PARK CLINIC	0.000000	266,861	0	37,198,309	0
90.04	09004	RIVER EAST INFUSION THERAPY	0.000000	0	0	4,431	0
91.00	09100	EMERGENCY	0.000000	32,693,552	0	23,612,937	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	3,737,231	0	14,837,654	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)		793,458,314	143,148	1,098,305,041	471,798

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/24/2020 2:33 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	0.165258	52,384,008	0	0	8,656,876	50.00
51.00	05100 RECOVERY ROOM	0.324741	50,397	0	0	16,366	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.455132	949	0	0	432	52.00
52.01	05201 L & D TRIAGE/ANTEPARTUM CARE	0.062471	63,050	0	0	3,939	52.01
53.00	05300 ANESTHESIOLOGY	0.060069	26,310,441	0	0	1,580,442	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.166492	45,028,886	0	0	7,496,949	54.00
54.01	03630 ULTRA SOUND	0.080252	3,118,020	0	0	250,227	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.123884	45,601,981	0	0	5,649,356	55.00
56.00	05600 RADIOISOTOPE	0.236832	10,354,275	0	0	2,452,224	56.00
57.00	05700 CT SCAN	0.027664	71,991,085	0	0	1,991,561	57.00
58.00	05800 MRI	0.067049	23,117,177	0	0	1,549,984	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.093411	17,609,497	0	0	1,644,921	59.00
60.00	06000 LABORATORY	0.069725	82,345,115	0	0	5,741,513	60.00
60.01	06001 LABORATORY - TRANSPLANT	0.225633	1,286,090	0	0	290,184	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.165548	6,107,891	0	0	1,011,149	63.00
65.00	06500 RESPIRATORY THERAPY	0.181559	3,261,503	0	0	592,155	65.00
66.00	06600 PHYSICAL THERAPY	0.277460	184,766	0	0	51,265	66.00
69.00	06900 ELECTROCARDIOLOGY	0.094534	36,217,420	0	0	3,423,778	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.201948	3,048,494	0	0	615,637	70.00
70.01	07001 BRACE AND PLASTER ROOM	0.459931	47,861	0	0	22,013	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.274628	20,789,327	0	0	5,709,331	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.200606	35,349,854	2,960	0	7,091,393	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.130990	432,445,880	15,275	460,363	56,646,086	73.00
74.00	07400 RENAL DIALYSIS	0.185884	845,568	0	0	157,178	74.00
76.97	07697 CARDIAC REHABILITATION	0.137226	617,660	0	0	84,759	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.404968	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.339060	95,122,622	0	10,236	32,252,276	90.00
90.01	09001 TRANSPLANT CLINIC	2.341644	633,637	0	240	1,483,752	90.01
90.02	09002 SILVER CROSS CLINIC	0.135477	8,718,256	0	187	1,181,123	90.02
90.03	09003 ORLAND PARK CLINIC	0.086558	37,198,309	0	42	3,219,811	90.03
90.04	09004 RIVER EAST INFUSION THERAPY	1.663733	4,431	0	0	7,372	90.04
91.00	09100 EMERGENCY	0.190350	23,612,937	0	0	4,494,723	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.276531	14,837,654	0	176	4,103,071	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	144.482414		0			95.00
200.00	Subtotal (see instructions)		1,098,305,041	18,235	471,244	159,471,846	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		1,098,305,041	18,235	471,244	159,471,846	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/24/2020 2:33 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	0					52.01
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
54.01	03630	ULTRA SOUND	0	0					54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0					60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0					70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	594	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,001	60,303					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0					77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	3,471					90.00
90.01	09001	TRANSPLANT CLINIC	0	562					90.01
90.02	09002	SILVER CROSS CLINIC	0	25					90.02
90.03	09003	ORLAND PARK CLINIC	0	4					90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0					90.04
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	49					92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Subtotal (see instructions)	2,595	64,414					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	2,595	64,414					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 2:33 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)		161,086	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		161,086	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)		148,429	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)		41,021	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		254,950,764	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		254,950,764	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		254,950,764	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)		1,582.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		64,923,937	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)		64,923,937	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	68,290,271	21,418	3,188.45	7,264	23,160,901	43.00
44.00	CORONARY CARE UNIT	25,794,911	10,889	2,368.90	871	2,063,312	44.00
45.00	BURN INTENSIVE CARE UNIT	6,479,565	2,441	2,654.47	393	1,043,207	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NURSERY ICU	34,047,842	14,825	2,296.65	0	0	47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					110,033,685	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					201,225,042	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					7,063,305	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,195,780	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					14,259,085	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					186,965,957	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)					12,657	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,582.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					20,032,234	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/24/2020 2:33 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	20,548,998	254,950,764	0.080600	20,032,234	1,614,598		90.00	
91.00	Nursing School cost	0	254,950,764	0.000000	20,032,234	0		91.00	
92.00	Allied health cost	0	254,950,764	0.000000	20,032,234	0		92.00	
93.00	All other Medical Education	0	254,950,764	0.000000	20,032,234	0		93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 2:33 pm
Cost Center Description		Title XIX	Hospital	Cost
PART I - ALL PROVIDER COMPONENTS				1.00
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			161,086 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			161,086 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)			148,429 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)			7,459 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			8,138 15.00
16.00	Nursery days (title V or XIX only)			4,930 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			253,642,769 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			253,642,769 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			253,642,769 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)			1,574.58 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			11,744,792 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			11,744,792 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
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			Title XIX		Hospital	Cost		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	11,460,731	8,138	1,408.30	4,930	6,942,919	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	68,101,545	21,418	3,179.64	3,929	12,492,806	43.00	
44.00	CORONARY CARE UNIT	25,698,985	10,889	2,360.09	197	464,938	44.00	
45.00	BURN INTENSIVE CARE UNIT	6,458,030	2,441	2,645.65	514	1,359,864	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NURSERY ICU	33,917,242	14,825	2,287.84	6,501	14,873,248	47.00	
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						47,878,567	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						12,657	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,574.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						19,929,459	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/24/2020 2:33 pm	
				Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)			
		1.00	2.00	3.00	4.00	5.00			
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	20,548,998	253,642,769	0.081016	19,929,459	1,614,605			90.00
91.00	Nursing School cost	0	253,642,769	0.000000	19,929,459	0			91.00
92.00	Allied health cost	0	253,642,769	0.000000	19,929,459	0			92.00
93.00	All other Medical Education	0	253,642,769	0.000000	19,929,459	0			93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-2

Date/Time Prepared:
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Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
PART I - NOT IN APPROVED TEACHING PROGRAM						
1.00 Total cost of services rendered	100.00	545,270				1.00
Hospital Inpatient Routine Services:						
2.00 ADULTS & PEDIATRICS	100.00	545,270	161,086	3.38	0	2.00
3.00 INTENSIVE CARE UNIT	0.00	0	21,418	0.00	0	3.00
4.00 CORONARY CARE UNIT	0.00	0	10,889	0.00	0	4.00
5.00 BURN INTENSIVE CARE UNIT	0.00	0	2,441	0.00	0	5.00
6.00 SURGICAL INTENSIVE CARE UNIT						6.00
7.00 NURSERY ICU	0.00	0	14,825	0.00	0	7.00
8.00 NURSERY	0.00	0	8,138	0.00	0	8.00
9.00 Subtotal (sum of lines 2 through 8)	100.00	545,270				9.00
10.00 SUBPROVIDER - IPF						10.00
11.00 SUBPROVIDER - IRF						11.00
12.00 SUBPROVIDER						12.00
13.00 SKILLED NURSING FACILITY						13.00
14.00 NURSING FACILITY						14.00
15.00 OTHER LONG TERM CARE						15.00
16.00 HOME HEALTH AGENCY						16.00
17.00 CMHC						17.00
17.10 CORF	0.00	0				17.10
17.20 OUTPATIENT PHYSICAL THERAPY	0.00	0				17.20
17.30 OUTPATIENT OCCUPATIONAL THERAPY	0.00	0				17.30
17.40 OUTPATIENT SPEECH PATHOLOGY	0.00	0				17.40
18.00 AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00 HOSPICE						19.00
20.00 Subtotal (sum of lines 9 through 19)	100.00	545,270				20.00
Cost Center Description			Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
Hospital Outpatient Services:						
21.00 RURAL HEALTH CLINIC						21.00
22.00 FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00 CLINIC	0.00	0	551,239,948	0.000000	0	23.00
23.01 TRANSPLANT CLINIC	0.00	0	2,748,742	0.000000	0	23.01
23.02 SILVER CROSS CLINIC	0.00	0	26,922,169	0.000000	0	23.02
23.03 ORLAND PARK CLINIC	0.00	0	103,592,049	0.000000	0	23.03
23.04 RIVER EAST INFUSION THERAPY	0.00	0	4,431	0.000000	0	23.04
24.00 EMERGENCY	0.00	0	383,050,698	0.000000	0	24.00
25.00 OBSERVATION BEDS (NON-DISTINCT PART	0.00	0	72,441,152	0.000000	0	25.00
26.00 OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00 Subtotal (sum of lines 21 through 26)	0.00	0				27.00
28.00 Total (sum of lines 20 and 27)	100.00	545,270				28.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-2

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

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-2

Date/Time Prepared:
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Cost Center Description		Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
		Title XVIII, Part B Only less Part A Coverage but no Part B Coverage	Title XIX				
		6.00	7.00	8.00	9.00	10.00	
PART I - NOT IN APPROVED TEACHING PROGRAM							
1.00	Total cost of services rendered						1.00
Hospital Inpatient Routine Services:							
2.00	ADULTS & PEDIATRICS	40,710	7,459	0	137,600	25,211	2.00
3.00	INTENSIVE CARE UNIT	7,111	3,929	0	0	0	3.00
4.00	CORONARY CARE UNIT	820	197	0	0	0	4.00
5.00	BURN INTENSIVE CARE UNIT	372	514	0	0	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT						6.00
7.00	NURSERY ICU	0	6,501	0	0	0	7.00
8.00	NURSERY		4,930	0		0	8.00
9.00	Subtotal (sum of lines 2 through 8)			0	137,600	25,211	9.00
10.00	SUBPROVIDER - IPF						10.00
11.00	SUBPROVIDER - IRF						11.00
12.00	SUBPROVIDER						12.00
13.00	SKILLED NURSING FACILITY						13.00
14.00	NURSING FACILITY						14.00
15.00	OTHER LONG TERM CARE						15.00
16.00	HOME HEALTH AGENCY						16.00
17.00	CMHC						17.00
17.10	CORF						17.10
17.20	OUTPATIENT PHYSICAL THERAPY						17.20
17.30	OUTPATIENT OCCUPATIONAL THERAPY						17.30
17.40	OUTPATIENT SPEECH PATHOLOGY						17.40
18.00	AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00	HOSPICE						19.00
20.00	Subtotal (sum of lines 9 through 19)						20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost			
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
		6.00	7.00	8.00	9.00	10.00	
Hospital Outpatient Services:							
21.00	RURAL HEALTH CLINIC						21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	111,283,359	0	0	0	0	22.00
23.00	CLINIC						23.00
23.01	TRANSPLANT CLINIC	664,850	0	0	0	0	23.01
23.02	SILVER CROSS CLINIC	8,719,728	0	0	0	0	23.02
23.03	ORLAND PARK CLINIC	37,465,212	0	0	0	0	23.03
23.04	RIVER EAST INFUSION THERAPY	4,431	0	0	0	0	23.04
24.00	EMERGENCY	56,306,489	0	0	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART	18,575,061	0	0	0	0	25.00
26.00	OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00	Subtotal (sum of lines 21 through 26)			0	0	0	27.00
28.00	Total (sum of lines 20 and 27)						28.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-2

Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents		
		6.00	7.00	11.00		
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)						
Hospital Inpatient Routine Services:						
29.00	ADULTS & PEDIATRICS	0	0	0		29.00
30.00	Swing Bed - SNF	0	0			30.00
31.00	Swing Bed - NF					31.00
32.00	INTENSIVE CARE UNIT	0	0	0		32.00
33.00	CORONARY CARE UNIT	0	0	0		33.00
34.00	BURN INTENSIVE CARE UNIT	0	0	0		34.00
35.00	SURGICAL INTENSIVE CARE UNIT					35.00
36.00	NURSERY ICU	0	0	0		36.00
37.00	Subtotal (sum of lines 29, and 32 through 36)		0	0		37.00
38.00	SUBPROVIDER - IPF					38.00
39.00	SUBPROVIDER - IRF					39.00
40.00	SUBPROVIDER					40.00
41.00	SKILLED NURSING FACILITY					41.00
42.00	Total (sum of lines 37 through 41)		0	0		42.00
Cost Center Description		In Approved Teaching Program	Total Title XVIII Costs			
		Amount	(to Wkst. E, Part B -)	(col. 2 + col. 4)		
		4.00	5.00	6.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)						
Hospital						
43.00	Inpatient	0			0	43.00
44.00	Outpatient					44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 22		0	45.00
46.00	SUBPROVIDER - IPF					46.00
47.00	SUBPROVIDER - IRF					47.00
48.00	SUBPROVIDER					48.00
49.00	SKILLED NURSING FACILITY					49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 2:33 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		175,247,409		30.00
31.00	03100	INTENSIVE CARE UNIT		50,861,761		31.00
32.00	03200	CORONARY CARE UNIT		40,379,197		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,059,640		33.00
35.00	02080	NURSERY ICU		0		35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.176255	96,512,302	17,010,776	50.00
51.00	05100	RECOVERY ROOM	0.324741	24,769	8,044	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.469813	269,503	126,616	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0.062471	257,742	16,101	52.01
53.00	05300	ANESTHESIOLOGY	0.062958	31,987,202	2,013,850	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172106	26,542,482	4,568,120	54.00
54.01	03630	ULTRA SOUND	0.080252	2,992,491	240,153	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.132475	4,818,252	638,298	55.00
56.00	05600	RADIOISOTOPE	0.236832	1,297,701	307,337	56.00
57.00	05700	CT SCAN	0.027664	45,412,580	1,256,294	57.00
58.00	05800	MRI	0.067049	11,880,735	796,591	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.095175	19,557,559	1,861,391	59.00
60.00	06000	LABORATORY	0.070215	159,568,912	11,204,131	60.00
60.01	06001	LABORATORY - TRANSPLANT	0.225633	625,237	141,074	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.165548	27,259,946	4,512,830	63.00
65.00	06500	RESPIRATORY THERAPY	0.182591	24,704,069	4,510,741	65.00
66.00	06600	PHYSICAL THERAPY	0.277460	7,987,302	2,216,157	66.00
69.00	06900	ELECTROCARDIOLOGY	0.095277	34,024,750	3,241,776	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.212706	4,432,808	942,885	70.00
70.01	07001	BRACE AND PLASTER ROOM	0.459931	2,174	1,000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.274628	32,747,977	8,993,511	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.200606	63,044,721	12,647,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.130990	131,208,346	17,186,981	73.00
74.00	07400	RENAL DIALYSIS	0.189669	13,416,262	2,544,649	74.00
76.97	07697	CARDIAC REHABILITATION	0.137226	2,089	287	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.404968	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.351802	16,150,501	5,681,779	90.00
90.01	09001	TRANSPLANT CLINIC	2.341644	30,973	72,528	90.01
90.02	09002	SILVER CROSS CLINIC	0.135477	1,285	174	90.02
90.03	09003	ORLAND PARK CLINIC	0.086558	266,861	23,099	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	1.663733	0	0	90.04
91.00	09100	EMERGENCY	0.190738	32,693,552	6,235,903	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.276531	3,737,231	1,033,460	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		793,458,314	110,033,685	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)		793,458,314		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 11/24/2020 2:33 pm	
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	187,294	1,582.70	38	60,143	1.00
2.00	INTENSIVE CARE UNIT	43.00	297,652	3,188.45	30	95,654	2.00
3.00	CORONARY CARE UNIT	44.00	23,425	2,368.90	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,654.47	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,296.65	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		508,371		68	155,797	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.165258	1,827,107	301,944	8.00	
9.00	RECOVERY ROOM	51.00	0.324741	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.455132	0	0	10.00	
10.01	L & D TRIAGE/ANTEPARTUM CARE	52.01	0.062471	0	0	10.01	
11.00	ANESTHESIOLOGY	53.00	0.060069	276,700	16,621	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.166492	304,292	50,662	12.00	
12.01	ULTRA SOUND	54.01	0.080252	22,412	1,799	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.123884	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.236832	840,622	199,086	14.00	
15.00	CT SCAN	57.00	0.027664	2,180,723	60,328	15.00	
16.00	MRI	58.00	0.067049	8,020	538	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.093411	257,306	24,035	17.00	
18.00	LABORATORY	60.00	0.069725	3,241,306	226,000	18.00	
18.01	LABORATORY - TRANSPLANT	60.01	0.225633	1,774,300	400,341	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING PROCESSING & TRANS.	63.00	0.165548	159,422	26,392	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.181559	86,477	15,701	23.00	
24.00	PHYSICAL THERAPY	66.00	0.277460	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.094534	2,377,254	224,731	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.201948	10,566	2,134	28.00	
28.01	BRACE AND PLASTER ROOM	70.01	0.459931	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.274628	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.200606	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.130990	311,973	40,865	31.00	
32.00	RENAL DIALYSIS	74.00	0.185884	17,904	3,328	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.137226	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.339060	590,826	200,325	37.00	
37.01	TRANSPLANT CLINIC	90.01	2.341644	451,143	1,056,416	37.01	
37.02	SILVER CROSS CLINIC	90.02	0.135477	0	0	37.02	
37.03	ORLAND PARK CLINIC	90.03	0.086558	162,760	14,088	37.03	
37.04	RIVER EAST INFUSION THERAPY	90.04	1.663733	0	0	37.04	
38.00	EMERGENCY	91.00	0.190350	63,651	12,116	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.276531	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			14,964,764	2,877,450	41.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4	
					Component CCN:				Date/Time Prepared: 11/24/2020 2:33 pm	
					Kidney		Hospital		PPS	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)										
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program										
42.00	ADULTS & PEDIATRICS				2.00	3.38	38	128	42.00	
43.00	INTENSIVE CARE UNIT				3.00	0.00	30	0	43.00	
44.00	CORONARY CARE UNIT				4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT				5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT				6.00	0.00	0	0	46.00	
47.00	NURSERY ICU				7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)						68	128	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program										
49.00	RURAL HEALTH CLINIC				21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER				22.00	0	0.000000	0	50.00	
51.00	CLINIC				23.00	590,826	0.000000	0	51.00	
51.01	TRANSPLANT CLINIC				23.01	451,143	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC				23.02	0	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC				23.03	162,760	0.000000	0	51.03	
51.04	RIVER EAST INFUSION THERAPY				23.04	0	0.000000	0	51.04	
52.00	EMERGENCY				24.00	63,651	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART				25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER				26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)					1,268,380		0	55.00	
Cost Center Description					Cost		Charges			
					Part A	Part B	Part A	Part B		
					1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES										
56.00	Routine and Ancillary from Part I				3,033,247		15,473,135		56.00	
57.00	Interns and Residents (inpatient)				128		0		57.00	
58.00	Interns and Residents (outpatient)				0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)				7,815,920		9,754,514		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)				0		0		60.00	
61.00	Total (sum of lines 56 thru 60)				10,849,295		25,227,649		61.00	
62.00	Total Usable Organs (see instructions)					158			62.00	
63.00	Medicare Usable Organs (see instructions)					107			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)					0.677215			64.00	
65.00	Medicare Cost/Charges (see instructions)				7,347,305		17,084,542		65.00	
66.00	Revenue for Organs Sold				126,069		0		66.00	
67.00	Subtotal (line 65 minus line 66)				7,221,236		17,084,542		67.00	
68.00	Organs Furnished Part B				0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)				7,221,236	0	17,084,542	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue			
					1.00	2.00	3.00			
PART IV - STATISTICS										
70.00	Organs Excised in Provider (1)					21	50		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)					5	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals					0	0		72.00	
73.00	Organs Purchased from OPOs					0	82		73.00	
74.00	Total (sum of lines 70 through 73)					26	132		74.00	
75.00	Organs Transplanted					21	82	0	75.00	
76.00	Organs Sold to Other Hospitals					5	0	72,170	76.00	
77.00	Organs Sold to OPOs					0	50	53,899	77.00	
78.00	Organs Sold to Transplant Hospitals					0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals					0	0	0	79.00	
80.00	Organs Sold Outside the U.S.					0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)					0	0		81.00	
82.00	Organs Used for Research					0	0		82.00	
83.00	Unusable/Discarded Organs					0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)					26	132		84.00	

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

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 11/24/2020 2:33 pm	
				Component CCN:			
				Liver	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	56,862	1,582.70	6	9,496	1.00
2.00	INTENSIVE CARE UNIT	43.00	192,456	3,188.45	19	60,581	2.00
3.00	CORONARY CARE UNIT	44.00	11,713	2,368.90	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,654.47	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,296.65	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		261,031		25	70,077	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.165258	459,868	75,997	8.00	
9.00	RECOVERY ROOM	51.00	0.324741	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.455132	0	0	10.00	
10.01	L & D TRIAGE/ANTEPARTUM CARE	52.01	0.062471	0	0	10.01	
11.00	ANESTHESIOLOGY	53.00	0.060069	85,257	5,121	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.166492	197,247	32,840	12.00	
12.01	ULTRA SOUND	54.01	0.080252	180,574	14,491	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.123884	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.236832	73,250	17,348	14.00	
15.00	CT SCAN	57.00	0.027664	603,515	16,696	15.00	
16.00	MRI	58.00	0.067049	386,850	25,938	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.093411	147,436	13,772	17.00	
18.00	LABORATORY	60.00	0.069725	1,403,360	97,849	18.00	
18.01	LABORATORY - TRANSPLANT	60.01	0.225633	45,384	10,240	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING PROCESSING & TRANS.	63.00	0.165548	40,351	6,680	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.181559	76,798	13,943	23.00	
24.00	PHYSICAL THERAPY	66.00	0.277460	459	127	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.094534	307,428	29,062	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.201948	2,929	592	28.00	
28.01	BRACE AND PLASTER ROOM	70.01	0.459931	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.274628	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.200606	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.130990	128,319	16,809	31.00	
32.00	RENAL DIALYSIS	74.00	0.185884	4,587	853	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.137226	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.339060	322,566	109,369	37.00	
37.01	TRANSPLANT CLINIC	90.01	2.341644	208,003	487,069	37.01	
37.02	SILVER CROSS CLINIC	90.02	0.135477	923	125	37.02	
37.03	ORLAND PARK CLINIC	90.03	0.086558	190,867	16,521	37.03	
37.04	RIVER EAST INFUSION THERAPY	90.04	1.663733	0	0	37.04	
38.00	EMERGENCY	91.00	0.190350	27,789	5,290	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.276531	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			4,893,760	996,732	41.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4
					Component CCN:		Date/Time Prepared: 11/24/2020 2:33 pm
					Liver	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00 3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	3.38	6	20	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	19		43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0		44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		46.00	
47.00	NURSERY ICU	7.00	0.00	0		47.00	
48.00	TOTAL (sum of lines 42 through 47)			25	20	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00 3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	322,566	0.000000	0	51.00	
51.01	TRANSPLANT CLINIC	23.01	208,003	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC	23.02	923	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC	23.03	190,867	0.000000	0	51.03	
51.04	RIVER EAST INFUSION THERAPY	23.04	0	0.000000	0	51.04	
52.00	EMERGENCY	24.00	27,789	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		750,148		0	55.00	
Cost Center Description					Part A	Part B	Part A
					1.00	2.00	3.00 4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,066,809		5,154,791		56.00	
57.00	Interns and Residents (inpatient)	20		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	5,353,292		3,154,198		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	6,420,121		8,308,989		61.00	
62.00	Total Usable Organs (see instructions)		89			62.00	
63.00	Medicare Usable Organs (see instructions)		31			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.348315			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,236,224		2,894,146		65.00	
66.00	Revenue for Organs Sold	26,950		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,209,274		2,894,146		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,209,274	0	2,894,146	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		2	25		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	62		73.00	
74.00	Total (sum of lines 70 through 73)		2	87		74.00	
75.00	Organs Transplanted		2	62	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	25	26,950	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		2	87		84.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 11/24/2020 2:33 pm	
				Component CCN:			
				Heart	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,582.70	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	19,150	3,188.45	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	2,306	2,368.90	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,654.47	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,296.65	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		21,456		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.165258	18,679	3,087	8.00	
9.00	RECOVERY ROOM	51.00	0.324741	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.455132	0	0	10.00	
10.01	L & D TRIAGE/ANTEPARTUM CARE	52.01	0.062471	0	0	10.01	
11.00	ANESTHESIOLOGY	53.00	0.060069	3,191	192	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.166492	3,827	637	12.00	
12.01	ULTRA SOUND	54.01	0.080252	2,709	217	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.123884	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.236832	530	126	14.00	
15.00	CT SCAN	57.00	0.027664	14,150	391	15.00	
16.00	MRI	58.00	0.067049	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.093411	81,430	7,606	17.00	
18.00	LABORATORY	60.00	0.069725	59,096	4,120	18.00	
18.01	LABORATORY - TRANSPLANT	60.01	0.225633	7,844	1,770	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING PROCESSING & TRANS.	63.00	0.165548	3,247	538	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.181559	6,884	1,250	23.00	
24.00	PHYSICAL THERAPY	66.00	0.277460	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.094534	23,542	2,226	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.201948	488	99	28.00	
28.01	BRACE AND PLASTER ROOM	70.01	0.459931	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.274628	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.200606	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.130990	14,088	1,845	31.00	
32.00	RENAL DIALYSIS	74.00	0.185884	1,222	227	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.137226	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.339060	39,702	13,461	37.00	
37.01	TRANSPLANT CLINIC	90.01	2.341644	1,310	3,068	37.01	
37.02	SILVER CROSS CLINIC	90.02	0.135477	0	0	37.02	
37.03	ORLAND PARK CLINIC	90.03	0.086558	12,360	1,070	37.03	
37.04	RIVER EAST INFUSION THERAPY	90.04	1.663733	0	0	37.04	
38.00	EMERGENCY	91.00	0.190350	5,044	960	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.276531	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			299,343	42,890	41.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 11/24/2020 2:33 pm	
				Heart		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS			2.00	3.38	0	0	42.00	
43.00	INTENSIVE CARE UNIT			3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT			4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT			5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT			6.00	0.00	0	0	46.00	
47.00	NURSERY ICU			7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)					0	0	48.00	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC			21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER			22.00	0	0.000000	0	50.00	
51.00	CLINIC			23.00	39,702	0.000000	0	51.00	
51.01	TRANSPLANT CLINIC			23.01	1,310	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC			23.02	0	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC			23.03	12,360	0.000000	0	51.03	
51.04	RIVER EAST INFUSION THERAPY			23.04	0	0.000000	0	51.04	
52.00	EMERGENCY			24.00	5,044	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART			25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER			26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)				58,416		0	55.00	
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I			42,890		320,799		56.00	
57.00	Interns and Residents (inpatient)			0		0		57.00	
58.00	Interns and Residents (outpatient)			0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)			3,658,418		2,618,585		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)			0		0		60.00	
61.00	Total (sum of lines 56 thru 60)			3,701,308		2,939,384		61.00	
62.00	Total Usable Organs (see instructions)				49			62.00	
63.00	Medicare Usable Organs (see instructions)				14			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)				0.285714			64.00	
65.00	Medicare Cost/Charges (see instructions)			1,057,516		839,823		65.00	
66.00	Revenue for Organs Sold			7,546		0		66.00	
67.00	Subtotal (line 65 minus line 66)			1,049,970		839,823		67.00	
68.00	Organs Furnished Part B			0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)			1,049,970	0	839,823	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue		
					1.00	2.00	3.00		
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)				0	7		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)				0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals				0	0		72.00	
73.00	Organs Purchased from OPOs				0	42		73.00	
74.00	Total (sum of lines 70 through 73)				0	49		74.00	
75.00	Organs Transplanted				0	42	0	75.00	
76.00	Organs Sold to Other Hospitals				0	0		76.00	
77.00	Organs Sold to OPOs				0	7	7,546	77.00	
78.00	Organs Sold to Transplant Hospitals				0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals				0	0	0	79.00	
80.00	Organs Sold Outside the U.S.				0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)				0	0		81.00	
82.00	Organs Used for Research				0	0		82.00	
83.00	Unusable/Discarded Organs				0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)				0	49		84.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4 Date/Time Prepared: 11/24/2020 2:33 pm	
				Component CCN:	Lung	Hospital	PPS
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	1,950	1,582.70	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	52,609	3,188.45	8	25,508	2.00
3.00	CORONARY CARE UNIT	44.00	7,742	2,368.90	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,654.47	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,296.65	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		62,301		8	25,508	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.165258	43,632	7,211	8.00	
9.00	RECOVERY ROOM	51.00	0.324741	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.455132	0	0	10.00	
10.01	L & D TRIAGE/ANTEPARTUM CARE	52.01	0.062471	0	0	10.01	
11.00	ANESTHESIOLOGY	53.00	0.060069	27,296	1,640	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.166492	89,358	14,877	12.00	
12.01	ULTRA SOUND	54.01	0.080252	4,060	326	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.123884	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.236832	127,796	30,266	14.00	
15.00	CT SCAN	57.00	0.027664	142,916	3,954	15.00	
16.00	MRI	58.00	0.067049	6,428	431	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.093411	440,712	41,167	17.00	
18.00	LABORATORY	60.00	0.069725	294,336	20,523	18.00	
18.01	LABORATORY - TRANSPLANT	60.01	0.225633	107,233	24,195	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING PROCESSING & TRANS.	63.00	0.165548	12,906	2,137	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.181559	124,465	22,598	23.00	
24.00	PHYSICAL THERAPY	66.00	0.277460	185	51	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.094534	149,836	14,165	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.201948	1,427	288	28.00	
28.01	BRACE AND PLASTER ROOM	70.01	0.459931	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.274628	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.200606	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.130990	33,701	4,414	31.00	
32.00	RENAL DIALYSIS	74.00	0.185884	5,409	1,005	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.137226	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.339060	213,512	72,393	37.00	
37.01	TRANSPLANT CLINIC	90.01	2.341644	63,741	149,259	37.01	
37.02	SILVER CROSS CLINIC	90.02	0.135477	0	0	37.02	
37.03	ORLAND PARK CLINIC	90.03	0.086558	4,816	417	37.03	
37.04	RIVER EAST INFUSION THERAPY	90.04	1.663733	0	0	37.04	
38.00	EMERGENCY	91.00	0.190350	10,762	2,049	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.276531	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			1,904,527	413,366	41.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 11/24/2020 2:33 pm	
				Lung		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS			2.00	3.38	0	0	42.00	
43.00	INTENSIVE CARE UNIT			3.00	0.00	8	0	43.00	
44.00	CORONARY CARE UNIT			4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT			5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT			6.00	0.00	0	0	46.00	
47.00	NURSERY ICU			7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)					8	0	48.00	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC			21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER			22.00	0	0.000000	0	50.00	
51.00	CLINIC			23.00	213,512	0.000000	0	51.00	
51.01	TRANSPLANT CLINIC			23.01	63,741	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC			23.02	0	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC			23.03	4,816	0.000000	0	51.03	
51.04	RIVER EAST INFUSION THERAPY			23.04	0	0.000000	0	51.04	
52.00	EMERGENCY			24.00	10,762	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART			25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER			26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)				292,831		0	55.00	
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I			438,874		1,966,828		56.00	
57.00	Interns and Residents (inpatient)			0		0		57.00	
58.00	Interns and Residents (outpatient)			0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)			2,310,940		2,963,619		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)			0		0		60.00	
61.00	Total (sum of lines 56 thru 60)			2,749,814		4,930,447		61.00	
62.00	Total Usable Organs (see instructions)				34			62.00	
63.00	Medicare Usable Organs (see instructions)				26			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)				0.764706			64.00	
65.00	Medicare Cost/Charges (see instructions)			2,102,799		3,770,342		65.00	
66.00	Revenue for Organs Sold			18,326		0		66.00	
67.00	Subtotal (line 65 minus line 66)			2,084,473		3,770,342		67.00	
68.00	Organs Furnished Part B			0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)			2,084,473	0	3,770,342	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue		
					1.00	2.00	3.00		
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)				0	17		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)				0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals				0	0		72.00	
73.00	Organs Purchased from OPOs				0	17		73.00	
74.00	Total (sum of lines 70 through 73)				0	34		74.00	
75.00	Organs Transplanted				0	17	0	75.00	
76.00	Organs Sold to Other Hospitals				0	0		76.00	
77.00	Organs Sold to OPOs				0	17	18,326	77.00	
78.00	Organs Sold to Transplant Hospitals				0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals				0	0	0	79.00	
80.00	Organs Sold Outside the U.S.				0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)				0	0		81.00	
82.00	Organs Used for Research				0	0		82.00	
83.00	Unusable/Discarded Organs				0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)				0	34		84.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4
					Component CCN:		Date/Time Prepared: 11/24/2020 2:33 pm
					Pancreas	Hospital	PPS
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	975	1,582.70	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	41,046	3,188.45	3	9,565	2.00
3.00	CORONARY CARE UNIT	44.00	1,565	2,368.90	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,654.47	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,296.65	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		43,586		3	9,565	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.165258	43,185	7,137	8.00
9.00	RECOVERY ROOM		51.00	0.324741	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.455132	0	0	10.00
10.01	L & D TRIAGE/ANTEPARTUM CARE		52.01	0.062471	0	0	10.01
11.00	ANESTHESIOLOGY		53.00	0.060069	6,286	378	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.166492	10,394	1,731	12.00
12.01	ULTRA SOUND		54.01	0.080252	2,437	196	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.123884	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.236832	1,773	420	14.00
15.00	CT SCAN		57.00	0.027664	62,176	1,720	15.00
16.00	MRI		58.00	0.067049	385	26	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.093411	7,069	660	17.00
18.00	LABORATORY		60.00	0.069725	141,328	9,854	18.00
18.01	LABORATORY - TRANSPLANT		60.01	0.225633	32,769	7,394	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING PROCESSING & TRANS.		63.00	0.165548	10,182	1,686	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.181559	9,123	1,656	23.00
24.00	PHYSICAL THERAPY		66.00	0.277460	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.094534	27,088	2,561	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.201948	329	66	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.459931	0	0	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.274628	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.200606	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.130990	17,479	2,290	31.00
32.00	RENAL DIALYSIS		74.00	0.185884	1,883	350	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.137226	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.339060	12,075	4,094	37.00
37.01	TRANSPLANT CLINIC		90.01	2.341644	11,042	25,856	37.01
37.02	SILVER CROSS CLINIC		90.02	0.135477	0	0	37.02
37.03	ORLAND PARK CLINIC		90.03	0.086558	9,770	846	37.03
37.04	RIVER EAST INFUSION THERAPY		90.04	1.663733	0	0	37.04
38.00	EMERGENCY		91.00	0.190350	6,079	1,157	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.276531	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				412,852	70,078	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4	
					Component CCN:				Date/Time Prepared: 11/24/2020 2:33 pm	
					Pancreas		Hospital		PPS	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)										
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program										
42.00	ADULTS & PEDIATRICS				2.00	3.38	0	0	42.00	
43.00	INTENSIVE CARE UNIT				3.00	0.00	3	0	43.00	
44.00	CORONARY CARE UNIT				4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT				5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT				6.00	0.00	0	0	46.00	
47.00	NURSERY ICU				7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)						3	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
					0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program										
49.00	RURAL HEALTH CLINIC				21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER				22.00	0	0.000000	0	50.00	
51.00	CLINIC				23.00	12,075	0.000000	0	51.00	
51.01	TRANSPLANT CLINIC				23.01	11,042	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC				23.02	0	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC				23.03	9,770	0.000000	0	51.03	
51.04	RIVER EAST INFUSION THERAPY				23.04	0	0.000000	0	51.04	
52.00	EMERGENCY				24.00	6,079	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART				25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER				26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)					38,966		0	55.00	
Cost Center Description					Cost		Charges			
					Part A	Part B	Part A	Part B		
					1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES										
56.00	Routine and Ancillary from Part I				79,643		456,438		56.00	
57.00	Interns and Residents (inpatient)				0		0		57.00	
58.00	Interns and Residents (outpatient)				0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)				799,835		61,229		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)				0		0		60.00	
61.00	Total (sum of lines 56 thru 60)				879,478		517,667		61.00	
62.00	Total Usable Organs (see instructions)					17			62.00	
63.00	Medicare Usable Organs (see instructions)					11			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)					0.647059			64.00	
65.00	Medicare Cost/Charges (see instructions)				569,074		334,961		65.00	
66.00	Revenue for Organs Sold				10,780		0		66.00	
67.00	Subtotal (line 65 minus line 66)				558,294		334,961		67.00	
68.00	Organs Furnished Part B				0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)				558,294	0	334,961	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue			
					1.00	2.00	3.00			
PART IV - STATISTICS										
70.00	Organs Excised in Provider (1)					0	10		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)					0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals					0	0		72.00	
73.00	Organs Purchased from OPOs					0	7		73.00	
74.00	Total (sum of lines 70 through 73)					0	17		74.00	
75.00	Organs Transplanted					0	7	0	75.00	
76.00	Organs Sold to Other Hospitals					0	0		76.00	
77.00	Organs Sold to OPOs					0	10	10,780	77.00	
78.00	Organs Sold to Transplant Hospitals					0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals					0	0	0	79.00	
80.00	Organs Sold Outside the U.S.					0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)					0	0		81.00	
82.00	Organs Used for Research					0	0		82.00	
83.00	Unusable/Discarded Organs					0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)					0	17		84.00	

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 11/24/2020 2:33 pm	
				Islet	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,582.70	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	3,188.45	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,368.90	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,654.47	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,296.65	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		0		0	0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.165258	0	0	8.00	
9.00	RECOVERY ROOM	51.00	0.324741	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.455132	0	0	10.00	
10.01	L & D TRIAGE/ANTEPARTUM CARE	52.01	0.062471	0	0	10.01	
11.00	ANESTHESIOLOGY	53.00	0.060069	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.166492	0	0	12.00	
12.01	ULTRA SOUND	54.01	0.080252	0	0	12.01	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.123884	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.236832	0	0	14.00	
15.00	CT SCAN	57.00	0.027664	0	0	15.00	
16.00	MRI	58.00	0.067049	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.093411	0	0	17.00	
18.00	LABORATORY	60.00	0.069725	0	0	18.00	
18.01	LABORATORY - TRANSPLANT	60.01	0.225633	0	0	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING PROCESSING & TRANS.	63.00	0.165548	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.181559	0	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0.277460	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.094534	0	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.201948	0	0	28.00	
28.01	BRACE AND PLASTER ROOM	70.01	0.459931	0	0	28.01	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.274628	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.200606	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.130990	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.185884	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.137226	0	0	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.339060	0	0	37.00	
37.01	TRANSPLANT CLINIC	90.01	2.341644	0	0	37.01	
37.02	SILVER CROSS CLINIC	90.02	0.135477	0	0	37.02	
37.03	ORLAND PARK CLINIC	90.03	0.086558	0	0	37.03	
37.04	RIVER EAST INFUSION THERAPY	90.04	1.663733	0	0	37.04	
38.00	EMERGENCY	91.00	0.190350	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART	92.00	0.276531	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)				0	0	41.00

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

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM		Provider CCN: 14-0088 Component CCN:		Period: From 07/01/2019 To 06/30/2020		Worksheet D-4 Date/Time Prepared: 11/24/2020 2:33 pm	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	PPS	
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	3.38	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NURSERY ICU	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	TRANSPLANT CLINIC	23.01	0	0.000000	0	0	51.01
51.02	SILVER CROSS CLINIC	23.02	0	0.000000	0	0	51.02
51.03	ORLAND PARK CLINIC	23.03	0	0.000000	0	0	51.03
51.04	RIVER EAST INFUSION THERAPY	23.04	0	0.000000	0	0	51.04
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	0		0			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	0		0			61.00
62.00	Total Usable Organs (see instructions)		0				62.00
63.00	Medicare Usable Organs (see instructions)		0				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.000000				64.00
65.00	Medicare Cost/Charges (see instructions)	0		0			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (line 65 minus line 66)	0		0			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0	0	69.00
Cost Center Description		Living Related	Cadaveric	Revenue			
		1.00	2.00	3.00			
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	0			73.00
74.00	Total (sum of lines 70 through 73)		0	0			74.00
75.00	Organs Transplanted		0	0	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00	Organs Sold to OPOs		0	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	0	81.00
82.00	Organs Used for Research		0	0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	0	0	0	84.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 2:33 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		100,909,477	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		17,876,615	2.04
3.00	Managed Care Simulated Payments		45,226,387	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		652.42	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		638.65	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		1.66	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		640.31	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		638.05	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)		638.05	12.00
13.00	Total allowable FTE count for the prior year.		633.88	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.		614.39	14.00
15.00	Sum of lines 12 through 14 divided by 3.		628.77	15.00
16.00	Adjustment for residents in initial years of the program		9.77	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		638.54	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.978725	19.00
20.00	Prior year resident to bed ratio (see instructions)		1.011030	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.978725	21.00
22.00	IME payment adjustment (see instructions)		43,370,288	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		19,438,030	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)		-2.26	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		43,370,288	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		19,438,030	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.88	30.00
31.00	Percentage of Medicaid patient days (see instructions)		40.22	31.00
32.00	Sum of lines 30 and 31		51.10	32.00
33.00	Allowable disproportionate share percentage (see instructions)		31.37	33.00
34.00	Disproportionate share adjustment (see instructions)		7,913,826	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 2:33 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)		8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.001805490	0.001939686	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		14,936,592	16,197,539	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,764,843	12,126,028	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		15,890,871		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		185,961,077		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)			205,399,107	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			12,668,118	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			9,872,346	52.00
53.00	Nursing and Allied Health Managed Care payment			97,665	53.00
54.00	Special add-on payments for new technologies			1,686,169	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)			13,123,247	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)			143,148	58.00
59.00	Total (sum of amounts on lines 49 through 58)			242,989,800	59.00
60.00	Primary payer payments			33,918	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			242,955,882	61.00
62.00	Deductibles billed to program beneficiaries			6,455,944	62.00
63.00	Coinsurance billed to program beneficiaries			970,442	63.00
64.00	Allowable bad debts (see instructions)			2,183,968	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,419,579	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			222,552	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			236,949,075	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)			-619,644	70.93
70.94	HRR adjustment amount (see instructions)			-74,217	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 2:33 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)		236,255,214	71.00	
71.01	Sequestration adjustment (see instructions)		3,945,462	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		237,118,105	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)		-4,808,353	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		9,062,182	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)		25,370,424	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		2,256,066	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	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	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	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 2:33 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	100,909,477	0		100,909,477	100,909,477
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	17,876,615	0		17,876,615	17,876,615
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	45,226,387	0	0	45,226,387	45,226,387
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.978725	0.978725	0.978725	0.978725	
6.00	IME payment adjustment (see instructions)	22.00	43,370,288	0	0	43,370,288	43,370,288
6.01	IME payment adjustment for managed care (see instructions)	22.01	19,438,030	0	0	19,438,030	19,438,030
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	43,370,288	0	0	43,370,288	43,370,288
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	19,438,030	0	0	19,438,030	19,438,030
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3137	0.3137	0.3137	0.3137	
11.00	Disproportionate share adjustment (see instructions)	34.00	7,913,826	0	0	7,913,826	7,913,826
11.01	Uncompensated care payments	36.00	15,890,871	0	3,764,842	12,126,029	15,890,871
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	185,961,077	0	3,764,842	182,196,235	185,961,077
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	205,399,107	0	3,764,842	201,634,265	205,399,107

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 2:33 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	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	12,668,118	0	0	12,668,118	12,668,118	16.00
17.00	Special add-on payments for new technologies	54.00	1,686,169	0	0	1,686,169	1,686,169	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	3,764,842	215,988,552	219,753,394	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	8,038,395	0	0	8,038,395	8,038,395	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	1,514,845	0	0	1,514,845	1,514,845	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	0.3875	0.3875	0.3875	0.3875		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	3,114,878	0	0	3,114,878	3,114,878	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	12,668,118	0	0	12,668,118	12,668,118	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2020 2:33 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	100,909,477		100,909,477	100,909,477	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	17,876,615		17,876,615	17,876,615	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	45,226,387	0	45,226,387	45,226,387	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.978725	0.978725	0.978725		5.00
6.00	IME payment adjustment (see instructions)	22.00	43,370,288	0	43,370,288	43,370,288	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	19,438,030	0	19,438,030	19,438,030	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	43,370,288	0	43,370,288	43,370,288	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	19,438,030	0	19,438,030	19,438,030	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3137	0.3137	0.3137		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	7,913,826	0	7,913,826	7,913,826	11.00
11.01	Uncompensated care payments	36.00	15,890,871	3,764,842	12,126,029	15,890,871	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	185,961,077	3,764,842	182,196,235	185,961,077	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	205,399,107	3,764,842	201,634,265	205,399,107	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	12,668,118	0	12,668,118	12,668,118	16.00
17.00	Special add-on payments for new technologies	54.00	1,686,169	0	1,686,169	1,686,169	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			3,764,842	215,988,552	219,753,394	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2020 2:33 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	8,038,395	0	8,038,395	8,038,395	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,514,845	0	1,514,845	1,514,845	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	0.3875	0.3875	0.3875		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	3,114,878	0	3,114,878	3,114,878	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	12,668,118	0	12,668,118	12,668,118	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	-619,644	0	-619,644	-619,644	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	-74,217	0	-74,217	-74,217	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/24/2020 2:33 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			67,009 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			159,000,048 2.00
3.00	OPPS payments			112,535,802 3.00
4.00	Outlier payment (see instructions)			1,800,104 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			471,798 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			67,009 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			489,479 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)			489,479 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)			489,479 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			422,470 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)			67,009 21.00
22.00	Interns and residents (see instructions)			137,600 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)			114,807,704 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			41,485 25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			19,470,671 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)			95,500,157 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			7,355,466 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)			102,855,623 30.00
31.00	Primary payer payments			1 31.00
32.00	Subtotal (line 30 minus line 31)			102,855,622 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			4,673,163 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			3,037,556 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,646,587 36.00
37.00	Subtotal (see instructions)			105,893,178 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.97	Demonstration payment adjustment amount before sequestration			0 39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			105,893,178 40.00
40.01	Sequestration adjustment (see instructions)			1,768,416 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			103,544,316 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)			580,446 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			3,169,628 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			2,903,532 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/24/2020 2:33 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		231,593,332		102,997,224	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	01/08/2020	4,696,930		0	3.01
3.02		03/02/2020	1,330,592	03/02/2020	851,671	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	11/11/2019	502,749	11/11/2019	205,092	3.50
3.51			0	01/08/2020	99,487	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)		5,524,773		547,092	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)		237,118,105		103,544,316	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		580,446	6.01
6.02	SETTLEMENT TO PROGRAM		4,808,353		0	6.02
7.00	Total Medicare program liability (see instructions)		232,309,752		104,124,762	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/24/2020 2:33 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2020 2:33 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	47,878,567			1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	47,878,567		0	4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	47,878,567		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0		0	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0		0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	47,878,567		0	18.00
19.00	Interns and Residents (see instructions)	25,211		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0			28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	47,878,567		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	25,211		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	25,211		0	36.00
37.00	CR ADJUSTMENT	-25,211		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0088		Period: From 07/01/2019 To 06/30/2020		Worksheet E-4 Date/Time Prepared: 11/24/2020 2:33 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					492.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					1.66	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.64	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					494.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					702.22	6.00
7.00	Enter the lesser of line 5 or line 6					494.90	7.00
		Primary Care	Other	Total			
		1.00	2.00	3.00			
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	207.03	383.11	590.14		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.	145.91	270.00	415.91		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	145.91	270.00			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	146.14	272.54			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	155.04	265.27			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	149.03	269.27			14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	6.77			15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	9.77			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	149.03	276.04			17.00	
18.00	Per resident amount	113,179.32	107,170.86			18.00	
19.00	Approved amount for resident costs	16,867,114	29,583,444	46,450,558		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)			207.32		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)			46,450,558		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	49,549	12,833	13,344			26.00
27.00	Total Inpatient Days (see instructions)	199,236	199,236	199,236			27.00
28.00	Ratio of inpatient days to total inpatient days	0.248695	0.064411	0.066976			28.00
29.00	Program direct GME amount	11,552,022	2,991,927	3,111,073	17,655,022	29.00	
29.01	Percent reduction for MA DGME		7.00	7.00			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		209,435	217,775	427,210	30.00	
31.00	Net Program direct GME amount				17,227,812	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet E-4 Date/Time Prepared: 11/24/2020 2:33 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)			41,857,297	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)			201,225,042	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			13,123,247	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			33,918	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			214,314,371	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			159,676,455	42.00
43.00	Primary payer payments (see instructions)			1	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			159,676,454	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			373,990,825	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.573047	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.426953	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			17,227,812	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			9,872,346	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			7,355,466	50.00

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

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
11/24/2020 2:33 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	458,899,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	297,124,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	247,553,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,003,576,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	2,464,607,000	0	0	0	19.00
20.00	Accumulated depreciation	-1,126,427,000	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,338,180,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	997,741,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	489,730,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,487,471,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,829,227,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	196,740,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	16,625,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	172,327,619	0	0	0	42.00
43.00	Due to other funds	37,649,000	0	0	0	43.00
44.00	Other current liabilities	303,963,381	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	727,305,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	827,380,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	387,243,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,214,623,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,941,928,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,887,299,000	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)	1,887,299,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,829,227,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
11/24/2020 2:33 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		1,893,857,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		26,579,000				2.00
3.00	Total (sum of line 1 and line 2)		1,920,436,000		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARILY RESTRICTED CONT	4,881,000		0		0	5.00
6.00	PERM RESTRICTED CONT	0		0		0	6.00
7.00	PENSION	-2,823,000		0		0	7.00
8.00	OTHER	3		0		0	8.00
9.00	CHG IN VAL OF DERIV/OTHER	-53,268,000		0		0	9.00
10.00	Total additions (sum of line 4-9)		-51,209,997		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,869,226,003		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CHANGE IN VALUATION OF DERIV	0		0		0	13.00
14.00	NET TRANSFER	71,750,000		0		0	14.00
15.00	ADDITIONAL MINIMUM PENSION LIAB	0		0		0	15.00
16.00	EXPENDED FOR OPERATING PURPOSES	7,408,000		0		0	16.00
17.00	OTHER	-1,695,000		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		77,463,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,791,763,003		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TEMPORARILY RESTRICTED CONT		0				5.00
6.00	PERM RESTRICTED CONT		0				6.00
7.00	PENSION		0				7.00
8.00	OTHER		0				8.00
9.00	CHG IN VAL OF DERIV/OTHER		0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	CHANGE IN VALUATION OF DERIV		0				13.00
14.00	NET TRANSFER		0				14.00
15.00	ADDITIONAL MINIMUM PENSION LIAB		0				15.00
16.00	EXPENDED FOR OPERATING PURPOSES		0				16.00
17.00	OTHER		0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/24/2020 2:33 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	818,172,837		818,172,837	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	818,172,837		818,172,837	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	265,329,802		265,329,802	11.00
12.00	CORONARY CARE UNIT	116,608,922		116,608,922	12.00
13.00	BURN INTENSIVE CARE UNIT	20,282,163		20,282,163	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NURSERY ICU	147,184,200		147,184,200	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	549,405,087		549,405,087	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,367,577,924		1,367,577,924	17.00
18.00	Ancillary services	2,855,754,835	3,241,452,147	6,097,206,982	18.00
19.00	Outpatient services	0	1,376,905,682	1,376,905,682	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	4,223,332,759	4,618,357,829	8,841,690,588	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,086,609,966		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	ROUNDING	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)		2,086,609,966		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
11/24/2020 2:33 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	8,841,690,588	1.00
2.00	Less contractual allowances and discounts on patients' accounts	7,099,371,588	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,742,319,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,086,609,966	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-344,290,966	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	4,408,190	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,419,657	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	245,951,958	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	ROUNDING	0	24.00
24.01	CAPITATION REVENUE	43,677,755	24.01
24.02	OTHER MISC REVENUE	47,858,229	24.02
24.03	INVESTMENT INC AND UNRES GIFTS	0	24.03
24.04	DERIVATIVE INEFFECTIVENESS	0	24.04
24.05	OTHER	-95,533,000	24.05
24.50	COVID-19 PHE Funding	123,087,177	24.50
25.00	Total other income (sum of lines 6-24)	370,869,966	25.00
26.00	Total (line 5 plus line 25)	26,579,000	26.00
27.00	LOSS ON EXTINGUISHMENT OF DEBT	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	26,579,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0088	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/24/2020 2:33 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,038,395	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,514,845	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)		550.30	3.00
4.00	Number of interns & residents (see instructions)		638.54	4.00
5.00	Indirect medical education percentage (see instructions)		38.75	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)		3,114,878	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)		12,668,118	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