

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/27/2021 10:22 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE NORTHSIDE HEALTH SYSTEM (14-0182) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MICHAEL VOLANTE
 Officer or Administrator of Provider(s)

VICE PRESIDENT, REIMBURSEMENT
 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	1,226,339	-188,716	0	0	1.00
2.00	Subprovider - IPF	0	80,166	350		0	2.00
3.00	Subprovider - IRF	0	84,830	-18		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	1,391,335	-188,384	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: 14-0182		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 10:22 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 836 W WELLINGTON AVE			PO Box:				1.00				
2.00	City: CHICAGO			State: IL		Zip Code: 60657		County: COOK				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			ADVOCATE NORTHSIDE HEALTH SYSTEM	140182	16974	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF			ADVOCATE NORTHSIDE HEALTH SYSTEM PSY	14S182	16974	4	01/11/1983	0	P	0	4.00
5.00	Subprovider - IRF			ADVOCATE NORTHSIDE HEALTH REHAB	14T182	16974	5	12/28/2003	0	P	0	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020		12/31/2020		20.00	
21.00	Type of Control (see instructions)						1				21.00	
							1.00		2.00		3.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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	

Worksheet S-2
Part I
Date/Time Prepared:
7/27/2021 10:22 am

MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 10:22 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 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)		23.03	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
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			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)		1.36	90.81	0.014755	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)	FAMILY PRACTICE	3630	3.81	92.82	0.039429	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		4.64	94.94	0.046596	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	3630	7.83	90.83	0.079363	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.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				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.	Y	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)	N			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)	N			107.00

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				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.						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			0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			426,189	3,125,000	3,329,095	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.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 10:22 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036		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: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT. SVCS.		Contractor's Number: 00131		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		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				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				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	
		1.00		2.00		3.00	
						Title XIX	
						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	
				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	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 10:22 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/27/2021 10:22 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	Y		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 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	07/18/2021	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE
Provider CCN: 14-0182
Period: From 01/01/2020 To 12/31/2020
Worksheet S-2 Part II Date/Time Prepared: 7/27/2021 10:22 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		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.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		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.		Y		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		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		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.		N		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.		Y		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.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		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.	MARY	SEBO		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5763	MARY.SEBO@AAH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/27/2021 10:22 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		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: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 10:22 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	126	46,072	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)		126	46,072	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	75	27,282	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	42	15,507	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		243	88,861	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	27	9,937		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	7,993		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		292				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)		8	2,928			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: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 10:22 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,800	2,113	33,912			1.00
2.00	HMO and other (see instructions)	9,441	8,831				2.00
3.00	HMO IPF Subprovider	766	1,925				3.00
4.00	HMO IRF Subprovider	1,155	820				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)	4,800	2,113	33,912			7.00
8.00	INTENSIVE CARE UNIT	2,259	1,204	9,289			8.00
9.00	CORONARY CARE UNIT	3,844	181	7,250			9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		156	1,679			13.00
14.00	Total (see instructions)	10,903	3,654	52,130	185.27	1,656.73	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,410	1,145	7,904	0.50	48.99	16.00
17.00	SUBPROVIDER - IRF	1,824	185	5,321	0.00	26.95	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			384			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				185.77	1,732.67	27.00
28.00	Observation Bed Days		0	4,131			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	33	735			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: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 10:22 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,134	507	11,677	1.00
2.00 HMO and other (see instructions)			1,558	2,076		2.00
3.00 HMO IPF Subprovider				238		3.00
4.00 HMO IRF Subprovider				11		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,134	507	11,677	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	132	157	1,055	16.00
17.00 SUBPROVIDER - IRF	0.00	0	127	10	357	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					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: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 10:22 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	154,059,340	0	154,059,340	3,445,998.00	44.71
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		8,791,531	0	8,791,531	68,251.00	128.81
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	14,023,354	13,629	14,036,983	399,651.00	35.12
7.01	Contracted interns and residents (in an approved programs)		2,648,861	0	2,648,861	58,864.00	45.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,282,493	468,628	5,751,121	157,955.00	36.41
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,265,662	0	5,265,662	70,375.00	74.82
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		21,406,995	0	21,406,995	313,377.00	68.31
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		29,460,506	0	29,460,506		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,498,887	0	1,498,887		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		802,754	0	802,754		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,979,072	0	3,979,072		
25.50	Home office wage-related (core)		4,754,217	0	4,754,217		
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: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 10:22 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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	1,799,777	-1,453,692	346,085	26,000.00	13.31	26.00
27.00	Administrative & General	5.00	20,881,951	-8,521,566	12,360,385	517,129.60	23.90	27.00
28.00	Administrative & General under contract (see inst.)		1,287,181	0	1,287,181	19,330.00	66.59	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	15,321	0	15,321	104.00	147.32	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,417,807	213,926	2,631,733	49,046.40	53.66	38.00
39.00	Central Services and Supply	14.00	1,321,228	148,043	1,469,271	60,944.00	24.11	39.00
40.00	Pharmacy	15.00	4,234,963	-135,134	4,099,829	96,158.40	42.64	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	2,226,581	91,148	2,317,729	49,504.00	46.82	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/27/2021 10:22 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	129,882,775	-13,629	129,869,146	2,938,562.00	44.19	1.00
2.00	Excluded area salaries (see instructions)	5,282,493	468,628	5,751,121	157,955.00	36.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	124,600,282	-482,257	124,118,025	2,780,607.00	44.64	3.00
4.00	Subtotal other wages & related costs (see inst.)	26,672,657	0	26,672,657	383,752.00	69.50	4.00
5.00	Subtotal wage-related costs (see inst.)	34,214,723	0	34,214,723	0.00	27.57	5.00
6.00	Total (sum of lines 3 thru 5)	185,487,662	-482,257	185,005,405	3,164,359.00	58.47	6.00
7.00	Total overhead cost (see instructions)	34,184,809	-9,657,275	24,527,534	818,216.40	29.98	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 7/27/2021 10:22 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		8,071,624	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)		651,433	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		9,593,082	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		3,458,557	9.00
10.00	Dental, Hearing and Vision Plan		266,254	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		93,438	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)		979,289	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,071,600	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		10,330,741	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	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))		596,361	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		628,840	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		35,741,219	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,265,662	35,741,219	1.00
2.00	Hospital	5,265,662	34,242,332	2.00
3.00	Subprovider - IPF	0	975,542	3.00
4.00	Subprovider - IRF	0	523,345	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ADVOCATE NORTHSIDE HEALTH SYSTEM		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/27/2021 10:22 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.247405	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			46,525,135	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			271,361,906	6.00
7.00	Medicaid cost (line 1 times line 6)			67,136,292	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)			20,611,157	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)			20,611,157	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)	32,993,338	2,117,244	35,110,582	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,162,717	2,117,244	10,279,961	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,162,717	2,117,244	10,279,961	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)			30,726,331	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			952,670	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,465,647	27.01
28.00	Non-Medicare bad debt expense (see instructions)			29,260,684	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			7,752,217	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			18,032,178	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			38,643,335	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	12,989,510	12,989,510	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,267,945	9,267,945	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,799,777	25,496,917	27,296,694	-1,453,760	25,842,934	4.00
5.01	00540	NONPATIENT TELEPHONES	527,934	1,507,776	2,035,710	-83,282	1,952,428	5.01
5.02	00550	DATA PROCESSING	709,096	192,869	901,965	-1,439	900,526	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	3,441,407	3,441,407	-169,027	3,272,380	5.03
5.04	00570	ADMITTING	539,000	335,601	874,601	55,554	930,155	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,785,583	14,785,583	-113	14,785,470	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	19,105,921	98,758,069	117,863,990	-22,340,767	95,523,223	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	15,321	16,312,137	16,327,458	-112,600	16,214,858	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,447,802	1,447,802	-7,924	1,439,878	8.00
9.00	00900	HOUSEKEEPING	0	5,809,303	5,809,303	-7,424	5,801,879	9.00
10.00	01000	DIETARY	0	5,755,200	5,755,200	-1,732,984	4,022,216	10.00
11.00	01100	CAFETERIA	0	0	0	1,646,614	1,646,614	11.00
13.00	01300	NURSING ADMINISTRATION	2,417,807	384,935	2,802,742	190,396	2,993,138	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,321,228	2,906,818	4,228,046	-1,682,010	2,546,036	14.00
15.00	01500	PHARMACY	4,234,963	24,555,220	28,790,183	-22,065,068	6,725,115	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	57,804	57,804	-1,222	56,582	16.00
17.00	01700	SOCIAL SERVICE	2,226,581	506,788	2,733,369	89,353	2,822,722	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	14,023,354	0	14,023,354	13,629	14,036,983	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,763,793	4,763,793	407,351	5,171,144	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	246,876	246,876	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,521,186	6,046,138	29,567,324	-2,837,627	26,729,697	30.00
31.00	03100	INTENSIVE CARE UNIT	12,607,749	6,076,434	18,684,183	-1,736,457	16,947,726	31.00
32.00	03200	CORONARY CARE UNIT	4,817,742	1,106,301	5,924,043	-177,829	5,746,214	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	3,438,081	428,199	3,866,280	102,892	3,969,172	40.00
41.00	04100	SUBPROVIDER - IRF	1,844,412	1,420,778	3,265,190	-135,529	3,129,661	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,473,157	1,473,157	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,387,959	33,565,062	44,953,021	-27,175,577	17,777,444	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	124,528	1,576,591	1,701,119	-1,320,769	380,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,912,477	5,151,873	11,064,350	-2,306,308	8,758,042	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	463,969	1,088,236	1,552,205	-84,332	1,467,873	56.00
56.01	05601	ULTRA SOUND	1,129,789	590,653	1,720,442	-184,833	1,535,609	56.01
57.00	05700	CT SCAN	974,295	1,113,172	2,087,467	-457,683	1,629,784	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,669,101	8,190,160	10,859,261	-6,978,134	3,881,127	59.00
60.00	06000	LABORATORY	0	11,461,226	11,461,226	-1,184,147	10,277,079	60.00
60.01	06001	BLOOD LABORATORY	0	1,114,182	1,114,182	-109,395	1,004,787	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,968,256	1,538,154	4,506,410	-502,520	4,003,890	65.00
66.00	06600	PHYSICAL THERAPY	4,139,497	773,032	4,912,529	313,094	5,225,623	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	348,337	61,885	410,222	-12,970	397,252	68.01
69.00	06900	ELECTROCARDIOLOGY	903,335	376,602	1,279,937	-84,554	1,195,383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	159,120	642,574	801,694	6,390	808,084	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	31,769,952	31,769,952	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,342,328	15,342,328	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	21,638,271	21,638,271	73.00
74.00	07400	RENAL DIALYSIS	745,823	243,856	989,679	-97,573	892,106	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	287,070	37,663	324,733	25,435	350,168	76.97

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A

Date/Time Prepared:
7/27/2021 10:22 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	765,436	573,691	1,339,127	-870,595	468,532	90.00
90.01	09001	A.R.C. CLINIC	1,220,799	171,942	1,392,741	-12,873	1,379,868	90.01
90.02	09002	CANCER CTR CLINIC	1,511,380	907,230	2,418,610	-452,320	1,966,290	90.02
90.03	09003	UROLOGY CLINIC	138,154	26,021	164,175	17,395	181,570	90.03
90.04	09004	PAIN CLINIC	0	0	0	802,396	802,396	90.04
90.05	09005	EYE CENTER	103,450	193,851	297,301	-125,457	171,844	90.05
90.06	09006	WOUND CARE CLINIC	87,515	327,668	415,183	-175,827	239,356	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	6,487,975	1,977,445	8,465,420	0	8,465,420	90.07
90.08	09008	ANTICOAGULATION CLINIC	111,525	23,015	134,540	-1,827	132,713	90.08
90.09	09009	OP IV THERAPY	272,378	100,971	373,349	915,066	1,288,415	90.09
90.10	09010	PARK RIDGE CLINIC	2,460,442	32,356,748	34,817,190	-37,978	34,779,212	90.10
90.11	09011	LIBERTYVILLE CLINIC	2,152,146	17,715,688	19,867,834	-315,871	19,551,963	90.11
90.12	09012	BHORADE CLINIC	1,640,751	8,637,798	10,278,549	8,006	10,286,555	90.12
90.13	09013	DARIEN CLINIC	693,097	5,287,601	5,980,698	-30,347	5,950,351	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	644,958	6,075,966	6,720,924	-4,289	6,716,635	90.14
90.15	09015	PEDIATRIC CLINIC	3,041,940	324,857	3,366,797	121,575	3,488,372	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	70,507	14,508	85,015	7,110	92,125	90.16
91.00	09100	EMERGENCY	7,293,179	3,932,941	11,226,120	-378,665	10,847,455	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	154,059,340	368,268,734	522,328,074	389	522,328,463	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	789	789	-389	400	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	154,059,340	368,269,523	522,328,863	0	522,328,863	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,200,931	15,190,441	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,034,590	12,302,535	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,116,436	31,959,370	4.00
5.01	00540	NONPATIENT TELEPHONES	-140	1,952,288	5.01
5.02	00550	DATA PROCESSING	21,764,242	22,664,768	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	3,272,380	5.03
5.04	00570	ADMITTING	0	930,155	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-3,200,772	11,584,698	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-61,939,608	33,583,615	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,209,365	17,424,223	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,439,878	8.00
9.00	00900	HOUSEKEEPING	0	5,801,879	9.00
10.00	01000	DIETARY	-945,267	3,076,949	10.00
11.00	01100	CAFETERIA	0	1,646,614	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,993,138	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,546,036	14.00
15.00	01500	PHARMACY	-2,816	6,722,299	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	56,582	16.00
17.00	01700	SOCIAL SERVICE	0	2,822,722	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	14,036,983	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-101,915	5,069,229	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	246,876	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,196,309	23,533,388	30.00
31.00	03100	INTENSIVE CARE UNIT	0	16,947,726	31.00
32.00	03200	CORONARY CARE UNIT	0	5,746,214	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-4,611	3,964,561	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,129,661	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,473,157	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,724,820	15,052,624	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	380,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-116,851	8,641,191	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,467,873	56.00
56.01	05601	ULTRA SOUND	0	1,535,609	56.01
57.00	05700	CT SCAN	0	1,629,784	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-705,347	3,175,780	59.00
60.00	06000	LABORATORY	-441,525	9,835,554	60.00
60.01	06001	BLOOD LABORATORY	0	1,004,787	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-1,800	4,002,090	65.00
66.00	06600	PHYSICAL THERAPY	-687,540	4,538,083	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	CARDIOLOGY	-1,560	395,692	68.01
69.00	06900	ELECTROCARDIOLOGY	-31,082	1,164,301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	808,084	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	31,769,952	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,342,328	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,638,271	73.00
74.00	07400	RENAL DIALYSIS	0	892,106	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	350,168	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-15,000	453,532	90.00
90.01	09001	A.R.C. CLINIC	0	1,379,868	90.01
90.02	09002	CANCER CTR CLINIC	0	1,966,290	90.02
90.03	09003	UROLOGY CLINIC	0	181,570	90.03
90.04	09004	PAIN CLINIC	0	802,396	90.04
90.05	09005	EYE CENTER	-33,600	138,244	90.05
90.06	09006	WOUND CARE CLINIC	-7,460	231,896	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	8,465,420	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	132,713	90.08
90.09	09009	OP IV THERAPY	-49,352	1,239,063	90.09
90.10	09010	PARK RIDGE CLINIC	0	34,779,212	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	19,551,963	90.11
90.12	09012	BHORADE CLINIC	0	10,286,555	90.12
90.13	09013	DARIEN CLINIC	-123	5,950,228	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	6,716,635	90.14
90.15	09015	PEDIATRIC CLINIC	-64,916	3,423,456	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	92,125	90.16
91.00	09100	EMERGENCY	-2,311,883	8,535,572	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-42,258,733	480,069,730	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	400	190.00
190.01	19001	SUBCORPS	0	0	190.01
190.02	19002	GRANTS	0	0	190.02
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPICE	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-42,258,733	480,070,130	200.00

RECLASSIFICATIONS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/27/2021 10:22 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA COSTS					
1.00	CAFETERIA _____	11.00	0	1,646,614		1.00
	TOTALS		0	1,646,614		
	B - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	21,638,271		1.00
	TOTALS		0	21,638,271		
	C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,704,255		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,706,338		2.00
	TOTALS		0	21,410,593		
	D - EQUIPMENT DEPRECIATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.00	0	8,167,308		1.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
	TOTALS		0	8,167,308		
	E - NURSERY					
1.00	NURSERY _____	43.00	1,257,203	215,954		1.00
	TOTALS		1,257,203	215,954		
	F - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	47,112,280		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
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

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 10:22 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
TOTALS			0	47,112,280		
G - RENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	285,255		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	561,607		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
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
TOTALS			0	846,862		

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 10:22 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
H - IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO	72.00	0	15,342,328	1.00
	PATIENTS				
	TOTALS		0	15,342,328	
I - PHARMACY RESIDENT'S COST					
1.00	PARAMED ED PHARMACY	23.03	246,876	0	1.00
	TOTALS		246,876	0	
J - PAIN CLINIC					
1.00	PAIN CLINIC	90.04	341,998	460,398	1.00
	TOTALS		341,998	460,398	
K - OP IV THERAPY					
1.00	OP IV THERAPY	90.09	759,050	189,214	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		759,050	189,214	
L - MANAGEMENT COMPENSATION					
1.00	PURCHASING RECEIVING AND	5.03	2,266	0	1.00
	STORES				
2.00	OTHER ADMINISTRATIVE AND	5.06	1,076,142	0	2.00
	GENERAL				
3.00	NURSING ADMINISTRATION	13.00	138,604	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	11,247	0	4.00
5.00	PHARMACY	15.00	21,477	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	9,911	0	6.00
7.00	I&R SERVICES-SALARY &	21.00	13,629	0	7.00
	FRINGES APPRV				
8.00	ADULTS & PEDIATRICS	30.00	59,171	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	20,190	0	9.00
10.00	CORONARY CARE UNIT	32.00	8,333	0	10.00
11.00	SUBPROVIDER - IPF	40.00	8,332	0	11.00
12.00	SUBPROVIDER - IRF	41.00	3,895	0	12.00
13.00	OPERATING ROOM	50.00	22,316	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	5,281	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	7,253	0	15.00
16.00	RESPIRATORY THERAPY	65.00	8,392	0	16.00
17.00	PHYSICAL THERAPY	66.00	8,202	0	17.00
18.00	CLINIC	90.00	6,866	0	18.00
19.00	CANCER CTR CLINIC	90.02	8,044	0	19.00
20.00	EMERGENCY	91.00	14,141	0	20.00
	TOTALS		1,453,692	0	
M - COVID SALARY RELATED COSTS					
1.00		0.00	0	0	1.00
6.00	NONPATIENT TELEPHONES	5.01	14,750	0	6.00
7.00	ADMITTING	5.04	181,198	0	7.00
8.00	NURSING ADMINISTRATION	13.00	75,322	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	126,885	0	9.00
10.00	PHARMACY	15.00	90,265	0	10.00
11.00	SOCIAL SERVICE	17.00	91,148	0	11.00
12.00	I&R SERVICES-OTHER PRGM	22.00	478,438	0	12.00
	COSTS APPRV				
13.00	ADULTS & PEDIATRICS	30.00	1,640,005	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	1,367,870	0	14.00
15.00	CORONARY CARE UNIT	32.00	429,649	0	15.00
16.00	SUBPROVIDER - IPF	40.00	136,480	0	16.00
17.00	SUBPROVIDER - IRF	41.00	73,045	0	17.00
18.00	OPERATING ROOM	50.00	1,310,805	0	18.00
19.00	ANESTHESIOLOGY	53.00	10,576	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	617,280	0	20.00
21.00	RADIOISOTOPE	56.00	104,389	0	21.00
22.00	ULTRA SOUND	56.01	150,265	0	22.00
23.00	CT SCAN	57.00	92,929	0	23.00
24.00	CARDIAC CATHETERIZATION	59.00	393,772	0	24.00
25.00	RESPIRATORY THERAPY	65.00	381,911	0	25.00
26.00	PHYSICAL THERAPY	66.00	402,650	0	26.00
27.00	CARDIOLOGY	68.01	15,143	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	112,082	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	29,708	0	29.00
30.00	RENAL DIALYSIS	74.00	42,395	0	30.00
31.00	CARDIAC REHABILITATION	76.97	39,420	0	31.00
32.00	CLINIC	90.00	63,996	0	32.00
33.00	A.R.C. CLINIC	90.01	66,433	0	33.00
34.00	CANCER CTR CLINIC	90.02	141,596	0	34.00
35.00	UROLOGY CLINIC	90.03	29,243	0	35.00
36.00	EYE CENTER	90.05	38,951	0	36.00

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 10:22 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
38.00	OP IV THERAPY	90.09	21,415	0	38.00
39.00	PARK RIDGE CLINIC	90.10	45,379	0	39.00
40.00	LIBERTYVILLE CLINIC	90.11	43,915	0	40.00
41.00	BHORADE CLINIC	90.12	36,449	0	41.00
42.00	DARIEN CLINIC	90.13	27,349	0	42.00
43.00	GOOD SHEPHERD INFUSION & DRUGS	90.14	37,001	0	43.00
44.00	PEDIATRIC CLINIC	90.15	126,802	0	44.00
45.00	CONDELL - INFUSION & DRUGS	90.16	7,110	0	45.00
46.00	EMERGENCY	91.00	701,903	0	46.00
	TOTALS		9,795,922	0	
500.00	Grand Total: Increases		13,854,741	117,029,822	500.00

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6

Date/Time Prepared:
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	Decreases						11/27/2021 10:22 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA COSTS						
1.00	DIETARY	10.00	0	1,646,614	0		1.00
	TOTALS		0	1,646,614			
	B - CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	21,638,271	0		1.00
	TOTALS		0	21,638,271			
	C - DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,704,255	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,706,338	9		2.00
	TOTALS		0	21,410,593			
	D - EQUIPMENT DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	68	0		1.00
3.00	DATA PROCESSING	5.02	0	1,329	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	171,293	0		4.00
5.00	ADMITTING	5.04	0	68	0		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	113	0		6.00
7.00	OPERATION OF PLANT	7.00	0	112,415	0		7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	7,924	0		8.00
9.00	HOUSEKEEPING	9.00	0	7,424	0		9.00
10.00	DIETARY	10.00	0	86,370	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	5,027	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	311,475	0		12.00
13.00	PHARMACY	15.00	0	161,739	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,157	0		14.00
15.00	SOCIAL SERVICE	17.00	0	1,108	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	184,856	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	377,434	0		17.00
18.00	CORONARY CARE UNIT	32.00	0	22,915	0		18.00
19.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	31,302	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	11,781	0		20.00
21.00	OPERATING ROOM	50.00	0	3,440,392	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	130,930	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,154,263	0		23.00
24.00	RADIOISOTOPE	56.00	0	184,561	0		24.00
25.00	ULTRA SOUND	56.01	0	64,304	0		25.00
26.00	CT SCAN	57.00	0	12,777	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	375,220	0		27.00
28.00	LABORATORY	60.00	0	10,953	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	206,057	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	17,032	0		30.00
31.00	CARDIOLOGY	68.01	0	17,123	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	175,109	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,734	0		33.00
34.00	RENAL DIALYSIS	74.00	0	7,130	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	10,526	0		35.00
36.00	A.R.C. CLINIC	90.01	0	50,552	0		36.00
37.00	CANCER CTR CLINIC	90.02	0	465,795	0		37.00
38.00	UROLOGY CLINIC	90.03	0	2,989	0		38.00
39.00	EYE CENTER	90.05	0	132,035	0		39.00
40.00	WOUND CARE CLINIC	90.06	0	969	0		40.00
41.00	OP IV THERAPY	90.09	0	40,266	0		41.00
42.00	PARK RIDGE CLINIC	90.10	0	9,750	0		42.00
44.00	SUBPROVIDER - IPF	40.00	0	2,797	0		44.00
45.00	LIBERTYVILLE CLINIC	90.11	0	2,330	0		45.00
46.00	BHORADE CLINIC	90.12	0	2,186	0		46.00
47.00	DARIEN CLINIC	90.13	0	29,960	0		47.00
48.00	GOOD SHEPHERD INFUSION & DRUGS	90.14	0	16,996	0		48.00
49.00	PEDIATRIC CLINIC	90.15	0	2,437	0		49.00
50.00	EMERGENCY	91.00	0	96,948	0		50.00
51.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	389	0		51.00
	TOTALS		0	8,167,308			
	E - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,257,203	215,954	0		1.00
	TOTALS		1,257,203	215,954			

RECLASSIFICATIONS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	F - SUPPLIES						
1.00	NONPATIENT TELEPHONES	5.01	0	5,661	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	362,811	0		2.00
3.00	OPERATION OF PLANT	7.00	0	185	0		3.00
7.00	NURSING ADMINISTRATION	13.00	0	18,503	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,518,578	0		8.00
9.00	PHARMACY	15.00	0	129,924	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	65	0		10.00
11.00	SOCIAL SERVICE	17.00	0	687	0		11.00
12.00	I&R SERVICES-OTHER PRGM	22.00	0	3,684	0		12.00
13.00	COSTS APPRV						
13.00	ADULTS & PEDIATRICS	30.00	0	2,011,809	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	2,553,798	0		14.00
15.00	CORONARY CARE UNIT	32.00	0	491,171	0		15.00
16.00	SUBPROVIDER - IPF	40.00	0	39,123	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	169,936	0		17.00
18.00	OPERATING ROOM	50.00	0	25,009,751	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	1,200,415	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,769,926	0		20.00
21.00	RADIOISOTOPE	56.00	0	4,160	0		21.00
22.00	ULTRA SOUND	56.01	0	268,284	0		22.00
23.00	CT SCAN	57.00	0	382,662	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	6,993,088	0		24.00
25.00	LABORATORY	60.00	0	1,173,194	0		25.00
26.00	BLOOD LABORATORY	60.01	0	109,395	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	652,682	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	80,726	0		28.00
29.00	CARDIOLOGY	68.01	0	10,990	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	21,527	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,240	0		31.00
32.00	RENAL DIALYSIS	74.00	0	119,958	0		32.00
33.00	CLINIC	90.00	0	139,061	0		33.00
34.00	A.R.C. CLINIC	90.01	0	28,754	0		34.00
35.00	CANCER CTR CLINIC	90.02	0	135,985	0		35.00
36.00	UROLOGY CLINIC	90.03	0	8,859	0		36.00
37.00	EMERGENCY	91.00	0	993,007	0		37.00
38.00	WOUND CARE CLINIC	90.06	0	174,858	0		38.00
39.00	EYE CENTER	90.05	0	32,373	0		39.00
40.00	OP IV THERAPY	90.09	0	6,613	0		40.00
41.00	DATA PROCESSING	5.02	0	110	0		41.00
42.00	ADMITTING	5.04	0	124,977	0		42.00
43.00	CARDIAC REHABILITATION	76.97	0	3,459	0		43.00
44.00	ANTICOAGULATION CLINIC	90.08	0	1,827	0		44.00
45.00	PARK RIDGE CLINIC	90.10	0	73,607	0		45.00
46.00	LIBERTYVILLE CLINIC	90.11	0	191,780	0		46.00
47.00	BHORADE CLINIC	90.12	0	26,257	0		47.00
48.00	DARIEN CLINIC	90.13	0	27,736	0		48.00
49.00	PEDIATRIC CLINIC	90.15	0	2,790	0		49.00
50.00	GOOD SHEPHERD INFUSION & DRUGS	90.14	0	24,294	0		50.00
	TOTALS		0	47,112,280			
	G - RENT						
1.00		0.00	0	0	10		1.00
2.00		0.00	0	0	10		2.00
3.00	NONPATIENT TELEPHONES	5.01	0	92,371	10		3.00
4.00	ADMITTING	5.04	0	599	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14,891	10		5.00
6.00		0.00	0	0	10		6.00
7.00		0.00	0	0	10		7.00
8.00		0.00	0	0	10		8.00
9.00		0.00	0	0	10		9.00
10.00		0.00	0	0	10		10.00
11.00	I&R SERVICES-OTHER PRGM	22.00	0	36,101	10		11.00
12.00	COSTS APPRV						
12.00	ADULTS & PEDIATRICS	30.00	0	87,326	10		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	115,906	10		13.00
14.00	CORONARY CARE UNIT	32.00	0	10,495	10		14.00
15.00		0.00	0	0	10		15.00
16.00	SUBPROVIDER - IRF	41.00	0	30,752	10		16.00
17.00	OPERATING ROOM	50.00	0	58,555	10		17.00
18.00		0.00	0	0	10		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,680	10		19.00

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
20.00	ULTRA SOUND	56.01	0	2,510	10	20.00
21.00	CT SCAN	57.00	0	155,173	10	21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	10,851	10	22.00
23.00		0.00	0	0	10	23.00
24.00	RESPIRATORY THERAPY	65.00	0	34,084	10	24.00
26.00		0.00	0	0	10	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,344	10	27.00
28.00	RENAL DIALYSIS	74.00	0	12,880	10	28.00
29.00	CANCER CTR CLINIC	90.02	0	180	10	29.00
30.00	OP IV THERAPY	90.09	0	7,734	10	30.00
31.00	LIBERTYVILLE CLINIC	90.11	0	165,676	0	31.00
32.00	EMERGENCY	91.00	0	4,754	10	32.00
	TOTALS		0	846,862		
H - IMPLANT COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,342,328	0	1.00
	TOTALS		0	15,342,328		
I - PHARMACY RESIDENT'S COST						
1.00	PHARMACY	15.00	246,876	0	0	1.00
	TOTALS		246,876	0		
J - PAIN CLINIC						
1.00	CLINIC	90.00	341,998	460,398	0	1.00
	TOTALS		341,998	460,398		
K - OP IV THERAPY						
1.00	ADULTS & PEDIATRICS	30.00	636,683	142,972	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	48,174	29,205	0	2.00
3.00	CORONARY CARE UNIT	32.00	74,193	17,037	0	3.00
	TOTALS		759,050	189,214		
L - MANAGEMENT COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,453,692	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
	TOTALS		1,453,692	0		
M - COVID SALARY RELATED COSTS						
1.00		0.00	0	0	0	1.00
6.00		0.00	0	0	0	6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	9,795,922	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 10:22 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
	TOTALS		9,795,922	0			
500.00	Grand Total: Decreases		13,854,741	117,029,822			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/27/2021 10:22 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	38,801,113	0	0	0	0	1.00	
2.00	Land Improvements	4,907,618	147,528	0	147,528	0	2.00	
3.00	Buildings and Fixtures	271,232,287	12,314,895	0	12,314,895	0	3.00	
4.00	Building Improvements	2,207,467	0	0	0	0	4.00	
5.00	Fixed Equipment	62,693,468	6,426,416	0	6,426,416	7,708,897	5.00	
6.00	Movable Equipment	169,122	29,392	0	29,392	147,517	6.00	
7.00	HIT designated Assets	1,230,748	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	381,241,823	18,918,231	0	18,918,231	7,856,414	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	381,241,823	18,918,231	0	18,918,231	7,856,414	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	38,801,113	0					1.00
2.00	Land Improvements	5,055,146	-19,832					2.00
3.00	Buildings and Fixtures	283,547,182	53,193,005					3.00
4.00	Building Improvements	2,207,467	1,406,344					4.00
5.00	Fixed Equipment	61,410,987	-1,116,796					5.00
6.00	Movable Equipment	50,997	1,560,567					6.00
7.00	HIT designated Assets	1,230,748	0					7.00
8.00	Subtotal (sum of lines 1-7)	392,303,640	55,023,288					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	392,303,640	55,023,288					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/27/2021 10:22 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	290,809,795	0	290,809,795	0.822653	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	62,692,732	0	62,692,732	0.177347	0	2.00
3.00	Total (sum of lines 1-2)	353,502,527	0	353,502,527	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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	12,704,255	285,255	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,706,338	561,607	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,410,593	846,862	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)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,200,931	15,190,441	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,034,590	12,302,535	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,235,521	27,492,976	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0182

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,791,529			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	-129,897			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)			0UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,629,944	CAP REL COSTS-BLDG & FIXT	1.00	14	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	105,409	CAP REL COSTS-MVBLE EQUIP	2.00	14	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		-175,872	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	REVENUE OFFSET	B	-140	NONPATIENT TELEPHONES	5.01	14	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0182

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	REVENUE OFFSET	B	0	ADMITTING	5.04	0	33.01
33.02	REVENUE OFFSET	B	-3,200,772	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.02
33.03	REVENUE OFFSET	B	-2,608,229	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
34.00	REVENUE OFFSET	B	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
35.00	REVENUE OFFSET	B	-345,067	OPERATION OF PLANT	7.00	0	35.00
36.00	REVENUE OFFSET	B	0		0.00	0	36.00
37.00	REVENUE OFFSET	B	-945,267	DIETARY	10.00	0	37.00
38.00	REVENUE OFFSET	B	0		0.00	0	38.00
38.01	REVENUE OFFSET	B	-2,816	PHARMACY	15.00	0	38.01
38.02	REVENUE OFFSET	B	0		0.00	0	38.02
39.00	REVENUE OFFSET	B	0		0.00	0	39.00
40.00	REVENUE OFFSET	B	-101,915	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40.00
41.00	REVENUE OFFSET	B	-141,459	ADULTS & PEDIATRICS	30.00	0	41.00
42.00	REVENUE OFFSET	B	0	SUBPROVIDER - IPF	40.00	0	42.00
43.00	REVENUE OFFSET	B	-51,455	OPERATING ROOM	50.00	0	43.00
44.00	REVENUE OFFSET	B	-450	RADIOLOGY-DIAGNOSTIC	54.00	0	44.00
45.00	REVENUE OFFSET	B	0		0.00	0	45.00
45.01	REVENUE OFFSET	B	-441,525	LABORATORY	60.00	0	45.01
45.02	REVENUE OFFSET	B	-1,800	RESPIRATORY THERAPY	65.00	0	45.02
45.03	REVENUE OFFSET	B	-687,540	PHYSICAL THERAPY	66.00	0	45.03
45.04	REVENUE OFFSET	B	-1,560	CARDIOLOGY	68.01	0	45.04
45.05	REVENUE OFFSET	B	-64,916	PEDIATRIC CLINIC	90.15	0	45.05
45.08	REVENUE OFFSET	B	-33,600	EYE CENTER	90.05	0	45.08
45.09	REVENUE OFFSET	B	-123	DARIEN CLINIC	90.13	0	45.09
45.10	REVENUE OFFSET	B	-1,950	EMERGENCY	91.00	0	45.10
45.25	NONALLOWABLE EXPENSES	A	-3,632,158	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.25
45.50	INTEREST	A	-3,461,565	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.50
45.51	PUBLIC AID ASSESSMENT	A	-19,172,481	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.51
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-42,258,733				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: 14-0182

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

Worksheet A-8-1

Date/Time Prepared:
7/27/2021 10:22 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COST	6,116,436	0 1.00
2.00		5.02	DATA PROCESSING	HOME OFFICE COST	21,764,242	0 2.00
3.00		5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COST	11,654,875	44,720,050 3.00
4.00		1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	570,987	0 4.00
4.01		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST	2,929,181	0 4.01
4.02		7.00	OPERATION OF PLANT	HOME OFFICE COST	1,554,432	0 4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				44,590,153	44,720,050 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	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		0.00	ADVOCATEHEALTH	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: 14-0182

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

Worksheet A-8-1

Date/Time Prepared:
7/27/2021 10:22 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	6,116,436	0		1.00
2.00	21,764,242	0		2.00
3.00	-33,065,175	0		3.00
4.00	570,987	14		4.00
4.01	2,929,181	14		4.01
4.02	1,554,432	0		4.02
5.00	-129,897			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	HEALTHCARE		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: 14-0182

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

Worksheet A-8-2

Date/Time Prepared:
7/27/2021 10:22 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	40.00	DR. A	4,611	4,611	0	0	0	1.00
2.00	30.00	DR. B	2,878,978	2,878,978	0	0	0	2.00
3.00	0.00	DR. C	0	0	0	0	0	3.00
4.00	50.00	DR. D	2,673,365	2,673,365	0	0	0	4.00
5.00	54.00	DR. E	116,401	116,401	0	0	0	5.00
6.00	59.00	DR. F	705,347	705,347	0	0	0	6.00
7.00	69.00	DR. G	31,082	31,082	0	0	0	7.00
8.00	90.00	DR. H	15,000	15,000	0	0	0	8.00
9.00	90.06	DR. I	7,460	7,460	0	0	0	9.00
10.00	91.00	DR. J	2,309,933	2,309,933	0	0	0	10.00
11.00	90.09	DR. K	49,352	49,352	0	0	0	11.00
200.00			8,791,529	8,791,529	0	0	0	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	40.00	DR. A	0	0	0	0	0	1.00
2.00	30.00	DR. B	0	0	0	0	0	2.00
3.00	0.00	DR. C	0	0	0	0	0	3.00
4.00	50.00	DR. D	0	0	0	0	0	4.00
5.00	54.00	DR. E	0	0	0	0	0	5.00
6.00	59.00	DR. F	0	0	0	0	0	6.00
7.00	69.00	DR. G	0	0	0	0	0	7.00
8.00	90.00	DR. H	0	0	0	0	0	8.00
9.00	90.06	DR. I	0	0	0	0	0	9.00
10.00	91.00	DR. J	0	0	0	0	0	10.00
11.00	90.09	DR. K	0	0	0	0	0	11.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	40.00	DR. A	0	0	0	4,611		1.00
2.00	30.00	DR. B	0	0	0	2,878,978		2.00
3.00	0.00	DR. C	0	0	0	0		3.00
4.00	50.00	DR. D	0	0	0	2,673,365		4.00
5.00	54.00	DR. E	0	0	0	116,401		5.00
6.00	59.00	DR. F	0	0	0	705,347		6.00
7.00	69.00	DR. G	0	0	0	31,082		7.00
8.00	90.00	DR. H	0	0	0	15,000		8.00
9.00	90.06	DR. I	0	0	0	7,460		9.00
10.00	91.00	DR. J	0	0	0	2,309,933		10.00
11.00	90.09	DR. K	0	0	0	49,352		11.00
200.00			0	0	0	8,791,529		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.01
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	15,190,441	15,190,441			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,302,535		12,302,535		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	31,959,370	57,065	46,216	32,062,651	4.00
5.01	00540	NONPATIENT TELEPHONES	1,952,288	86,680	70,201	124,918	2,234,087 5.01
5.02	00550	DATA PROCESSING	22,664,768	123,976	100,406	167,784	81,272 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,272,380	248,405	201,180	0	11,865 5.03
5.04	00570	ADMITTING	930,155	36,314	29,410	170,411	30,254 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	11,584,698	203,806	165,060	0	0 5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	33,583,615	826,607	669,458	2,202,904	402,802 5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00	00700	OPERATION OF PLANT	17,424,223	109,017	88,292	3,625	111,526 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,439,878	66,433	53,803	0	3,559 8.00
9.00	00900	HOUSEKEEPING	5,801,879	316,702	256,492	0	30,254 9.00
10.00	01000	DIETARY	3,076,949	560,775	454,164	0	37,373 10.00
11.00	01100	CAFETERIA	1,646,614	15,639	12,666	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	2,993,138	6,497	5,262	589,917	20,170 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,546,036	170,363	137,975	342,648	27,288 14.00
15.00	01500	PHARMACY	6,722,299	138,935	112,521	965,007	38,560 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	56,582	40,545	32,837	0	0 16.00
17.00	01700	SOCIAL SERVICE	2,822,722	0	0	548,414	18,390 17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	14,036,983	0	0	3,431,371	30,848 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,069,229	820,059	664,155	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0 23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0 23.02
23.03	02303	PARAMED ED PHARMACY	246,876	2,015	1,632	58,415	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,533,388	2,728,278	2,209,595	4,824,254	334,579 30.00
31.00	03100	INTENSIVE CARE UNIT	16,947,726	937,614	759,361	3,295,470	100,848 31.00
32.00	03200	CORONARY CARE UNIT	5,746,214	393,862	318,984	1,224,067	29,661 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	3,964,561	505,776	409,621	844,711	26,102 40.00
41.00	04100	SUBPROVIDER - IRF	3,129,661	216,498	175,339	453,703	39,746 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,473,157	189,628	153,577	297,476	8,305 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,052,624	1,793,458	1,452,498	2,372,180	238,477 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	380,350	249,085	201,731	31,968	69,407 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,641,191	770,877	624,323	1,517,509	114,493 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	1,467,873	79,805	64,633	134,483	7,712 56.00
56.01	05601	ULTRA SOUND	1,535,609	29,086	23,557	302,883	2,373 56.01
57.00	05700	CT SCAN	1,629,784	61,623	49,907	252,523	2,966 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,175,780	467,397	378,538	557,831	53,984 59.00
60.00	06000	LABORATORY	9,835,554	328,689	266,201	86,006	51,017 60.00
60.01	06001	BLOOD LABORATORY	1,004,787	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	4,002,090	169,280	137,098	792,706	30,848 65.00
66.00	06600	PHYSICAL THERAPY	4,538,083	322,368	261,081	1,074,749	27,288 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	CARDIOLOGY	395,692	0	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	1,164,301	137,877	111,665	232,910	10,678 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	808,084	0	0	44,680	8,898 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,769,952	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,342,328	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,638,271	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	892,106	14,203	11,503	186,506	2,966 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	350,168	42,710	34,591	9,327	2,373	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	453,532	92,573	74,973	111,786	6,525	90.00
90.01	09001	A.R.C. CLINIC	1,379,868	192,700	156,065	304,581	38,560	90.01
90.02	09002	CANCER CTR CLINIC	1,966,290	837,259	678,085	391,122	0	90.02
90.03	09003	UROLOGY CLINIC	181,570	0	0	39,609	10,678	90.03
90.04	09004	PAIN CLINIC	802,396	106,952	86,619	80,923	0	90.04
90.05	09005	EYE CENTER	138,244	327	265	33,694	0	90.05
90.06	09006	WOUND CARE CLINIC	231,896	0	0	18,942	2,373	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	8,465,420	0	0	1,535,165	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	132,713	32,511	26,330	26,389	5,932	90.08
90.09	09009	OP IV THERAPY	1,239,063	28,129	22,782	237,443	4,746	90.09
90.10	09010	PARK RIDGE CLINIC	34,779,212	0	0	10,737	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	19,551,963	0	0	10,391	0	90.11
90.12	09012	BHORADE CLINIC	10,286,555	0	0	8,624	0	90.12
90.13	09013	DARIEN CLINIC	5,950,228	0	0	6,471	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	6,716,635	0	0	8,755	0	90.14
90.15	09015	PEDIATRIC CLINIC	3,423,456	0	0	749,778	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	92,125	0	0	1,682	0	90.16
91.00	09100	EMERGENCY	8,535,572	605,299	490,223	1,345,203	157,798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	480,069,730	15,163,697	12,280,875	32,062,651	2,233,494	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	400	26,744	21,660	0	593	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	480,070,130	15,190,441	12,302,535	32,062,651	2,234,087	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	23,138,206					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	3,733,830				5.03
5.04	00570	ADMITTING	0	1,728	1,198,272			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	11,953,564		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	67,338	0	0	37,752,724	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	66,717	0	0	17,803,400	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	444	0	0	1,564,117	8.00
9.00	00900	HOUSEKEEPING	0	36,296	0	0	6,441,623	9.00
10.00	01000	DIETARY	0	130,629	0	0	4,259,890	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,674,919	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,910	0	0	3,621,894	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	142,585	0	0	3,366,895	14.00
15.00	01500	PHARMACY	0	15,029	0	0	7,992,351	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	286	0	0	130,250	16.00
17.00	01700	SOCIAL SERVICE	0	409	0	0	3,389,935	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	17,499,202	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	7,378	0	0	6,560,821	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	308,938	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,927,808	144,461	199,513	995,968	36,897,844	30.00
31.00	03100	INTENSIVE CARE UNIT	1,290,876	143,488	133,460	666,908	24,275,751	31.00
32.00	03200	CORONARY CARE UNIT	756,104	35,070	78,172	390,628	8,972,762	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	220,998	4,406	22,848	114,175	6,113,198	40.00
41.00	04100	SUBPROVIDER - IRF	214,240	11,181	22,150	110,683	4,373,201	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	95,926	9,727	9,918	49,559	2,287,273	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,741,849	1,897,437	130,924	1,932,779	28,612,226	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	700,363	69,458	26,338	361,830	2,090,530	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,661,124	138,936	36,647	858,190	14,363,290	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	309,202	0	4,856	159,744	2,228,308	56.00
56.01	05601	ULTRA SOUND	289,933	23,870	2,688	149,789	2,359,788	56.01
57.00	05700	CT SCAN	1,042,783	33,089	38,139	538,735	3,649,549	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	605,156	492,279	25,452	312,643	6,069,060	59.00
60.00	06000	LABORATORY	1,226,861	69,936	70,638	633,836	12,568,738	60.00
60.01	06001	BLOOD LABORATORY	204,884	8,713	17,714	105,850	1,341,948	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	460,591	32,011	41,695	237,956	5,904,275	65.00
66.00	06600	PHYSICAL THERAPY	398,141	11,142	19,219	205,692	6,857,763	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	395,692	68.01
69.00	06900	ELECTROCARDIOLOGY	377,919	2,931	17,345	195,245	2,250,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,812	2,564	734	22,635	931,407	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	811,296	0	38,124	419,142	33,038,514	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,082,739	0	63,010	559,378	17,047,455	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,863,236	0	123,678	1,479,240	26,104,425	73.00
74.00	07400	RENAL DIALYSIS	55,896	9,300	5,436	28,877	1,206,793	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	38,818	3,922	225	20,055	502,189	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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7/27/2021 10:22 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	26,597	12,995	1	13,741	792,723	90.00
90.01	09001	A.R.C. CLINIC	279,289	3,404	1,121	144,290	2,499,878	90.01
90.02	09002	CANCER CTR CLINIC	169,843	13,752	24	87,746	4,144,121	90.02
90.03	09003	UROLOGY CLINIC	2,616	860	0	1,352	236,685	90.03
90.04	09004	PAIN CLINIC	111,518	0	0	57,614	1,246,022	90.04
90.05	09005	EYE CENTER	1,007	2,533	0	520	176,590	90.05
90.06	09006	WOUND CARE CLINIC	22,843	7,198	8	11,802	295,062	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	10,000,585	90.07
90.08	09008	ANTICOAGULATION CLINIC	11,289	721	1	5,832	241,718	90.08
90.09	09009	OP IV THERAPY	37,147	387	8	19,191	1,588,896	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	34,789,949	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	19,562,354	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	10,295,179	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	5,956,699	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	6,725,390	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	4,173,234	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	93,807	90.16
91.00	09100	EMERGENCY	2,055,502	72,310	68,186	1,061,939	14,392,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,138,206	3,733,830	1,198,272	11,953,564	480,020,733	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	49,397	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,138,206	3,733,830	1,198,272	11,953,564	480,070,130	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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 ADMINISTRATIVE AND GENERAL	37,752,724					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,519,556	0	19,322,956			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	133,501	0	95,097	1,792,715		8.00
9.00	00900	HOUSEKEEPING	549,805	0	453,352	0	7,444,780	9.00
10.00	01000	DIETARY	363,590	0	802,739	0	318,316	10.00
11.00	01100	CAFETERIA	142,958	0	22,386	0	8,877	11.00
13.00	01300	NURSING ADMINISTRATION	309,136	0	9,301	0	3,688	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	287,371	0	243,872	4,750	96,704	14.00
15.00	01500	PHARMACY	682,163	0	198,882	0	78,864	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,117	0	58,039	0	23,015	16.00
17.00	01700	SOCIAL SERVICE	289,338	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,493,592	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	559,979	0	1,173,900	0	465,494	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	26,368	0	2,884	0	1,144	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,149,355	0	3,905,479	618,540	1,548,664	30.00
31.00	03100	INTENSIVE CARE UNIT	2,071,984	0	1,342,177	166,481	532,222	31.00
32.00	03200	CORONARY CARE UNIT	765,843	0	563,807	105,257	223,570	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	521,774	0	724,008	41,939	287,096	40.00
41.00	04100	SUBPROVIDER - IRF	373,261	0	309,913	106,897	122,892	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	195,223	0	271,449	34,860	107,640	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,442,111	0	2,567,303	162,212	1,018,030	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	178,431	0	356,561	0	141,389	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,225,936	0	1,103,496	157,950	437,577	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	190,191	0	114,239	0	45,300	56.00
56.01	05601	ULTRA SOUND	201,413	0	41,637	0	16,510	56.01
57.00	05700	CT SCAN	311,496	0	88,212	0	34,979	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	518,006	0	669,070	66,779	265,311	59.00
60.00	06000	LABORATORY	1,072,767	0	470,512	0	186,575	60.00
60.01	06001	BLOOD LABORATORY	114,538	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	503,942	0	242,321	0	96,089	65.00
66.00	06600	PHYSICAL THERAPY	585,324	0	461,463	0	182,987	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	33,773	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	192,116	0	197,368	0	78,264	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	79,497	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,819,903	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,455,034	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,228,065	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	103,002	0	20,332	0	8,062	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	42,863	0	61,139	6,109	24,244	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	67,660	0	132,516	0	52,548	90.00
90.01	09001	A.R.C. CLINIC	213,370	0	275,847	0	109,383	90.01
90.02	09002	CANCER CTR CLINIC	353,709	0	1,198,522	57,995	475,258	90.02
90.03	09003	UROLOGY CLINIC	20,202	0	0	6,841	0	90.03
90.04	09004	PAIN CLINIC	106,350	0	153,100	0	60,710	90.04
90.05	09005	EYE CENTER	15,072	0	469	0	186	90.05
90.06	09006	WOUND CARE CLINIC	25,184	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	853,570	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	20,631	0	46,539	0	18,455	90.08
90.09	09009	OP IV THERAPY	135,615	0	40,267	0	15,967	90.09
90.10	09010	PARK RIDGE CLINIC	2,969,392	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	1,669,686	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	878,714	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	508,416	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	574,025	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	356,194	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	8,007	0	0	0	0	90.16
91.00	09100	EMERGENCY	1,228,389	0	866,474	256,105	343,589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,748,508	0	19,284,672	1,792,715	7,429,599	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,216	0	38,284	0	15,181	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,752,724	0	19,322,956	1,792,715	7,444,780	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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 ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,744,535					10.00
11.00	01100	CAFETERIA	0	1,849,140				11.00
13.00	01300	NURSING ADMINISTRATION	0	22,375	3,966,394			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	38,357	1,297	4,039,246		14.00
15.00	01500	PHARMACY	0	52,741	0	13,851	9,018,852	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	21,576	0	10	79,835	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,297	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	155,826	0	46	4	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	1,598	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,342,895	401,956	1,556,886	157,382	730,153	30.00
31.00	03100	INTENSIVE CARE UNIT	1,217,871	220,554	851,146	146,453	702,646	31.00
32.00	03200	CORONARY CARE UNIT	977,420	107,880	346,427	42,247	260,526	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	709,830	68,723	160,887	2,152	447	40.00
41.00	04100	SUBPROVIDER - IRF	496,519	39,955	155,697	11,314	16,566	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	44,750	83,133	10,964	50,627	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	191,786	225,761	2,398,049	1,092,524	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,598	38,924	89,718	896,943	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	97,491	0	174,800	326,395	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	7,192	0	0	2,849,537	56.00
56.01	05601	ULTRA SOUND	0	15,183	1,297	30,962	17,767	56.01
57.00	05700	CT SCAN	0	12,786	6,487	42,870	132,614	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,563	80,444	631,890	134,891	59.00
60.00	06000	LABORATORY	0	0	0	90,615	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	11,289	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	51,942	0	40,021	17,461	65.00
66.00	06600	PHYSICAL THERAPY	0	40,755	1,297	9,335	25	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	16,781	35,032	3,126	13,106	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,397	5,190	2,153	488	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	8,790	7,785	11,620	81,549	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,594	14,272	1,339	8,465	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	12,786	5,190	13,866	35,227	90.00
90.01	09001	A.R.C. CLINIC	0	15,183	36,329	2,600	2,389	90.01
90.02	09002	CANCER CTR CLINIC	0	25,572	48,007	11,214	200,337	90.02
90.03	09003	UROLOGY CLINIC	0	1,598	5,190	978	3,382	90.03
90.04	09004	PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	1,598	0	2,343	2,198	90.05
90.06	09006	WOUND CARE CLINIC	0	0	3,892	9,282	3,916	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	799	0	934	0	90.08
90.09	09009	OP IV THERAPY	0	3,196	14,272	402	54,518	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012	BHORAGE CLINIC	0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
91.00	09100	EMERGENCY	0	126,259	280,255	75,421	1,304,316	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,744,535	1,849,140	3,966,394	4,039,246	9,018,852	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,744,535	1,849,140	3,966,394	4,039,246	9,018,852	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						21.00	22.00	
GENERAL SERVICE COST CENTERS			16.00	17.00	20.00	21.00	22.00	
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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 ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	222,421					16.00
17.00	01700	SOCIAL SERVICE	0	3,780,694				17.00
20.00	02000	NURSING SCHOOL	0	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		18,994,091		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			8,916,070	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0				23.02
23.03	02303	PARAMED ED PHARMACY	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,557	1,541,946	0	18,954,174	8,897,332	30.00
31.00	03100	INTENSIVE CARE UNIT	12,426	801,527	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	7,278	643,277	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,127	467,166	0	39,917	18,738	40.00
41.00	04100	SUBPROVIDER - IRF	2,062	326,778	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	923	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,714	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,742	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,990	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,976	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	2,791	0	0	0	0	56.01
57.00	05700	CT SCAN	10,038	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,825	0	0	0	0	59.00
60.00	06000	LABORATORY	11,810	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,972	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,434	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,832	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	3,638	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	422	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,809	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,422	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,561	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	538	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	374	0	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
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7/27/2021 10:22 am

Cost Center Description			INTERNS & RESIDENTS					
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	SERVICES-SALAR		SERVICES-OTHER
						Y & FRINGES APPRV		PRGM COSTS APPRV
		16.00	17.00	20.00	21.00	22.00		
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	256	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	2,688	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	1,635	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	25	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	1,073	0	0	0	0	90.04
90.05	09005	EYE CENTER	10	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	220	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	109	0	0	0	0	90.08
90.09	09009	OP IV THERAPY	358	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
91.00	09100	EMERGENCY	19,786	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	222,421	3,780,694	0	18,994,091	8,916,070	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	222,421	3,780,694	0	18,994,091	8,916,070	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
			22A	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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 ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0		0			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0			0		23.02
23.03	02303	PARAMED ED PHARMACY	340,932				340,932	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,721,163	0	0	0	78,538	30.00
31.00	03100	INTENSIVE CARE UNIT	32,341,238	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	13,016,294	0	0	0	38,818	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,158,002	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,335,055	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,086,842	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,745,716	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,800,836	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,902,925	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,437,743	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	2,687,348	0	0	0	0	56.01
57.00	05700	CT SCAN	4,289,031	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,474,839	0	0	0	30,091	59.00
60.00	06000	LABORATORY	14,401,017	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,469,747	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,860,485	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,142,781	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	429,465	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,790,302	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,021,554	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,866,226	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,512,911	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,360,051	0	0	0	133,002	73.00
74.00	07400	RENAL DIALYSIS	1,448,471	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	666,588	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
			22A	23.00	23.01	23.02	23.03	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,112,772	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	3,157,667	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	6,516,370	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	274,901	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	1,567,255	0	0	0	0	90.04
90.05	09005	EYE CENTER	198,466	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	337,556	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,854,155	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	329,185	0	0	0	0	90.08
90.09	09009	OP IV THERAPY	1,853,491	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	37,759,341	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	21,232,040	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	11,173,893	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	6,465,115	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	7,299,415	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	4,529,428	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	101,814	0	0	0	0	90.16
91.00	09100	EMERGENCY	18,892,626	0	0	0	60,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	479,963,052	0	0	0	340,932	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	107,078	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	480,070,130	0	0	0	340,932	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 10:22 am

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
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 ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL				23.02
23.03	02303	PARAMED ED PHARMACY				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	80,799,701	-27,851,506	52,948,195	30.00
31.00	03100	INTENSIVE CARE UNIT	32,341,238	0	32,341,238	31.00
32.00	03200	CORONARY CARE UNIT	13,055,112	0	13,055,112	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,158,002	-58,655	9,099,347	40.00
41.00	04100	SUBPROVIDER - IRF	6,335,055	0	6,335,055	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,086,842	0	3,086,842	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,745,716	0	38,745,716	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,800,836	0	3,800,836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,902,925	0	17,902,925	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,437,743	0	5,437,743	56.00
56.01	05601	ULTRA SOUND	2,687,348	0	2,687,348	56.01
57.00	05700	CT SCAN	4,289,031	0	4,289,031	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,504,930	0	8,504,930	59.00
60.00	06000	LABORATORY	14,401,017	0	14,401,017	60.00
60.01	06001	BLOOD LABORATORY	1,469,747	0	1,469,747	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,860,485	0	6,860,485	65.00
66.00	06600	PHYSICAL THERAPY	8,142,781	0	8,142,781	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	429,465	0	429,465	68.01
69.00	06900	ELECTROCARDIOLOGY	2,790,302	0	2,790,302	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,021,554	0	1,021,554	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,866,226	0	35,866,226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,512,911	0	18,512,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,493,053	0	28,493,053	73.00
74.00	07400	RENAL DIALYSIS	1,448,471	0	1,448,471	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	666,588	0	666,588	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	1,112,772	0	1,112,772	90.00
90.01	09001	A.R.C. CLINIC	3,157,667	0	3,157,667	90.01
90.02	09002	CANCER CTR CLINIC	6,516,370	0	6,516,370	90.02
90.03	09003	UROLOGY CLINIC	274,901	0	274,901	90.03
90.04	09004	PAIN CLINIC	1,567,255	0	1,567,255	90.04
90.05	09005	EYE CENTER	198,466	0	198,466	90.05
90.06	09006	WOUND CARE CLINIC	337,556	0	337,556	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,854,155	0	10,854,155	90.07
90.08	09008	ANTICOAGULATION CLINIC	329,185	0	329,185	90.08
90.09	09009	OP IV THERAPY	1,853,491	0	1,853,491	90.09
90.10	09010	PARK RIDGE CLINIC	37,759,341	0	37,759,341	90.10
90.11	09011	LIBERTYVILLE CLINIC	21,232,040	0	21,232,040	90.11
90.12	09012	BHORADE CLINIC	11,173,893	0	11,173,893	90.12
90.13	09013	DARIEN CLINIC	6,465,115	0	6,465,115	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	7,299,415	0	7,299,415	90.14
90.15	09015	PEDIATRIC CLINIC	4,529,428	0	4,529,428	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	101,814	0	101,814	90.16
91.00	09100	EMERGENCY	18,953,109	0	18,953,109	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	479,963,052	-27,910,161	452,052,891	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	107,078	0	107,078	190.00
190.01	19001	SUBCORPS	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	480,070,130	-27,910,161	452,159,969	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	57,065	46,216	103,281	4.00
5.01	00540	NONPATIENT TELEPHONES	0	86,680	70,201	156,881	5.01
5.02	00550	DATA PROCESSING	0	123,976	100,406	224,382	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	248,405	201,180	449,585	5.03
5.04	00570	ADMITTING	0	36,314	29,410	65,724	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	203,806	165,060	368,866	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	826,607	669,458	1,496,065	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	109,017	88,292	197,309	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	66,433	53,803	120,236	8.00
9.00	00900	HOUSEKEEPING	0	316,702	256,492	573,194	9.00
10.00	01000	DIETARY	0	560,775	454,164	1,014,939	10.00
11.00	01100	CAFETERIA	0	15,639	12,666	28,305	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,497	5,262	11,759	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	170,363	137,975	308,338	14.00
15.00	01500	PHARMACY	0	138,935	112,521	251,456	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	40,545	32,837	73,382	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	820,059	664,155	1,484,214	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	2,015	1,632	3,647	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,728,278	2,209,595	4,937,873	30.00
31.00	03100	INTENSIVE CARE UNIT	0	937,614	759,361	1,696,975	31.00
32.00	03200	CORONARY CARE UNIT	0	393,862	318,984	712,846	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	505,776	409,621	915,397	40.00
41.00	04100	SUBPROVIDER - IRF	0	216,498	175,339	391,837	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	189,628	153,577	343,205	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,793,458	1,452,498	3,245,956	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	249,085	201,731	450,816	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	770,877	624,323	1,395,200	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	79,805	64,633	144,438	56.00
56.01	05601	ULTRA SOUND	0	29,086	23,557	52,643	56.01
57.00	05700	CT SCAN	0	61,623	49,907	111,530	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	467,397	378,538	845,935	59.00
60.00	06000	LABORATORY	0	328,689	266,201	594,890	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	169,280	137,098	306,378	65.00
66.00	06600	PHYSICAL THERAPY	0	322,368	261,081	583,449	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	137,877	111,665	249,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	14,203	11,503	25,706	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
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	Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00		
76.97	07697	CARDIAC REHABILITATION	0	42,710	34,591	77,301	30	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	92,573	74,973	167,546	360	90.00
90.01	09001	A.R.C. CLINIC	0	192,700	156,065	348,765	981	90.01
90.02	09002	CANCER CTR CLINIC	0	837,259	678,085	1,515,344	1,260	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	128	90.03
90.04	09004	PAIN CLINIC	0	106,952	86,619	193,571	261	90.04
90.05	09005	EYE CENTER	0	327	265	592	109	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	61	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	4,944	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	32,511	26,330	58,841	85	90.08
90.09	09009	OP IV THERAPY	0	28,129	22,782	50,911	765	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	35	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	33	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	28	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	21	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	28	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	2,415	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	5	90.16
91.00	09100	EMERGENCY	0	605,299	490,223	1,095,522	4,332	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	15,163,697	12,280,875	27,444,572	103,281	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,744	21,660	48,404	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	15,190,441	12,302,535	27,492,976	103,281	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	157,283					5.01
5.02	00550	DATA PROCESSING	5,722	230,644				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	835	0	450,420			5.03
5.04	00570	ADMITTING	2,130	0	208	68,611		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	368,866	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	28,355	0	8,123	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,852	0	8,048	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	251	0	54	0	0	8.00
9.00	00900	HOUSEKEEPING	2,130	0	4,378	0	0	9.00
10.00	01000	DIETARY	2,631	0	15,758	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,420	0	834	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,921	0	17,200	0	0	14.00
15.00	01500	PHARMACY	2,715	0	1,813	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	34	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,295	0	49	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,172	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	890	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,555	19,262	17,427	11,522	30,772	30.00
31.00	03100	INTENSIVE CARE UNIT	7,100	12,898	17,309	7,629	20,605	31.00
32.00	03200	CORONARY CARE UNIT	2,088	7,555	4,231	4,468	12,069	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,838	2,208	532	1,306	3,528	40.00
41.00	04100	SUBPROVIDER - IRF	2,798	2,141	1,349	1,266	3,420	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	585	958	1,173	567	1,531	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,789	36,846	228,892	7,484	59,261	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	4,886	6,998	8,379	1,505	11,179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,060	16,597	16,760	2,095	26,515	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	543	3,089	0	278	4,935	56.00
56.01	05601	ULTRA SOUND	167	2,897	2,879	154	4,628	56.01
57.00	05700	CT SCAN	209	10,419	3,992	2,180	16,645	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,801	6,046	59,384	1,455	9,659	59.00
60.00	06000	LABORATORY	3,592	12,258	8,436	4,038	19,583	60.00
60.01	06001	BLOOD LABORATORY	0	2,047	1,051	1,013	3,270	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,172	4,602	3,862	2,383	7,352	65.00
66.00	06600	PHYSICAL THERAPY	1,921	3,978	1,344	1,099	6,355	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	752	3,776	354	991	6,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	626	438	309	42	699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,106	0	2,179	12,950	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,818	0	3,602	17,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,608	0	7,069	45,703	73.00
74.00	07400	RENAL DIALYSIS	209	558	1,122	311	892	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	167	388	473	13	620	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	459	266	1,568	0	425	90.00
90.01	09001	A.R.C. CLINIC	2,715	2,791	411	64	4,458	90.01
90.02	09002	CANCER CTR CLINIC	0	1,697	1,659	1	2,711	90.02
90.03	09003	UROLOGY CLINIC	752	26	104	0	42	90.03
90.04	09004	PAIN CLINIC	0	1,114	0	0	1,780	90.04
90.05	09005	EYE CENTER	0	10	306	0	16	90.05
90.06	09006	WOUND CARE CLINIC	167	228	868	0	365	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	418	113	87	0	180	90.08
90.09	09009	OP IV THERAPY	334	371	47	0	593	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
91.00	09100	EMERGENCY	11,109	20,537	8,723	3,897	32,810	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	157,241	230,644	450,420	68,611	368,866	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	157,283	230,644	450,420	68,611	368,866	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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 ADMINISTRATIVE AND GENERAL	1,539,637					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	61,974	0	275,195			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,445	0	1,354	127,340		8.00
9.00	00900	HOUSEKEEPING	22,423	0	6,457	0	608,582	9.00
10.00	01000	DIETARY	14,829	0	11,433	0	26,021	10.00
11.00	01100	CAFETERIA	5,830	0	319	0	726	11.00
13.00	01300	NURSING ADMINISTRATION	12,608	0	132	0	301	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,720	0	3,473	337	7,905	14.00
15.00	01500	PHARMACY	27,821	0	2,832	0	6,447	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	453	0	827	0	1,881	16.00
17.00	01700	SOCIAL SERVICE	11,800	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	60,915	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22,838	0	16,719	0	38,052	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	1,075	0	41	0	93	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	128,373	0	55,621	43,935	126,599	30.00
31.00	03100	INTENSIVE CARE UNIT	84,504	0	19,115	11,826	43,507	31.00
32.00	03200	CORONARY CARE UNIT	31,234	0	8,030	7,477	18,276	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	21,280	0	10,311	2,979	23,469	40.00
41.00	04100	SUBPROVIDER - IRF	15,223	0	4,414	7,593	10,046	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,962	0	3,866	2,476	8,799	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	99,599	0	36,563	11,522	83,220	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,277	0	5,078	0	11,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,999	0	15,716	11,220	35,770	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,757	0	1,627	0	3,703	56.00
56.01	05601	ULTRA SOUND	8,214	0	593	0	1,350	56.01
57.00	05700	CT SCAN	12,704	0	1,256	0	2,859	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,126	0	9,529	4,743	21,688	59.00
60.00	06000	LABORATORY	43,752	0	6,701	0	15,252	60.00
60.01	06001	BLOOD LABORATORY	4,671	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	20,553	0	3,451	0	7,855	65.00
66.00	06600	PHYSICAL THERAPY	23,872	0	6,572	0	14,958	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	1,377	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	7,835	0	2,811	0	6,398	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,242	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	115,007	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,342	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,870	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,201	0	290	0	659	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,748	0	871	434	1,982	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,759	0	1,887	0	4,296	90.00
90.01	09001	A.R.C. CLINIC	8,702	0	3,929	0	8,942	90.01
90.02	09002	CANCER CTR CLINIC	14,426	0	17,069	4,120	38,850	90.02
90.03	09003	UROLOGY CLINIC	824	0	0	486	0	90.03
90.04	09004	PAIN CLINIC	4,337	0	2,180	0	4,963	90.04
90.05	09005	EYE CENTER	615	0	7	0	15	90.05
90.06	09006	WOUND CARE CLINIC	1,027	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	34,812	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	841	0	663	0	1,509	90.08
90.09	09009	OP IV THERAPY	5,531	0	573	0	1,305	90.09
90.10	09010	PARK RIDGE CLINIC	121,104	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	68,097	0	0	0	0	90.11
90.12	09012	BHORAGE CLINIC	35,838	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	20,735	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	23,411	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	14,527	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	327	0	0	0	0	90.16
91.00	09100	EMERGENCY	50,099	0	12,340	18,192	28,087	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,539,465	0	274,650	127,340	607,341	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	172	0	545	0	1,241	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,539,637	0	275,195	127,340	608,582	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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 ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,085,611					10.00
11.00	01100	CAFETERIA	0	35,180				11.00
13.00	01300	NURSING ADMINISTRATION	0	426	29,380			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	730	10	352,737		14.00
15.00	01500	PHARMACY	0	1,003	0	1,210	298,405	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	410	0	1	2,641	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	10	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,965	0	4	0	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	30	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	442,764	7,651	11,530	13,744	24,158	30.00
31.00	03100	INTENSIVE CARE UNIT	230,155	4,196	6,305	12,790	23,248	31.00
32.00	03200	CORONARY CARE UNIT	184,714	2,052	2,566	3,690	8,620	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	134,145	1,307	1,192	188	15	40.00
41.00	04100	SUBPROVIDER - IRF	93,833	760	1,153	988	548	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	851	616	957	1,675	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,649	1,672	209,407	36,148	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	30	288	7,835	29,677	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,855	0	15,266	10,799	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	137	0	0	94,281	56.00
56.01	05601	ULTRA SOUND	0	289	10	2,704	588	56.01
57.00	05700	CT SCAN	0	243	48	3,744	4,388	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	639	596	55,184	4,463	59.00
60.00	06000	LABORATORY	0	0	0	7,914	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	986	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	988	0	3,495	578	65.00
66.00	06600	PHYSICAL THERAPY	0	775	10	815	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	319	260	273	434	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	46	38	188	16	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	167	58	1,015	2,698	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	106	106	117	280	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	243	38	1,211	1,166	90.00
90.01	09001	A.R.C. CLINIC	0	289	269	227	79	90.01
90.02	09002	CANCER CTR CLINIC	0	486	356	979	6,629	90.02
90.03	09003	UROLOGY CLINIC	0	30	38	85	112	90.03
90.04	09004	PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	30	0	205	73	90.05
90.06	09006	WOUND CARE CLINIC	0	0	29	811	130	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	15	0	82	0	90.08
90.09	09009	OP IV THERAPY	0	61	106	35	1,804	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012	BHORAGE CLINIC	0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
91.00	09100	EMERGENCY	0	2,402	2,076	6,587	43,156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,085,611	35,180	29,380	352,737	298,405	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,085,611	35,180	29,380	352,737	298,405	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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 ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	76,577					16.00
17.00	01700	SOCIAL SERVICE	0	17,962				17.00
20.00	02000	NURSING SCHOOL	0	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		74,147		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			1,565,682	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0				23.02
23.03	02303	PARAMED ED PHARMACY	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,342	7,326				30.00
31.00	03100	INTENSIVE CARE UNIT	4,247	3,808				31.00
32.00	03200	CORONARY CARE UNIT	2,487	3,056				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	04000	SUBPROVIDER - IPF	727	2,219				40.00
41.00	04100	SUBPROVIDER - IRF	705	1,553				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	316	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,765	0				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300	ANESTHESIOLOGY	2,304	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,465	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00	05600	RADIOISOTOPE	1,017	0				56.00
56.01	05601	ULTRA SOUND	954	0				56.01
57.00	05700	CT SCAN	3,431	0				57.00
58.00	05800	MRI	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	1,991	0				59.00
60.00	06000	LABORATORY	4,036	0				60.00
60.01	06001	BLOOD LABORATORY	674	0				60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0				62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00
65.00	06500	RESPIRATORY THERAPY	1,515	0				65.00
66.00	06600	PHYSICAL THERAPY	1,310	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
68.01	06801	CARDIOLOGY	0	0				68.01
69.00	06900	ELECTROCARDIOLOGY	1,243	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	144	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,669	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,562	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,420	0				73.00
74.00	07400	RENAL DIALYSIS	184	0				74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0				75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0				76.00
76.97	07697	CARDIAC REHABILITATION	128	0				76.97

ALLOCATION OF CAPITAL RELATED COSTS

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						1/27/2021 10:22 am		
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
						APPRV	APPRV	
			16.00	17.00	20.00	21.00	22.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00	09000	CLINIC	88	0				90.00
90.01	09001	A.R.C. CLINIC	919	0				90.01
90.02	09002	CANCER CTR CLINIC	559	0				90.02
90.03	09003	UROLOGY CLINIC	9	0				90.03
90.04	09004	PAIN CLINIC	367	0				90.04
90.05	09005	EYE CENTER	3	0				90.05
90.06	09006	WOUND CARE CLINIC	75	0				90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0				90.07
90.08	09008	ANTICOAGULATION CLINIC	37	0				90.08
90.09	09009	OP IV THERAPY	122	0				90.09
90.10	09010	PARK RIDGE CLINIC	0	0				90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0				90.11
90.12	09012	BHORADE CLINIC	0	0				90.12
90.13	09013	DARIEN CLINIC	0	0				90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0				90.14
90.15	09015	PEDIATRIC CLINIC	0	0				90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0				90.16
91.00	09100	EMERGENCY	6,762	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0				93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
99.10	09910	CORF	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	76,577	17,962	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001	SUBCORPS	0	0				190.01
190.02	19002	GRANTS	0	0				190.02
191.00	19100	RESEARCH	0	0				191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	HOSPICE	0	0				192.01
193.00	19300	NONPAID WORKERS	0	0				193.00
200.00		Cross Foot Adjustments			0	74,147	1,565,682	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	76,577	17,962	0	74,147	1,565,682	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

Period:
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Cost Center Description			PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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 ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		0				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			0			23.02
23.03	02303	PARAMED ED PHARMACY				5,074		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					5,924,016	30.00
31.00	03100	INTENSIVE CARE UNIT					2,216,830	31.00
32.00	03200	CORONARY CARE UNIT					1,019,401	32.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - IPF					1,125,361	40.00
41.00	04100	SUBPROVIDER - IRF					541,088	41.00
42.00	04200	SUBPROVIDER					0	42.00
43.00	04300	NURSERY					376,495	43.00
44.00	04400	SKILLED NURSING FACILITY					0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					4,097,412	50.00
51.00	05100	RECOVERY ROOM					0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					547,913	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,616,204	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					0	55.00
56.00	05600	RADIOISOTOPE					262,238	56.00
56.01	05601	ULTRA SOUND					79,045	56.01
57.00	05700	CT SCAN					174,461	57.00
58.00	05800	MRI					0	58.00
59.00	05900	CARDIAC CATHETERIZATION					1,048,035	59.00
60.00	06000	LABORATORY					720,729	60.00
60.01	06001	BLOOD LABORATORY					13,712	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					0	63.00
64.00	06400	INTRAVENOUS THERAPY					0	64.00
65.00	06500	RESPIRATORY THERAPY					367,737	65.00
66.00	06600	PHYSICAL THERAPY					649,920	66.00
67.00	06700	OCCUPATIONAL THERAPY					0	67.00
68.00	06800	SPEECH PATHOLOGY					0	68.00
68.01	06801	CARDIOLOGY					1,377	68.01
69.00	06900	ELECTROCARDIOLOGY					281,770	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					5,932	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					140,911	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					94,607	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					181,670	73.00
74.00	07400	RENAL DIALYSIS					38,671	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER					0	76.00
76.97	07697	CARDIAC REHABILITATION					84,764	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC					0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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Cost Center Description			PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					182,312	90.00
90.01	09001	A.R.C. CLINIC					383,541	90.01
90.02	09002	CANCER CTR CLINIC					1,606,146	90.02
90.03	09003	UROLOGY CLINIC					2,636	90.03
90.04	09004	PAIN CLINIC					208,573	90.04
90.05	09005	EYE CENTER					1,981	90.05
90.06	09006	WOUND CARE CLINIC					3,761	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES					39,756	90.07
90.08	09008	ANTICOAGULATION CLINIC					62,871	90.08
90.09	09009	OP IV THERAPY					62,558	90.09
90.10	09010	PARK RIDGE CLINIC					121,139	90.10
90.11	09011	LIBERTYVILLE CLINIC					68,130	90.11
90.12	09012	BHORADE CLINIC					35,866	90.12
90.13	09013	DARIEN CLINIC					20,756	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS					23,439	90.14
90.15	09015	PEDIATRIC CLINIC					16,942	90.15
90.16	09016	CONDELL - INFUSION & DRUGS					332	90.16
91.00	09100	EMERGENCY					1,346,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER					0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES					0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.10	09910	CORF					0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	25,797,669	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					50,404	190.00
190.01	19001	SUBCORPS					0	190.01
190.02	19002	GRANTS					0	190.02
191.00	19100	RESEARCH					0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
192.01	19201	HOSPICE					0	192.01
193.00	19300	NONPAID WORKERS					0	193.00
200.00		Cross Foot Adjustments	0	0	0	5,074	1,644,903	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	5,074	27,492,976	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	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 ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	02301	PARAMED ED ANESTH SCHOOL			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			23.02
23.03	02303	PARAMED ED PHARMACY			23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,924,016	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,216,830	31.00
32.00	03200	CORONARY CARE UNIT	0	1,019,401	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	1,125,361	40.00
41.00	04100	SUBPROVIDER - IRF	0	541,088	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	376,495	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,097,412	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	547,913	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,616,204	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	262,238	56.00
56.01	05601	ULTRA SOUND	0	79,045	56.01
57.00	05700	CT SCAN	0	174,461	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,048,035	59.00
60.00	06000	LABORATORY	0	720,729	60.00
60.01	06001	BLOOD LABORATORY	0	13,712	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	367,737	65.00
66.00	06600	PHYSICAL THERAPY	0	649,920	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	CARDIOLOGY	0	1,377	68.01
69.00	06900	ELECTROCARDIOLOGY	0	281,770	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,932	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	140,911	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	94,607	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	181,670	73.00
74.00	07400	RENAL DIALYSIS	0	38,671	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	84,764	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	182,312	90.00
90.01	09001	A.R.C. CLINIC	383,541	90.01
90.02	09002	CANCER CTR CLINIC	1,606,146	90.02
90.03	09003	UROLOGY CLINIC	2,636	90.03
90.04	09004	PAIN CLINIC	208,573	90.04
90.05	09005	EYE CENTER	1,981	90.05
90.06	09006	WOUND CARE CLINIC	3,761	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	39,756	90.07
90.08	09008	ANTICOAGULATION CLINIC	62,871	90.08
90.09	09009	OP IV THERAPY	62,558	90.09
90.10	09010	PARK RIDGE CLINIC	121,139	90.10
90.11	09011	LIBERTYVILLE CLINIC	68,130	90.11
90.12	09012	BHORADE CLINIC	35,866	90.12
90.13	09013	DARIEN CLINIC	20,756	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	23,439	90.14
90.15	09015	PEDIATRIC CLINIC	16,942	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	332	90.16
91.00	09100	EMERGENCY	1,346,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,797,669	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	50,404	190.00
190.01	19001	SUBCORPS	0	190.01
190.02	19002	GRANTS	0	190.02
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	HOSPICE	0	192.01
193.00	19300	NONPAID WORKERS	0	193.00
200.00		Cross Foot Adjustments	1,644,903	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	27,492,976	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

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Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT RE VENUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	603,202				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		603,202			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,266	2,266	135,504,312		4.00
5.01	00540	NONPATIENT TELEPHONES	3,442	3,442	527,934	3,766	5.01
5.02	00550	DATA PROCESSING	4,923	4,923	709,096	137	1,409,653,013
5.03	00560	PURCHASING RECEIVING AND STORES	9,864	9,864	0	20	0
5.04	00570	ADMITTING	1,442	1,442	720,198	51	0
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,093	8,093	0	0	0
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	32,824	32,824	9,309,999	679	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	4,329	4,329	15,321	188	0
8.00	00800	LAUNDRY & LINEN SERVICE	2,638	2,638	0	6	0
9.00	00900	HOUSEKEEPING	12,576	12,576	0	51	0
10.00	01000	DIETARY	22,268	22,268	0	63	0
11.00	01100	CAFETERIA	621	621	0	0	0
13.00	01300	NURSING ADMINISTRATION	258	258	2,493,129	34	0
14.00	01400	CENTRAL SERVICES & SUPPLY	6,765	6,765	1,448,113	46	0
15.00	01500	PHARMACY	5,517	5,517	4,078,352	65	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,610	1,610	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	2,317,729	31	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	14,501,792	52	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	32,564	32,564	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0
23.03	02303	PARAMED ED PHARMACY	80	80	246,876	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	108,338	108,338	20,388,327	564	117,449,014
31.00	03100	INTENSIVE CARE UNIT	37,232	37,232	13,927,445	170	78,644,791
32.00	03200	CORONARY CARE UNIT	15,640	15,640	5,173,198	50	46,064,588
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	20,084	20,084	3,569,950	44	13,464,010
41.00	04100	SUBPROVIDER - IRF	8,597	8,597	1,917,457	67	13,052,271
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	7,530	7,530	1,257,203	14	5,844,185
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,217	71,217	10,025,399	402	227,956,893
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	9,891	9,891	135,104	117	42,668,658
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,611	30,611	6,413,356	193	101,201,686
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	3,169	3,169	568,358	13	18,837,682
56.01	05601	ULTRA SOUND	1,155	1,155	1,280,054	4	17,663,775
57.00	05700	CT SCAN	2,447	2,447	1,067,224	5	63,530,110
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	18,560	18,560	2,357,526	91	36,868,288
60.00	06000	LABORATORY	13,052	13,052	363,480	86	74,744,799
60.01	06001	BLOOD LABORATORY	0	0	0	0	12,482,282
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	6,722	6,722	3,350,167	52	28,060,884
66.00	06600	PHYSICAL THERAPY	12,801	12,801	4,542,147	46	24,256,176
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	CARDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	5,475	5,475	984,335	18	23,024,162
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	188,828	15	2,669,165
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	49,427,075
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	65,964,345
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	174,438,639
74.00	07400	RENAL DIALYSIS	564	564	788,218	5	3,405,360
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,696	1,696	39,420	4	2,364,928	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,676	3,676	472,434	11	1,620,415	90.00
90.01	09001	A.R.C. CLINIC	7,652	7,652	1,287,232	65	17,015,300	90.01
90.02	09002	CANCER CTR CLINIC	33,247	33,247	1,652,976	0	10,347,440	90.02
90.03	09003	UROLOGY CLINIC	0	0	167,397	18	159,405	90.03
90.04	09004	PAIN CLINIC	4,247	4,247	341,998	0	6,794,098	90.04
90.05	09005	EYE CENTER	13	13	142,401	0	61,369	90.05
90.06	09006	WOUND CARE CLINIC	0	0	80,055	4	1,391,699	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	6,487,975	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	1,291	1,291	111,525	10	687,791	90.08
90.09	09009	OP IV THERAPY	1,117	1,117	1,003,490	8	2,263,123	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	45,379	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	43,915	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	36,449	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	27,349	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	37,001	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	3,168,742	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	7,110	0	0	90.16
91.00	09100	EMERGENCY	24,036	24,036	5,685,149	266	125,228,607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	602,140	602,140	135,504,312	3,765	1,409,653,013	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,062	1,062	0	1	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,190,441	12,302,535	32,062,651	2,234,087	23,138,206	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.183008	20.395382	0.236617	593.225438	0.016414	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			103,281	157,283	230,644	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000762	41.763941	0.000164	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: 14-0182

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASE R EQUIST)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (PATIENT RE VENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	49,409,307					5.03
5.04	00570	ADMITTING	22,868	705,991,857				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,409,653,013			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	891,076	0	0	-37,752,724	442,317,406	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	882,868	0	0	0	17,803,400	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,880	0	0	0	1,564,117	8.00
9.00	00900	HOUSEKEEPING	480,297	0	0	0	6,441,623	9.00
10.00	01000	DIETARY	1,728,607	0	0	0	4,259,890	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,674,919	11.00
13.00	01300	NURSING ADMINISTRATION	91,437	0	0	0	3,621,894	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,886,823	0	0	0	3,366,895	14.00
15.00	01500	PHARMACY	198,880	0	0	0	7,992,351	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,781	0	0	0	130,250	16.00
17.00	01700	SOCIAL SERVICE	5,418	0	0	0	3,389,935	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	17,499,202	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	97,639	0	0	0	6,560,821	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	308,938	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,911,650	117,449,014	117,449,014	0	36,897,844	30.00
31.00	03100	INTENSIVE CARE UNIT	1,898,767	78,644,791	78,644,791	0	24,275,751	31.00
32.00	03200	CORONARY CARE UNIT	464,082	46,064,588	46,064,588	0	8,972,762	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	58,307	13,464,010	13,464,010	0	6,113,198	40.00
41.00	04100	SUBPROVIDER - IRF	147,952	13,052,271	13,052,271	0	4,373,201	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	128,712	5,844,185	5,844,185	0	2,287,273	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,108,407	77,150,411	227,956,893	0	28,612,226	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	919,129	15,520,184	42,668,658	0	2,090,530	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,838,534	21,595,006	101,201,686	0	14,363,290	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	2,861,257	18,837,682	0	2,228,308	56.00
56.01	05601	ULTRA SOUND	315,872	1,584,045	17,663,775	0	2,359,788	56.01
57.00	05700	CT SCAN	437,870	22,474,136	63,530,110	0	3,649,549	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,514,296	14,997,987	36,868,288	0	6,069,060	59.00
60.00	06000	LABORATORY	925,458	41,625,401	74,744,799	0	12,568,738	60.00
60.01	06001	BLOOD LABORATORY	115,292	10,438,237	12,482,282	0	1,341,948	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	423,597	24,569,991	28,060,884	0	5,904,275	65.00
66.00	06600	PHYSICAL THERAPY	147,437	11,325,383	24,256,176	0	6,857,763	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	395,692	68.01
69.00	06900	ELECTROCARDIOLOGY	38,792	10,220,847	23,024,162	0	2,250,871	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,924	432,290	2,669,165	0	931,407	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,465,626	49,427,075	0	33,038,514	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	37,130,117	65,964,345	0	17,047,455	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	72,880,491	174,438,639	0	26,104,425	73.00
74.00	07400	RENAL DIALYSIS	123,070	3,203,435	3,405,360	0	1,206,793	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	51,905	132,844	2,364,928	0	502,189	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASE R EQUIST)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (PATIENT RE VENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	171,966	605	1,620,415	0	792,723	90.00
90.01	09001	A.R.C. CLINIC	45,049	660,345	17,015,300	0	2,499,878	90.01
90.02	09002	CANCER CTR CLINIC	181,984	13,941	10,347,440	0	4,144,121	90.02
90.03	09003	UROLOGY CLINIC	11,379	0	159,405	0	236,685	90.03
90.04	09004	PAIN CLINIC	0	0	6,794,098	0	1,246,022	90.04
90.05	09005	EYE CENTER	33,525	0	61,369	0	176,590	90.05
90.06	09006	WOUND CARE CLINIC	95,248	4,610	1,391,699	0	295,062	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	10,000,585	90.07
90.08	09008	ANTICOAGULATION CLINIC	9,540	847	687,791	0	241,718	90.08
90.09	09009	OP IV THERAPY	5,116	4,650	2,263,123	0	1,588,896	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	34,789,949	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	19,562,354	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	10,295,179	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	5,956,699	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	6,725,390	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	4,173,234	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	93,807	90.16
91.00	09100	EMERGENCY	956,873	40,180,312	125,228,607	0	14,392,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,409,307	705,991,857	1,409,653,013	-37,752,724	442,268,009	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	49,397	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,733,830	1,198,272	11,953,564		37,752,724	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.075569	0.001697	0.008480		0.085352	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	450,420	68,611	368,866		1,539,637	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009116	0.000097	0.000262		0.003481	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: 14-0182

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	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 ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	540,348				6.00
7.00	00700	OPERATION OF PLANT	4,329	536,019			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,638	2,638	1,828,346		8.00
9.00	00900	HOUSEKEEPING	12,576	12,576	0	520,805	9.00
10.00	01000	DIETARY	22,268	22,268	0	22,268	10.00
11.00	01100	CAFETERIA	621	621	0	621	11.00
13.00	01300	NURSING ADMINISTRATION	258	258	0	258	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,765	6,765	4,844	6,765	14.00
15.00	01500	PHARMACY	5,517	5,517	0	5,517	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,610	1,610	0	1,610	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	32,564	32,564	0	32,564	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	80	80	0	80	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	108,338	108,338	630,834	108,338	30.00
31.00	03100	INTENSIVE CARE UNIT	37,232	37,232	169,790	37,232	31.00
32.00	03200	CORONARY CARE UNIT	15,640	15,640	107,349	15,640	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	20,084	20,084	42,773	20,084	40.00
41.00	04100	SUBPROVIDER - IRF	8,597	8,597	109,022	8,597	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	7,530	7,530	35,553	7,530	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,217	71,217	165,436	71,217	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,891	9,891	0	9,891	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,611	30,611	161,089	30,611	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,169	3,169	0	3,169	56.00
56.01	05601	ULTRA SOUND	1,155	1,155	0	1,155	56.01
57.00	05700	CT SCAN	2,447	2,447	0	2,447	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,560	18,560	68,106	18,560	59.00
60.00	06000	LABORATORY	13,052	13,052	0	13,052	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,722	6,722	0	6,722	65.00
66.00	06600	PHYSICAL THERAPY	12,801	12,801	0	12,801	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	5,475	5,475	0	5,475	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	564	564	0	564	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,696	1,696	6,230	1,696	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DA YS)	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	3,676	3,676	0	3,676	0	90.00
90.01	09001 A.R.C. CLINIC	7,652	7,652	0	7,652	0	90.01
90.02	09002 CANCER CTR CLINIC	33,247	33,247	59,148	33,247	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	6,977	0	0	90.03
90.04	09004 PAIN CLINIC	4,247	4,247	0	4,247	0	90.04
90.05	09005 EYE CENTER	13	13	0	13	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 ANTICOAGULATION CLINIC	1,291	1,291	0	1,291	0	90.08
90.09	09009 OP IV THERAPY	1,117	1,117	0	1,117	0	90.09
90.10	09010 PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012 BHORADE CLINIC	0	0	0	0	0	90.12
90.13	09013 DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	0	0	0	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
91.00	09100 EMERGENCY	24,036	24,036	261,195	24,036	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	539,286	534,957	1,828,346	519,743	60,324	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,062	1,062	0	1,062	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	19,322,956	1,792,715	7,444,780	5,744,535	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	36.049013	0.980512	14.294755	95.228019	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	275,195	127,340	608,582	1,085,611	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.513405	0.069648	1.168541	17.996336	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: 14-0182

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (PATIENT RE VENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	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 ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,314					11.00
13.00	01300	NURSING ADMINISTRATION	28	6,358,560				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48	2,080	41,253,187			14.00
15.00	01500	PHARMACY	66	0	141,457	2,178,708		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,409,653,013	16.00
17.00	01700	SOCIAL SERVICE	27	0	102	19,286	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,080	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	195	0	470	1	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	2	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	503	2,495,848	1,607,347	176,385	117,449,014	30.00
31.00	03100	INTENSIVE CARE UNIT	276	1,364,480	1,495,736	169,740	78,644,791	31.00
32.00	03200	CORONARY CARE UNIT	135	555,360	431,473	62,936	46,064,588	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	86	257,920	21,975	108	13,464,010	40.00
41.00	04100	SUBPROVIDER - IRF	50	249,600	115,555	4,002	13,052,271	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	56	133,272	111,973	12,230	5,844,185	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	240	361,920	24,491,584	263,924	227,956,893	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2	62,400	916,296	216,677	42,668,658	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	122	0	1,785,240	78,848	101,201,686	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9	0	0	688,370	18,837,682	56.00
56.01	05601	ULTRA SOUND	19	2,080	316,212	4,292	17,663,775	56.01
57.00	05700	CT SCAN	16	10,400	437,836	32,036	63,530,110	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	42	128,960	6,453,520	32,586	36,868,288	59.00
60.00	06000	LABORATORY	0	0	925,458	0	74,744,799	60.00
60.01	06001	BLOOD LABORATORY	0	0	115,292	0	12,482,282	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	65	0	408,734	4,218	28,060,884	65.00
66.00	06600	PHYSICAL THERAPY	51	2,080	95,340	6	24,256,176	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	21	56,160	31,921	3,166	23,024,162	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3	8,320	21,986	118	2,669,165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	49,427,075	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	65,964,345	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	174,438,639	73.00
74.00	07400	RENAL DIALYSIS	11	12,480	118,679	19,700	3,405,360	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7	22,880	13,673	2,045	2,364,928	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description		CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (PATIENT RE VENUE)	
		11.00	13.00	14.00	15.00	16.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	16	8,320	141,614	8,510	1,620,415	90.00
90.01	09001 A.R.C. CLINIC	19	58,240	26,553	577	17,015,300	90.01
90.02	09002 CANCER CTR CLINIC	32	76,960	114,525	48,396	10,347,440	90.02
90.03	09003 UROLOGY CLINIC	2	8,320	9,985	817	159,405	90.03
90.04	09004 PAIN CLINIC	0	0	0	0	6,794,098	90.04
90.05	09005 EYE CENTER	2	0	23,929	531	61,369	90.05
90.06	09006 WOUND CARE CLINIC	0	6,240	94,802	946	1,391,699	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 ANTICOAGULATION CLINIC	1	0	9,540	0	687,791	90.08
90.09	09009 OP IV THERAPY	4	22,880	4,107	13,170	2,263,123	90.09
90.10	09010 PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012 BHORADE CLINIC	0	0	0	0	0	90.12
90.13	09013 DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	0	0	0	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
91.00	09100 EMERGENCY	158	449,280	770,273	315,087	125,228,607	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,314	6,358,560	41,253,187	2,178,708	1,409,653,013	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,849,140	3,966,394	4,039,246	9,018,852	222,421	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	799.109767	0.623788	0.097914	4.139541	0.000158	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	35,180	29,380	352,737	298,405	76,577	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	15.203111	0.004621	0.008551	0.136964	0.000054	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: 14-0182

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			INTERNS & RESIDENTS				Reconciliation	
			SOCIAL SERVICE	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER		
			(PATIENT DA YS)	(ASSIGNED TIME)	Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	20.00	21.00	22.00	23A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	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 ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	60,324					17.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		17,606			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			17,606		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0				0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0				0	23.02
23.03	02303	PARAMED ED PHARMACY	0				0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,603	0	17,569	17,569	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,789	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	10,264	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	7,454	0	37	37	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,214	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSEY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
					21.00	22.00		
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0	0	0	0	90.08
90.09	09009	OP IV THERAPY	0	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	0	90.16
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	60,324	0	17,606	17,606	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,780,694	0	18,994,091	8,916,070		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	62.673132	0.000000	1,078.841929	506.422242		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	17,962	0	74,147	1,565,682		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.297759	0.000000	4.211462	88.928888		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: 14-0182

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			PARAMED ED PRGM (ACCUM. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	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 ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	480,070,130				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		0			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			0		23.02
23.03	02303	PARAMED ED PHARMACY				2,266	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	80,721,163	0	0	522	30.00
31.00	03100	INTENSIVE CARE UNIT	32,341,238	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	13,016,294	0	0	258	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,158,002	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,335,055	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,086,842	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,745,716	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,800,836	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,902,925	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,437,743	0	0	0	56.00
56.01	05601	ULTRA SOUND	2,687,348	0	0	0	56.01
57.00	05700	CT SCAN	4,289,031	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,474,839	0	0	200	59.00
60.00	06000	LABORATORY	14,401,017	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,469,747	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,860,485	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,142,781	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	429,465	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,790,302	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,021,554	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,866,226	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,512,911	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,360,051	0	0	884	73.00
74.00	07400	RENAL DIALYSIS	1,448,471	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	666,588	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			PARAMED ED PRGM (ACCUM. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,112,772	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	3,157,667	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	6,516,370	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	274,901	0	0	0	90.03
90.04	09004	PAIN CLINIC	1,567,255	0	0	0	90.04
90.05	09005	EYE CENTER	198,466	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	337,556	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,854,155	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	329,185	0	0	0	90.08
90.09	09009	OP IV THERAPY	1,853,491	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	37,759,341	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	21,232,040	0	0	0	90.11
90.12	09012	BHORADE CLINIC	11,173,893	0	0	0	90.12
90.13	09013	DARIEN CLINIC	6,465,115	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	7,299,415	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	4,529,428	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	101,814	0	0	0	90.16
91.00	09100	EMERGENCY	18,892,626	0	0	402	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	479,963,052	0	0	2,266	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	107,078	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	340,932	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	150.455428	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	5,074	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	2.239188	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 10:22 am

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
					Total Costs	RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	52,948,195		52,948,195	0	52,948,195	30.00	
31.00	03100	INTENSIVE CARE UNIT	32,341,238		32,341,238	0	32,341,238	31.00	
32.00	03200	CORONARY CARE UNIT	13,055,112		13,055,112	0	13,055,112	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	9,099,347		9,099,347	0	9,099,347	40.00	
41.00	04100	SUBPROVIDER - IRF	6,335,055		6,335,055	0	6,335,055	41.00	
42.00	04200	SUBPROVIDER	0		0	0	0	42.00	
43.00	04300	NURSERY	3,086,842		3,086,842	0	3,086,842	43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	38,745,716		38,745,716	0	38,745,716	50.00	
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	3,800,836		3,800,836	0	3,800,836	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,902,925		17,902,925	0	17,902,925	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00	
56.00	05600	RADIOISOTOPE	5,437,743		5,437,743	0	5,437,743	56.00	
56.01	05601	ULTRA SOUND	2,687,348		2,687,348	0	2,687,348	56.01	
57.00	05700	CT SCAN	4,289,031		4,289,031	0	4,289,031	57.00	
58.00	05800	MRI	0		0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	8,504,930		8,504,930	0	8,504,930	59.00	
60.00	06000	LABORATORY	14,401,017		14,401,017	0	14,401,017	60.00	
60.01	06001	BLOOD LABORATORY	1,469,747		1,469,747	0	1,469,747	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	6,860,485	0	6,860,485	0	6,860,485	65.00	
66.00	06600	PHYSICAL THERAPY	8,142,781	0	8,142,781	0	8,142,781	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
68.01	06801	CARDIOLOGY	429,465	0	429,465	0	429,465	68.01	
69.00	06900	ELECTROCARDIOLOGY	2,790,302		2,790,302	0	2,790,302	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,021,554		1,021,554	0	1,021,554	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,866,226		35,866,226	0	35,866,226	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,512,911		18,512,911	0	18,512,911	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	28,493,053		28,493,053	0	28,493,053	73.00	
74.00	07400	RENAL DIALYSIS	1,448,471		1,448,471	0	1,448,471	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	666,588		666,588	0	666,588	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00	09000	CLINIC	1,112,772		1,112,772	0	1,112,772	90.00	
90.01	09001	A.R.C. CLINIC	3,157,667		3,157,667	0	3,157,667	90.01	
90.02	09002	CANCER CTR CLINIC	6,516,370		6,516,370	0	6,516,370	90.02	
90.03	09003	UROLOGY CLINIC	274,901		274,901	0	274,901	90.03	
90.04	09004	PAIN CLINIC	1,567,255		1,567,255	0	1,567,255	90.04	
90.05	09005	EYE CENTER	198,466		198,466	0	198,466	90.05	
90.06	09006	WOUND CARE CLINIC	337,556		337,556	0	337,556	90.06	
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,854,155		10,854,155	0	10,854,155	90.07	
90.08	09008	ANTICOAGULATION CLINIC	329,185		329,185	0	329,185	90.08	
90.09	09009	OP IV THERAPY	1,853,491		1,853,491	0	1,853,491	90.09	
90.10	09010	PARK RIDGE CLINIC	37,759,341		37,759,341	0	37,759,341	90.10	
90.11	09011	LIBERTYVILLE CLINIC	21,232,040		21,232,040	0	21,232,040	90.11	
90.12	09012	BHORADE CLINIC	11,173,893		11,173,893	0	11,173,893	90.12	
90.13	09013	DARIEN CLINIC	6,465,115		6,465,115	0	6,465,115	90.13	
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	7,299,415		7,299,415	0	7,299,415	90.14	
90.15	09015	PEDIATRIC CLINIC	4,529,428		4,529,428	0	4,529,428	90.15	
90.16	09016	CONDELL - INFUSION & DRUGS	101,814		101,814	0	101,814	90.16	
91.00	09100	EMERGENCY	18,953,109		18,953,109	0	18,953,109	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,749,526		5,749,526	0	5,749,526	92.00	
93.00	04040	FAMILY HEALTH CENTER	0		0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet 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	
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
200.00		Subtotal (see instructions)	457,802,417	0	457,802,417	0	457,802,417	200.00
201.00		Less Observation Beds	5,749,526		5,749,526		5,749,526	201.00
202.00		Total (see instructions)	452,052,891	0	452,052,891	0	452,052,891	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
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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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	108,003,199		108,003,199		30.00
31.00	03100	INTENSIVE CARE UNIT	85,752,230		85,752,230		31.00
32.00	03200	CORONARY CARE UNIT	43,219,204		43,219,204		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	14,234,436		14,234,436		40.00
41.00	04100	SUBPROVIDER - IRF	12,833,682		12,833,682		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	7,950,000		7,950,000		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,996,267	142,415,966	223,412,233	0.173427	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	14,308,130	24,662,202	38,970,332	0.097532	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,962,666	69,743,866	96,706,532	0.185126	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	2,519,142	12,615,717	15,134,859	0.359286	0.000000
56.01	05601	ULTRA SOUND	1,595,193	15,620,825	17,216,018	0.156096	0.000000
57.00	05700	CT SCAN	26,326,015	42,019,758	68,345,773	0.062755	0.000000
58.00	05800	MRI	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	14,233,773	24,826,744	39,060,517	0.217737	0.000000
60.00	06000	LABORATORY	50,937,236	50,037,575	100,974,811	0.142620	0.000000
60.01	06001	BLOOD LABORATORY	7,943,537	2,708,353	10,651,890	0.137980	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	37,633,860	2,771,980	40,405,840	0.169789	0.000000
66.00	06600	PHYSICAL THERAPY	13,581,380	10,078,625	23,660,005	0.344158	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
68.01	06801	CARDIOLOGY	33,315	1,113,474	1,146,789	0.374493	0.000000
69.00	06900	ELECTROCARDIOLOGY	11,239,501	11,248,606	22,488,107	0.124079	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,236,909	5,052,945	6,289,854	0.162413	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,328,392	21,351,069	42,679,461	0.840363	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,846,752	25,356,621	51,203,373	0.361556	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	84,127,868	125,053,142	209,181,010	0.136212	0.000000
74.00	07400	RENAL DIALYSIS	4,565,127	204,702	4,769,829	0.303674	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	102,365	950,238	1,052,603	0.633276	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	721	1,017,021	1,017,742	1.093373	0.000000
90.01	09001	A.R.C. CLINIC	355,270	12,273,774	12,629,044	0.250032	0.000000
90.02	09002	CANCER CTR CLINIC	29,839	11,052,062	11,081,901	0.588019	0.000000
90.03	09003	UROLOGY CLINIC	0	91,539	91,539	3.003103	0.000000
90.04	09004	PAIN CLINIC	0	5,384,896	5,384,896	0.291046	0.000000
90.05	09005	EYE CENTER	0	119,826	119,826	1.656285	0.000000
90.06	09006	WOUND CARE CLINIC	6,430	2,467,116	2,473,546	0.136466	0.000000
90.07	09007	BEHAVIORAL HEALTH SERVICES	249,156	10,950,128	11,199,284	0.969183	0.000000
90.08	09008	ANTICOAGULATION CLINIC	745	630,063	630,808	0.521847	0.000000
90.09	09009	OP IV THERAPY	1,680	7,046,233	7,047,913	0.262984	0.000000
90.10	09010	PARK RIDGE CLINIC	0	151,936,676	151,936,676	0.248520	0.000000
90.11	09011	LIBERTYVILLE CLINIC	0	100,473,337	100,473,337	0.211320	0.000000
90.12	09012	BHORADE CLINIC	0	41,677,802	41,677,802	0.268102	0.000000
90.13	09013	DARIEN CLINIC	0	28,350,801	28,350,801	0.228040	0.000000
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	340	31,090,422	31,090,762	0.234778	0.000000
90.15	09015	PEDIATRIC CLINIC	0	7,259,486	7,259,486	0.623932	0.000000
90.16	09016	CONDELL - INFUSION & DRUGS	0	3,423,717	3,423,717	0.029738	0.000000
91.00	09100	EMERGENCY	39,698,198	74,088,708	113,786,906	0.166567	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,560,260	8,595,803	12,156,063	0.472976	0.000000
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
99.10	09910	CORF	0	0	0		99.10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet C
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			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		10.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
200.00		Subtotal (see instructions)	741,412,818	1,085,761,818	1,827,174,636		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	741,412,818	1,085,761,818	1,827,174,636		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.173427			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.097532			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185126			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.359286			56.00
56.01	05601	ULTRA SOUND	0.156096			56.01
57.00	05700	CT SCAN	0.062755			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.217737			59.00
60.00	06000	LABORATORY	0.142620			60.00
60.01	06001	BLOOD LABORATORY	0.137980			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.169789			65.00
66.00	06600	PHYSICAL THERAPY	0.344158			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
68.01	06801	CARDIOLOGY	0.374493			68.01
69.00	06900	ELECTROCARDIOLOGY	0.124079			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162413			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.840363			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.361556			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.136212			73.00
74.00	07400	RENAL DIALYSIS	0.303674			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.633276			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	1.093373			90.00
90.01	09001	A.R.C. CLINIC	0.250032			90.01
90.02	09002	CANCER CTR CLINIC	0.588019			90.02
90.03	09003	UROLOGY CLINIC	3.003103			90.03
90.04	09004	PAIN CLINIC	0.291046			90.04
90.05	09005	EYE CENTER	1.656285			90.05
90.06	09006	WOUND CARE CLINIC	0.136466			90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.969183			90.07
90.08	09008	ANTICOAGULATION CLINIC	0.521847			90.08
90.09	09009	OP IV THERAPY	0.262984			90.09
90.10	09010	PARK RIDGE CLINIC	0.248520			90.10
90.11	09011	LIBERTYVILLE CLINIC	0.211320			90.11
90.12	09012	BHORADE CLINIC	0.268102			90.12
90.13	09013	DARIEN CLINIC	0.228040			90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.234778			90.14
90.15	09015	PEDIATRIC CLINIC	0.623932			90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.029738			90.16
91.00	09100	EMERGENCY	0.166567			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.472976			92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2020
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Part I
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
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: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,948,195		52,948,195	0	52,948,195
31.00	03100	INTENSIVE CARE UNIT	32,341,238		32,341,238	0	32,341,238
32.00	03200	CORONARY CARE UNIT	13,055,112		13,055,112	0	13,055,112
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	9,099,347		9,099,347	0	9,099,347
41.00	04100	SUBPROVIDER - IRF	6,335,055		6,335,055	0	6,335,055
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	3,086,842		3,086,842	0	3,086,842
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,745,716		38,745,716	0	38,745,716
51.00	05100	RECOVERY ROOM	0		0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0
53.00	05300	ANESTHESIOLOGY	3,800,836		3,800,836	0	3,800,836
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,902,925		17,902,925	0	17,902,925
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00	05600	RADIOISOTOPE	5,437,743		5,437,743	0	5,437,743
56.01	05601	ULTRA SOUND	2,687,348		2,687,348	0	2,687,348
57.00	05700	CT SCAN	4,289,031		4,289,031	0	4,289,031
58.00	05800	MRI	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	8,504,930		8,504,930	0	8,504,930
60.00	06000	LABORATORY	14,401,017		14,401,017	0	14,401,017
60.01	06001	BLOOD LABORATORY	1,469,747		1,469,747	0	1,469,747
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	6,860,485	0	6,860,485	0	6,860,485
66.00	06600	PHYSICAL THERAPY	8,142,781	0	8,142,781	0	8,142,781
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	CARDIOLOGY	429,465	0	429,465	0	429,465
69.00	06900	ELECTROCARDIOLOGY	2,790,302		2,790,302	0	2,790,302
70.00	07000	ELECTROENCEPHALOGRAPHY	1,021,554		1,021,554	0	1,021,554
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,866,226		35,866,226	0	35,866,226
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,512,911		18,512,911	0	18,512,911
73.00	07300	DRUGS CHARGED TO PATIENTS	28,493,053		28,493,053	0	28,493,053
74.00	07400	RENAL DIALYSIS	1,448,471		1,448,471	0	1,448,471
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	666,588		666,588	0	666,588
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	1,112,772		1,112,772	0	1,112,772
90.01	09001	A.R.C. CLINIC	3,157,667		3,157,667	0	3,157,667
90.02	09002	CANCER CTR CLINIC	6,516,370		6,516,370	0	6,516,370
90.03	09003	UROLOGY CLINIC	274,901		274,901	0	274,901
90.04	09004	PAIN CLINIC	1,567,255		1,567,255	0	1,567,255
90.05	09005	EYE CENTER	198,466		198,466	0	198,466
90.06	09006	WOUND CARE CLINIC	337,556		337,556	0	337,556
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,854,155		10,854,155	0	10,854,155
90.08	09008	ANTICOAGULATION CLINIC	329,185		329,185	0	329,185
90.09	09009	OP IV THERAPY	1,853,491		1,853,491	0	1,853,491
90.10	09010	PARK RIDGE CLINIC	37,759,341		37,759,341	0	37,759,341
90.11	09011	LIBERTYVILLE CLINIC	21,232,040		21,232,040	0	21,232,040
90.12	09012	BHORADE CLINIC	11,173,893		11,173,893	0	11,173,893
90.13	09013	DARIEN CLINIC	6,465,115		6,465,115	0	6,465,115
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	7,299,415		7,299,415	0	7,299,415
90.15	09015	PEDIATRIC CLINIC	4,529,428		4,529,428	0	4,529,428
90.16	09016	CONDELL - INFUSION & DRUGS	101,814		101,814	0	101,814
91.00	09100	EMERGENCY	18,953,109		18,953,109	0	18,953,109
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,749,526		5,749,526	0	5,749,526
93.00	04040	FAMILY HEALTH CENTER	0		0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
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					Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
					Total Costs	RCE Disallowance	Total Costs			
			1.00	2.00	3.00	4.00	5.00			
99.10	09910	CORF	0		0		0	99.10		
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00		
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00		
SPECIAL PURPOSE COST CENTERS										
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00		
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00		
111.00	11100	ISLET ACQUISITION	0		0		0	111.00		
113.00	11300	INTEREST EXPENSE						113.00		
114.00	11400	UTILIZATION REVIEW-SNF						114.00		
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00		
200.00		Subtotal (see instructions)	457,802,417	0	457,802,417	0	457,802,417	200.00		
201.00		Less Observation Beds	5,749,526		5,749,526		5,749,526	201.00		
202.00		Total (see instructions)	452,052,891	0	452,052,891	0	452,052,891	202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	108,003,199		108,003,199		30.00
31.00	03100	INTENSIVE CARE UNIT	85,752,230		85,752,230		31.00
32.00	03200	CORONARY CARE UNIT	43,219,204		43,219,204		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	14,234,436		14,234,436		40.00
41.00	04100	SUBPROVIDER - IRF	12,833,682		12,833,682		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	7,950,000		7,950,000		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,996,267	142,415,966	223,412,233	0.173427	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	14,308,130	24,662,202	38,970,332	0.097532	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,962,666	69,743,866	96,706,532	0.185126	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	2,519,142	12,615,717	15,134,859	0.359286	0.000000
56.01	05601	ULTRA SOUND	1,595,193	15,620,825	17,216,018	0.156096	0.000000
57.00	05700	CT SCAN	26,326,015	42,019,758	68,345,773	0.062755	0.000000
58.00	05800	MRI	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	14,233,773	24,826,744	39,060,517	0.217737	0.000000
60.00	06000	LABORATORY	50,937,236	50,037,575	100,974,811	0.142620	0.000000
60.01	06001	BLOOD LABORATORY	7,943,537	2,708,353	10,651,890	0.137980	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	37,633,860	2,771,980	40,405,840	0.169789	0.000000
66.00	06600	PHYSICAL THERAPY	13,581,380	10,078,625	23,660,005	0.344158	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
68.01	06801	CARDIOLOGY	33,315	1,113,474	1,146,789	0.374493	0.000000
69.00	06900	ELECTROCARDIOLOGY	11,239,501	11,248,606	22,488,107	0.124079	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,236,909	5,052,945	6,289,854	0.162413	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,328,392	21,351,069	42,679,461	0.840363	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,846,752	25,356,621	51,203,373	0.361556	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	84,127,868	125,053,142	209,181,010	0.136212	0.000000
74.00	07400	RENAL DIALYSIS	4,565,127	204,702	4,769,829	0.303674	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	102,365	950,238	1,052,603	0.633276	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	721	1,017,021	1,017,742	1.093373	0.000000
90.01	09001	A.R.C. CLINIC	355,270	12,273,774	12,629,044	0.250032	0.000000
90.02	09002	CANCER CTR CLINIC	29,839	11,052,062	11,081,901	0.588019	0.000000
90.03	09003	UROLOGY CLINIC	0	91,539	91,539	3.003103	0.000000
90.04	09004	PAIN CLINIC	0	5,384,896	5,384,896	0.291046	0.000000
90.05	09005	EYE CENTER	0	119,826	119,826	1.656285	0.000000
90.06	09006	WOUND CARE CLINIC	6,430	2,467,116	2,473,546	0.136466	0.000000
90.07	09007	BEHAVIORAL HEALTH SERVICES	249,156	10,950,128	11,199,284	0.969183	0.000000
90.08	09008	ANTICOAGULATION CLINIC	745	630,063	630,808	0.521847	0.000000
90.09	09009	OP IV THERAPY	1,680	7,046,233	7,047,913	0.262984	0.000000
90.10	09010	PARK RIDGE CLINIC	0	151,936,676	151,936,676	0.248520	0.000000
90.11	09011	LIBERTYVILLE CLINIC	0	100,473,337	100,473,337	0.211320	0.000000
90.12	09012	BHORADE CLINIC	0	41,677,802	41,677,802	0.268102	0.000000
90.13	09013	DARIEN CLINIC	0	28,350,801	28,350,801	0.228040	0.000000
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	340	31,090,422	31,090,762	0.234778	0.000000
90.15	09015	PEDIATRIC CLINIC	0	7,259,486	7,259,486	0.623932	0.000000
90.16	09016	CONDELL - INFUSION & DRUGS	0	3,423,717	3,423,717	0.029738	0.000000
91.00	09100	EMERGENCY	39,698,198	74,088,708	113,786,906	0.166567	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,560,260	8,595,803	12,156,063	0.472976	0.000000
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
99.10	09910	CORF	0	0	0		99.10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00		10.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
200.00		Subtotal (see instructions)	741,412,818	1,085,761,818	1,827,174,636			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	741,412,818	1,085,761,818	1,827,174,636			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05601	ULTRA SOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
68.01	06801	CARDIOLOGY	0.000000			68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	A.R.C. CLINIC	0.000000			90.01
90.02	09002	CANCER CTR CLINIC	0.000000			90.02
90.03	09003	UROLOGY CLINIC	0.000000			90.03
90.04	09004	PAIN CLINIC	0.000000			90.04
90.05	09005	EYE CENTER	0.000000			90.05
90.06	09006	WOUND CARE CLINIC	0.000000			90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.000000			90.07
90.08	09008	ANTICOAGULATION CLINIC	0.000000			90.08
90.09	09009	OP IV THERAPY	0.000000			90.09
90.10	09010	PARK RIDGE CLINIC	0.000000			90.10
90.11	09011	LIBERTYVILLE CLINIC	0.000000			90.11
90.12	09012	BHORADE CLINIC	0.000000			90.12
90.13	09013	DARIEN CLINIC	0.000000			90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.000000			90.14
90.15	09015	PEDIATRIC CLINIC	0.000000			90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.000000			90.16
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
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: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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			Title V		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	52,948,195		52,948,195	0	52,948,195
31.00	03100	INTENSIVE CARE UNIT	32,341,238		32,341,238	0	32,341,238
32.00	03200	CORONARY CARE UNIT	13,055,112		13,055,112	0	13,055,112
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	9,099,347		9,099,347	0	9,099,347
41.00	04100	SUBPROVIDER - IRF	6,335,055		6,335,055	0	6,335,055
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	3,086,842		3,086,842	0	3,086,842
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,745,716		38,745,716	0	38,745,716
51.00	05100	RECOVERY ROOM	0		0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0
53.00	05300	ANESTHESIOLOGY	3,800,836		3,800,836	0	3,800,836
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,902,925		17,902,925	0	17,902,925
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00	05600	RADIOISOTOPE	5,437,743		5,437,743	0	5,437,743
56.01	05601	ULTRA SOUND	2,687,348		2,687,348	0	2,687,348
57.00	05700	CT SCAN	4,289,031		4,289,031	0	4,289,031
58.00	05800	MRI	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	8,504,930		8,504,930	0	8,504,930
60.00	06000	LABORATORY	14,401,017		14,401,017	0	14,401,017
60.01	06001	BLOOD LABORATORY	1,469,747		1,469,747	0	1,469,747
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	6,860,485	0	6,860,485	0	6,860,485
66.00	06600	PHYSICAL THERAPY	8,142,781	0	8,142,781	0	8,142,781
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	CARDIOLOGY	429,465	0	429,465	0	429,465
69.00	06900	ELECTROCARDIOLOGY	2,790,302		2,790,302	0	2,790,302
70.00	07000	ELECTROENCEPHALOGRAPHY	1,021,554		1,021,554	0	1,021,554
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,866,226		35,866,226	0	35,866,226
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,512,911		18,512,911	0	18,512,911
73.00	07300	DRUGS CHARGED TO PATIENTS	28,493,053		28,493,053	0	28,493,053
74.00	07400	RENAL DIALYSIS	1,448,471		1,448,471	0	1,448,471
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0
76.97	07697	CARDIAC REHABILITATION	666,588		666,588	0	666,588
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	1,112,772		1,112,772	0	1,112,772
90.01	09001	A.R.C. CLINIC	3,157,667		3,157,667	0	3,157,667
90.02	09002	CANCER CTR CLINIC	6,516,370		6,516,370	0	6,516,370
90.03	09003	UROLOGY CLINIC	274,901		274,901	0	274,901
90.04	09004	PAIN CLINIC	1,567,255		1,567,255	0	1,567,255
90.05	09005	EYE CENTER	198,466		198,466	0	198,466
90.06	09006	WOUND CARE CLINIC	337,556		337,556	0	337,556
90.07	09007	BEHAVIORAL HEALTH SERVICES	10,854,155		10,854,155	0	10,854,155
90.08	09008	ANTICOAGULATION CLINIC	329,185		329,185	0	329,185
90.09	09009	OP IV THERAPY	1,853,491		1,853,491	0	1,853,491
90.10	09010	PARK RIDGE CLINIC	37,759,341		37,759,341	0	37,759,341
90.11	09011	LIBERTYVILLE CLINIC	21,232,040		21,232,040	0	21,232,040
90.12	09012	BHORADE CLINIC	11,173,893		11,173,893	0	11,173,893
90.13	09013	DARIEN CLINIC	6,465,115		6,465,115	0	6,465,115
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	7,299,415		7,299,415	0	7,299,415
90.15	09015	PEDIATRIC CLINIC	4,529,428		4,529,428	0	4,529,428
90.16	09016	CONDELL - INFUSION & DRUGS	101,814		101,814	0	101,814
91.00	09100	EMERGENCY	18,953,109		18,953,109	0	18,953,109
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,749,526		5,749,526	0	5,749,526
93.00	04040	FAMILY HEALTH CENTER	0		0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
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			Title V		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	
99.10	09910	CORF	0	2.00	0	4.00	0 99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0 100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0 109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0 110.00
111.00	11100	ISLET ACQUISITION	0		0		0 111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0 115.00
200.00		Subtotal (see instructions)	457,802,417	0	457,802,417	0	457,802,417 200.00
201.00		Less Observation Beds	5,749,526		5,749,526		5,749,526 201.00
202.00		Total (see instructions)	452,052,891	0	452,052,891	0	452,052,891 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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			Title V		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	108,003,199		108,003,199		30.00
31.00	03100	INTENSIVE CARE UNIT	85,752,230		85,752,230		31.00
32.00	03200	CORONARY CARE UNIT	43,219,204		43,219,204		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	14,234,436		14,234,436		40.00
41.00	04100	SUBPROVIDER - IRF	12,833,682		12,833,682		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	7,950,000		7,950,000		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	80,996,267	142,415,966	223,412,233	0.173427	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	14,308,130	24,662,202	38,970,332	0.097532	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,962,666	69,743,866	96,706,532	0.185126	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
56.00	05600	RADIOISOTOPE	2,519,142	12,615,717	15,134,859	0.359286	0.000000
56.01	05601	ULTRA SOUND	1,595,193	15,620,825	17,216,018	0.156096	0.000000
57.00	05700	CT SCAN	26,326,015	42,019,758	68,345,773	0.062755	0.000000
58.00	05800	MRI	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	14,233,773	24,826,744	39,060,517	0.217737	0.000000
60.00	06000	LABORATORY	50,937,236	50,037,575	100,974,811	0.142620	0.000000
60.01	06001	BLOOD LABORATORY	7,943,537	2,708,353	10,651,890	0.137980	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	37,633,860	2,771,980	40,405,840	0.169789	0.000000
66.00	06600	PHYSICAL THERAPY	13,581,380	10,078,625	23,660,005	0.344158	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
68.01	06801	CARDIOLOGY	33,315	1,113,474	1,146,789	0.374493	0.000000
69.00	06900	ELECTROCARDIOLOGY	11,239,501	11,248,606	22,488,107	0.124079	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,236,909	5,052,945	6,289,854	0.162413	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,328,392	21,351,069	42,679,461	0.840363	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,846,752	25,356,621	51,203,373	0.361556	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	84,127,868	125,053,142	209,181,010	0.136212	0.000000
74.00	07400	RENAL DIALYSIS	4,565,127	204,702	4,769,829	0.303674	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000
76.97	07697	CARDIAC REHABILITATION	102,365	950,238	1,052,603	0.633276	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	721	1,017,021	1,017,742	1.093373	0.000000
90.01	09001	A.R.C. CLINIC	355,270	12,273,774	12,629,044	0.250032	0.000000
90.02	09002	CANCER CTR CLINIC	29,839	11,052,062	11,081,901	0.588019	0.000000
90.03	09003	UROLOGY CLINIC	0	91,539	91,539	3.003103	0.000000
90.04	09004	PAIN CLINIC	0	5,384,896	5,384,896	0.291046	0.000000
90.05	09005	EYE CENTER	0	119,826	119,826	1.656285	0.000000
90.06	09006	WOUND CARE CLINIC	6,430	2,467,116	2,473,546	0.136466	0.000000
90.07	09007	BEHAVIORAL HEALTH SERVICES	249,156	10,950,128	11,199,284	0.969183	0.000000
90.08	09008	ANTICOAGULATION CLINIC	745	630,063	630,808	0.521847	0.000000
90.09	09009	OP IV THERAPY	1,680	7,046,233	7,047,913	0.262984	0.000000
90.10	09010	PARK RIDGE CLINIC	0	151,936,676	151,936,676	0.248520	0.000000
90.11	09011	LIBERTYVILLE CLINIC	0	100,473,337	100,473,337	0.211320	0.000000
90.12	09012	BHORADE CLINIC	0	41,677,802	41,677,802	0.268102	0.000000
90.13	09013	DARIEN CLINIC	0	28,350,801	28,350,801	0.228040	0.000000
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	340	31,090,422	31,090,762	0.234778	0.000000
90.15	09015	PEDIATRIC CLINIC	0	7,259,486	7,259,486	0.623932	0.000000
90.16	09016	CONDELL - INFUSION & DRUGS	0	3,423,717	3,423,717	0.029738	0.000000
91.00	09100	EMERGENCY	39,698,198	74,088,708	113,786,906	0.166567	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,560,260	8,595,803	12,156,063	0.472976	0.000000
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
99.10	09910	CORF	0	0	0		99.10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 10:22 am

			Title V			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		10.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
200.00		Subtotal (see instructions)	741,412,818	1,085,761,818	1,827,174,636			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	741,412,818	1,085,761,818	1,827,174,636			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title V	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
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05601	ULTRA SOUND	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
68.01	06801	CARDIOLOGY	0.000000			68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	A.R.C. CLINIC	0.000000			90.01
90.02	09002	CANCER CTR CLINIC	0.000000			90.02
90.03	09003	UROLOGY CLINIC	0.000000			90.03
90.04	09004	PAIN CLINIC	0.000000			90.04
90.05	09005	EYE CENTER	0.000000			90.05
90.06	09006	WOUND CARE CLINIC	0.000000			90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.000000			90.07
90.08	09008	ANTICOAGULATION CLINIC	0.000000			90.08
90.09	09009	OP IV THERAPY	0.000000			90.09
90.10	09010	PARK RIDGE CLINIC	0.000000			90.10
90.11	09011	LIBERTYVILLE CLINIC	0.000000			90.11
90.12	09012	BHORADE CLINIC	0.000000			90.12
90.13	09013	DARIEN CLINIC	0.000000			90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.000000			90.14
90.15	09015	PEDIATRIC CLINIC	0.000000			90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.000000			90.16
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title V	Hospital	Cost
			11.00			
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
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: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,924,016	0	5,924,016	38,043	155.72	30.00
31.00	INTENSIVE CARE UNIT	2,216,830		2,216,830	9,289	238.65	31.00
32.00	CORONARY CARE UNIT	1,019,401		1,019,401	7,250	140.61	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,125,361	0	1,125,361	7,904	142.38	40.00
41.00	SUBPROVIDER - IRF	541,088	0	541,088	5,321	101.69	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	376,495		376,495	1,679	224.24	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	11,203,191		11,203,191	69,486		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,800	747,456				30.00
31.00	INTENSIVE CARE UNIT	2,259	539,110				31.00
32.00	CORONARY CARE UNIT	3,844	540,505				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	1,410	200,756				40.00
41.00	SUBPROVIDER - IRF	1,824	185,483				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	14,137	2,213,310				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/27/2021 10:22 am

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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,097,412	223,412,233	0.018340	12,617,303	231,401	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	547,913	38,970,332	0.014060	2,391,567	33,625	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,616,204	96,706,532	0.016712	6,412,356	107,163	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	262,238	15,134,859	0.017327	717,304	12,429	56.00
56.01	05601 ULTRA SOUND	79,045	17,216,018	0.004591	299,211	1,374	56.01
57.00	05700 CT SCAN	174,461	68,345,773	0.002553	6,716,678	17,148	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,048,035	39,060,517	0.026831	3,153,155	84,602	59.00
60.00	06000 LABORATORY	720,729	100,974,811	0.007138	10,146,499	72,426	60.00
60.01	06001 BLOOD LABORATORY	13,712	10,651,890	0.001287	1,422,478	1,831	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	367,737	40,405,840	0.009101	7,696,543	70,046	65.00
66.00	06600 PHYSICAL THERAPY	649,920	23,660,005	0.027469	1,962,885	53,918	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	1,377	1,146,789	0.001201	8,651	10	68.01
69.00	06900 ELECTROCARDIOLOGY	281,770	22,488,107	0.012530	3,186,905	39,932	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,932	6,289,854	0.000943	326,957	308	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	140,911	42,679,461	0.003302	5,252,807	17,345	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	94,607	51,203,373	0.001848	7,980,312	14,748	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	181,670	209,181,010	0.000868	17,729,235	15,389	73.00
74.00	07400 RENAL DIALYSIS	38,671	4,769,829	0.008107	1,895,410	15,366	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	84,764	1,052,603	0.080528	20,848	1,679	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	182,312	1,017,742	0.179134	496	89	90.00
90.01	09001 A.R.C. CLINIC	383,541	12,629,044	0.030370	2,055	62	90.01
90.02	09002 CANCER CTR CLINIC	1,606,146	11,081,901	0.144934	19,265	2,792	90.02
90.03	09003 UROLOGY CLINIC	2,636	91,539	0.028796	0	0	90.03
90.04	09004 PAIN CLINIC	208,573	5,384,896	0.038733	0	0	90.04
90.05	09005 EYE CENTER	1,981	119,826	0.016532	0	0	90.05
90.06	09006 WOUND CARE CLINIC	3,761	2,473,546	0.001520	4,377	7	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	39,756	11,199,284	0.003550	71,021	252	90.07
90.08	09008 ANTICOAGULATION CLINIC	62,871	630,808	0.099667	525	52	90.08
90.09	09009 OP IV THERAPY	62,558	7,047,913	0.008876	1,632	14	90.09
90.10	09010 PARK RIDGE CLINIC	121,139	151,936,676	0.000797	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	68,130	100,473,337	0.000678	0	0	90.11
90.12	09012 BHOADE CLINIC	35,866	41,677,802	0.000861	0	0	90.12
90.13	09013 DARIEN CLINIC	20,756	28,350,801	0.000732	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	23,439	31,090,762	0.000754	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	16,942	7,259,486	0.002334	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	332	3,423,717	0.000097	0	0	90.16
91.00	09100 EMERGENCY	1,346,631	113,786,906	0.011835	8,958,660	106,026	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	643,274	12,156,063	0.052918	1,122,271	59,388	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50 through 199)	15,237,752	1,555,181,885		100,117,406	959,422	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0182		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/27/2021 10:22 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Nursing School	Allied Health	Allied Health	All Other Medical Education Cost			
			Post-Stepdown Adjustments		Post-Stepdown Adjustments	Cost				
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	78,538	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	38,818	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	117,356	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	78,538	38,043	2.06	4,800	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	9,289	0.00	2,259	31.00		
32.00	03200	CORONARY CARE UNIT		38,818	7,250	5.35	3,844	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	0	7,904	0.00	1,410	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	5,321	0.00	1,824	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00		
43.00	04300	NURSERY		0	1,679	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00		
200.00		Total (lines 30 through 199)		117,356	69,486		14,137	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	9,888						30.00	
31.00	03100	INTENSIVE CARE UNIT	0						31.00	
32.00	03200	CORONARY CARE UNIT	20,565						32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
42.00	04200	SUBPROVIDER	0						42.00	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
200.00		Total (lines 30 through 199)	30,453						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	30,091	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	133,002	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0	0	0	90.08
90.09	09009	OP IV THERAPY	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	90.16
91.00	09100	EMERGENCY	0	0	0	60,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,527	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	232,103	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description			Title XVIII		Hospital	PPS	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
			4.00	5.00	6.00	7.00	8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	223,412,233	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	38,970,332	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	96,706,532	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	15,134,859	0.000000
56.01	05601	ULTRA SOUND	0	0	0	17,216,018	0.000000
57.00	05700	CT SCAN	0	0	0	68,345,773	0.000000
58.00	05800	MRI	0	0	0	0	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	30,091	30,091	39,060,517	0.000770
60.00	06000	LABORATORY	0	0	0	100,974,811	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	10,651,890	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	40,405,840	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	23,660,005	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000
68.01	06801	CARDIOLOGY	0	0	0	1,146,789	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,488,107	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,289,854	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	42,679,461	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	51,203,373	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	133,002	133,002	209,181,010	0.000636
74.00	07400	RENAL DIALYSIS	0	0	0	4,769,829	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,052,603	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000
90.00	09000	CLINIC	0	0	0	1,017,742	0.000000
90.01	09001	A.R.C. CLINIC	0	0	0	12,629,044	0.000000
90.02	09002	CANCER CTR CLINIC	0	0	0	11,081,901	0.000000
90.03	09003	UROLOGY CLINIC	0	0	0	91,539	0.000000
90.04	09004	PAIN CLINIC	0	0	0	5,384,896	0.000000
90.05	09005	EYE CENTER	0	0	0	119,826	0.000000
90.06	09006	WOUND CARE CLINIC	0	0	0	2,473,546	0.000000
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	11,199,284	0.000000
90.08	09008	ANTICOAGULATION CLINIC	0	0	0	630,808	0.000000
90.09	09009	OP IV THERAPY	0	0	0	7,047,913	0.000000
90.10	09010	PARK RIDGE CLINIC	0	0	0	151,936,676	0.000000
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	100,473,337	0.000000
90.12	09012	BHORADE CLINIC	0	0	0	41,677,802	0.000000
90.13	09013	DARIEN CLINIC	0	0	0	28,350,801	0.000000
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	31,090,762	0.000000
90.15	09015	PEDIATRIC CLINIC	0	0	0	7,259,486	0.000000
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	3,423,717	0.000000
91.00	09100	EMERGENCY	0	60,483	60,483	113,786,906	0.000532
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	8,527	8,527	12,156,063	0.000701
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	232,103	232,103	1,555,181,885	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 10:22 am	
Cost Center Description				Title XVIII		Hospital		PPS	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		12,617,303	0	12,256,232	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		2,391,567	0	2,597,035	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		6,412,356	0	9,817,146	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		717,304	0	2,393,707	0	56.00
56.01	05601	ULTRA SOUND	0.000000		299,211	0	888,033	0	56.01
57.00	05700	CT SCAN	0.000000		6,716,678	0	6,103,404	0	57.00
58.00	05800	MRI	0.000000		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000770		3,153,155	2,428	4,503,620	3,468	59.00
60.00	06000	LABORATORY	0.000000		10,146,499	0	10,481,759	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000		1,422,478	0	731,114	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		7,696,543	0	418,022	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,962,885	0	863,927	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0.000000		8,651	0	275,407	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000		3,186,905	0	1,603,074	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		326,957	0	566,261	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		5,252,807	0	4,000,501	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		7,980,312	0	6,311,602	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000636		17,729,235	11,276	23,685,466	15,064	73.00
74.00	07400	RENAL DIALYSIS	0.000000		1,895,410	0	68,314	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000		0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		20,848	0	186,322	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
90.00	09000	CLINIC	0.000000		496	0	85,796	0	90.00
90.01	09001	A.R.C. CLINIC	0.000000		2,055	0	44,965	0	90.01
90.02	09002	CANCER CTR CLINIC	0.000000		19,265	0	1,669,647	0	90.02
90.03	09003	UROLOGY CLINIC	0.000000		0	0	23,444	0	90.03
90.04	09004	PAIN CLINIC	0.000000		0	0	937,452	0	90.04
90.05	09005	EYE CENTER	0.000000		0	0	6,524	0	90.05
90.06	09006	WOUND CARE CLINIC	0.000000		4,377	0	809,896	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.000000		71,021	0	382,814	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0.000000		525	0	209,612	0	90.08
90.09	09009	OP IV THERAPY	0.000000		1,632	0	1,092,180	0	90.09
90.10	09010	PARK RIDGE CLINIC	0.000000		0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0.000000		0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0.000000		0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0.000000		0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.000000		0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0.000000		0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.000000		0	0	0	0	90.16
91.00	09100	EMERGENCY	0.000532		8,958,660	4,766	7,047,043	3,749	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000701		1,122,271	787	1,729,101	1,212	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000		0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		0	0	0	0	97.00
200.00		Total (lines 50 through 199)			100,117,406	19,257	101,789,420	23,493	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 10:22 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.173427	12,256,232	0	0	2,125,562	
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	
53.00	05300	ANESTHESIOLOGY	0.097532	2,597,035	0	0	253,294	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185126	9,817,146	0	0	1,817,409	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	
56.00	05600	RADIOISOTOPE	0.359286	2,393,707	0	0	860,025	
56.01	05601	ULTRA SOUND	0.156096	888,033	0	0	138,618	
57.00	05700	CT SCAN	0.062755	6,103,404	0	0	383,019	
58.00	05800	MRI	0.000000	0	0	0	0	
59.00	05900	CARDIAC CATHETERIZATION	0.217737	4,503,620	0	0	980,605	
60.00	06000	LABORATORY	0.142620	10,481,759	0	0	1,494,908	
60.01	06001	BLOOD LABORATORY	0.137980	731,114	0	0	100,879	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	
65.00	06500	RESPIRATORY THERAPY	0.169789	418,022	0	0	70,976	
66.00	06600	PHYSICAL THERAPY	0.344158	863,927	0	0	297,327	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	
68.01	06801	CARDIOLOGY	0.374493	275,407	0	0	103,138	
69.00	06900	ELECTROCARDIOLOGY	0.124079	1,603,074	0	0	198,908	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162413	566,261	0	0	91,968	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.840363	4,000,501	157,309	0	3,361,873	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.361556	6,311,602	0	0	2,281,998	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.136212	23,685,466	0	119,221	3,226,245	
74.00	07400	RENAL DIALYSIS	0.303674	68,314	0	0	20,745	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	
76.97	07697	CARDIAC REHABILITATION	0.633276	186,322	0	0	117,993	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						
90.00	09000	CLINIC	1.093373	85,796	0	0	93,807	
90.01	09001	A.R.C. CLINIC	0.250032	44,965	0	0	11,243	
90.02	09002	CANCER CTR CLINIC	0.588019	1,669,647	0	0	981,784	
90.03	09003	UROLOGY CLINIC	3.003103	23,444	0	0	70,405	
90.04	09004	PAIN CLINIC	0.291046	937,452	0	0	272,842	
90.05	09005	EYE CENTER	1.656285	6,524	0	0	10,806	
90.06	09006	WOUND CARE CLINIC	0.136466	809,896	0	0	110,523	
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.969183	382,814	0	0	371,017	
90.08	09008	ANTICOAGULATION CLINIC	0.521847	209,612	0	0	109,385	
90.09	09009	OP IV THERAPY	0.262984	1,092,180	0	0	287,226	
90.10	09010	PARK RIDGE CLINIC	0.248520	0	0	0	0	
90.11	09011	LIBERTYVILLE CLINIC	0.211320	0	0	0	0	
90.12	09012	BHORADE CLINIC	0.268102	0	0	0	0	
90.13	09013	DARIEN CLINIC	0.228040	0	0	0	0	
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.234778	0	0	0	0	
90.15	09015	PEDIATRIC CLINIC	0.623932	0	0	0	0	
90.16	09016	CONDELL - INFUSION & DRUGS	0.029738	0	0	0	0	
91.00	09100	EMERGENCY	0.166567	7,047,043	0	0	1,173,805	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.472976	1,729,101	0	0	817,823	
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0	0	0	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000		0			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	
200.00		Subtotal (see instructions)		101,789,420	157,309	119,221	22,236,156	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		
202.00		Net Charges (line 200 - line 201)		101,789,420	157,309	119,221	22,236,156	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 10:22 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	ULTRA SOUND	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	06801	CARDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	132,197	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,239		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	A.R.C. CLINIC	0	0		90.01
90.02	09002	CANCER CTR CLINIC	0	0		90.02
90.03	09003	UROLOGY CLINIC	0	0		90.03
90.04	09004	PAIN CLINIC	0	0		90.04
90.05	09005	EYE CENTER	0	0		90.05
90.06	09006	WOUND CARE CLINIC	0	0		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0		90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0		90.08
90.09	09009	OP IV THERAPY	0	0		90.09
90.10	09010	PARK RIDGE CLINIC	0	0		90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0		90.11
90.12	09012	BHORADE CLINIC	0	0		90.12
90.13	09013	DARIEN CLINIC	0	0		90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0		90.14
90.15	09015	PEDIATRIC CLINIC	0	0		90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0		90.16
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	132,197	16,239		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	132,197	16,239		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0182

Period:

Worksheet D

Component CCN: 14-S182

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/27/2021 10:22 am

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	4,097,412	223,412,233	0.018340	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	547,913	38,970,332	0.014060	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,616,204	96,706,532	0.016712	11,859	198	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	262,238	15,134,859	0.017327	0	0	56.00
56.01	05601 ULTRA SOUND	79,045	17,216,018	0.004591	1,561	7	56.01
57.00	05700 CT SCAN	174,461	68,345,773	0.002553	23,166	59	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,048,035	39,060,517	0.026831	0	0	59.00
60.00	06000 LABORATORY	720,729	100,974,811	0.007138	291,237	2,079	60.00
60.01	06001 BLOOD LABORATORY	13,712	10,651,890	0.001287	970	1	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	367,737	40,405,840	0.009101	27,370	249	65.00
66.00	06600 PHYSICAL THERAPY	649,920	23,660,005	0.027469	5,056	139	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	1,377	1,146,789	0.001201	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	281,770	22,488,107	0.012530	18,429	231	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,932	6,289,854	0.000943	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	140,911	42,679,461	0.003302	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	94,607	51,203,373	0.001848	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	181,670	209,181,010	0.000868	466,812	405	73.00
74.00	07400 RENAL DIALYSIS	38,671	4,769,829	0.008107	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	84,764	1,052,603	0.080528	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	182,312	1,017,742	0.179134	0	0	90.00
90.01	09001 A.R.C. CLINIC	383,541	12,629,044	0.030370	0	0	90.01
90.02	09002 CANCER CTR CLINIC	1,606,146	11,081,901	0.144934	0	0	90.02
90.03	09003 UROLOGY CLINIC	2,636	91,539	0.028796	0	0	90.03
90.04	09004 PAIN CLINIC	208,573	5,384,896	0.038733	0	0	90.04
90.05	09005 EYE CENTER	1,981	119,826	0.016532	0	0	90.05
90.06	09006 WOUND CARE CLINIC	3,761	2,473,546	0.001520	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	39,756	11,199,284	0.003550	14,359	51	90.07
90.08	09008 ANTICOAGULATION CLINIC	62,871	630,808	0.099667	0	0	90.08
90.09	09009 OP IV THERAPY	62,558	7,047,913	0.008876	0	0	90.09
90.10	09010 PARK RIDGE CLINIC	121,139	151,936,676	0.000797	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	68,130	100,473,337	0.000678	0	0	90.11
90.12	09012 BHORADE CLINIC	35,866	41,677,802	0.000861	0	0	90.12
90.13	09013 DARIEN CLINIC	20,756	28,350,801	0.000732	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	23,439	31,090,762	0.000754	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	16,942	7,259,486	0.002334	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	332	3,423,717	0.000097	0	0	90.16
91.00	09100 EMERGENCY	1,346,631	113,786,906	0.011835	308,654	3,653	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	12,156,063	0.000000	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50 through 199)	14,594,478	1,555,181,885		1,169,473	7,072	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 10:22 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND		0	0	0	0	0	56.01
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	30,091	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY		0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	133,002	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER		0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC		0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC		0	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC		0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC		0	0	0	0	0	90.04
90.05	09005	EYE CENTER		0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC		0	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES		0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC		0	0	0	0	0	90.08
90.09	09009	OP IV THERAPY		0	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC		0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC		0	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC		0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC		0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS		0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC		0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS		0	0	0	0	0	90.16
91.00	09100	EMERGENCY		0	0	0	0	60,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER		0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)		0	0	0	0	223,576	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 10:22 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	223,412,233	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	38,970,332	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	96,706,532	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	15,134,859	0.000000	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	17,216,018	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0	68,345,773	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,091	30,091	30,091	39,060,517	0.000770	59.00
60.00	06000	LABORATORY	0	0	0	0	100,974,811	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	10,651,890	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	40,405,840	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	23,660,005	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0.000000	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	1,146,789	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	22,488,107	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	6,289,854	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	42,679,461	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	51,203,373	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	133,002	133,002	209,181,010	209,181,010	0.000636	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,769,829	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	1,052,603	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	1,017,742	0.000000	90.00
90.01	09001	A.R.C. CLINIC	0	0	0	0	12,629,044	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	11,081,901	0.000000	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	91,539	0.000000	90.03
90.04	09004	PAIN CLINIC	0	0	0	0	5,384,896	0.000000	90.04
90.05	09005	EYE CENTER	0	0	0	0	119,826	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	2,473,546	0.000000	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	11,199,284	0.000000	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0	0	0	630,808	0.000000	90.08
90.09	09009	OP IV THERAPY	0	0	0	0	7,047,913	0.000000	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	151,936,676	0.000000	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	100,473,337	0.000000	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	41,677,802	0.000000	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	28,350,801	0.000000	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	31,090,762	0.000000	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	7,259,486	0.000000	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	3,423,717	0.000000	90.16
91.00	09100	EMERGENCY	0	60,483	60,483	113,786,906	113,786,906	0.000532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	12,156,063	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	223,576	223,576	1,555,181,885			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 10:22 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	11,859	0	395	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.01	05601	ULTRA SOUND		0.000000	1,561	0	0	0	56.01
57.00	05700	CT SCAN		0.000000	23,166	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000770	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	291,237	0	1,283	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	970	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	27,370	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	5,056	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
68.01	06801	CARDIOLOGY		0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	18,429	0	1,706	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	0	0	2,535	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000636	466,812	297	24,394	16	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC		0.000000	0	0	0	0	90.03
90.04	09004	PAIN CLINIC		0.000000	0	0	0	0	90.04
90.05	09005	EYE CENTER		0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC		0.000000	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES		0.000000	14,359	0	461,770	0	90.07
90.08	09008	ANTICOAGULATION CLINIC		0.000000	0	0	0	0	90.08
90.09	09009	OP IV THERAPY		0.000000	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC		0.000000	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC		0.000000	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC		0.000000	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS		0.000000	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC		0.000000	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS		0.000000	0	0	0	0	90.16
91.00	09100	EMERGENCY		0.000532	308,654	164	3,080	2	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER		0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
200.00		Total (lines 50 through 199)			1,169,473	461	495,163	18	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0182

Period:

Worksheet D

Component CCN: 14-S182

From 01/01/2020

Part V

To 12/31/2020

Date/Time Prepared:

7/27/2021 10:22 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
								1.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.173427	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.097532	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185126	395	0	0	73	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.359286	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0.156096	0	0	0	0	56.01
57.00	05700	CT SCAN	0.062755	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.217737	0	0	0	0	59.00
60.00	06000	LABORATORY	0.142620	1,283	0	0	183	60.00
60.01	06001	BLOOD LABORATORY	0.137980	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.169789	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.344158	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0.374493	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.124079	1,706	0	0	212	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162413	2,535	0	0	412	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.840363	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.361556	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.136212	24,394	0	0	3,323	73.00
74.00	07400	RENAL DIALYSIS	0.303674	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.633276	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	1.093373	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	0.250032	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0.588019	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	3.003103	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0.291046	0	0	0	0	90.04
90.05	09005	EYE CENTER	1.656285	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0.136466	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.969183	461,770	0	0	447,540	90.07
90.08	09008	ANTICOAGULATION CLINIC	0.521847	0	0	0	0	90.08
90.09	09009	OP IV THERAPY	0.262984	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	0.248520	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0.211320	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0.268102	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0.228040	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.234778	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0.623932	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.029738	0	0	0	0	90.16
91.00	09100	EMERGENCY	0.166567	3,080	0	0	513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.472976	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		495,163	0	0	452,256	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		495,163	0	0	452,256	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0182		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/27/2021 10:22 am		
			Component CCN: 14-S182						
			Title XVIII		Subprovider - IPF		PPS		
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
56.01	05601	ULTRA SOUND	0	0					56.01
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
60.01	06001	BLOOD LABORATORY	0	0					60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
64.00	06400	INTRAVENOUS THERAPY	0	0					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
68.01	06801	CARDIOLOGY	0	0					68.01
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0					76.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	0	0					90.00
90.01	09001	A.R.C. CLINIC	0	0					90.01
90.02	09002	CANCER CTR CLINIC	0	0					90.02
90.03	09003	UROLOGY CLINIC	0	0					90.03
90.04	09004	PAIN CLINIC	0	0					90.04
90.05	09005	EYE CENTER	0	0					90.05
90.06	09006	WOUND CARE CLINIC	0	0					90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0					90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0					90.08
90.09	09009	OP IV THERAPY	0	0					90.09
90.10	09010	PARK RIDGE CLINIC	0	0					90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0					90.11
90.12	09012	BHORADE CLINIC	0	0					90.12
90.13	09013	DARIEN CLINIC	0	0					90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0					90.14
90.15	09015	PEDIATRIC CLINIC	0	0					90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0					90.16
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0					93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0					96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0					97.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0182

Period:

Worksheet D

Component CCN: 14-T182

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:

7/27/2021 10:22 am

Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	4,097,412	223,412,233	0.018340	25,132	461
51.00 05100 RECOVERY ROOM	0	0	0.000000	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0
53.00 05300 ANESTHESIOLOGY	547,913	38,970,332	0.014060	6,882	97
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,616,204	96,706,532	0.016712	71,631	1,197
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
56.00 05600 RADIOISOTOPE	262,238	15,134,859	0.017327	13,825	240
56.01 05601 ULTRA SOUND	79,045	17,216,018	0.004591	0	0
57.00 05700 CT SCAN	174,461	68,345,773	0.002553	47,440	121
58.00 05800 MRI	0	0	0.000000	0	0
59.00 05900 CARDIAC CATHETERIZATION	1,048,035	39,060,517	0.026831	0	0
60.00 06000 LABORATORY	720,729	100,974,811	0.007138	162,427	1,159
60.01 06001 BLOOD LABORATORY	13,712	10,651,890	0.001287	14,281	18
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00 06500 RESPIRATORY THERAPY	367,737	40,405,840	0.009101	158,966	1,447
66.00 06600 PHYSICAL THERAPY	649,920	23,660,005	0.027469	2,261,736	62,128
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0	0
68.01 06801 CARDIOLOGY	1,377	1,146,789	0.001201	0	0
69.00 06900 ELECTROCARDIOLOGY	281,770	22,488,107	0.012530	18,812	236
70.00 07000 ELECTROENCEPHALOGRAPHY	5,932	6,289,854	0.000943	2,426	2
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	140,911	42,679,461	0.003302	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	94,607	51,203,373	0.001848	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	181,670	209,181,010	0.000868	940,918	817
74.00 07400 RENAL DIALYSIS	38,671	4,769,829	0.008107	294,571	2,388
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0
76.97 07697 CARDIAC REHABILITATION	84,764	1,052,603	0.080528	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00 09000 CLINIC	182,312	1,017,742	0.179134	0	0
90.01 09001 A.R.C. CLINIC	383,541	12,629,044	0.030370	0	0
90.02 09002 CANCER CTR CLINIC	1,606,146	11,081,901	0.144934	0	0
90.03 09003 UROLOGY CLINIC	2,636	91,539	0.028796	0	0
90.04 09004 PAIN CLINIC	208,573	5,384,896	0.038733	0	0
90.05 09005 EYE CENTER	1,981	119,826	0.016532	0	0
90.06 09006 WOUND CARE CLINIC	3,761	2,473,546	0.001520	0	0
90.07 09007 BEHAVIORAL HEALTH SERVICES	39,756	11,199,284	0.003550	0	0
90.08 09008 ANTICOAGULATION CLINIC	62,871	630,808	0.099667	0	0
90.09 09009 OP IV THERAPY	62,558	7,047,913	0.008876	0	0
90.10 09010 PARK RIDGE CLINIC	121,139	151,936,676	0.000797	0	0
90.11 09011 LIBERTYVILLE CLINIC	68,130	100,473,337	0.000678	0	0
90.12 09012 BHORADE CLINIC	35,866	41,677,802	0.000861	0	0
90.13 09013 DARIEN CLINIC	20,756	28,350,801	0.000732	0	0
90.14 09014 GOOD SHEPHERD INFUSION & DRUGS	23,439	31,090,762	0.000754	0	0
90.15 09015 PEDIATRIC CLINIC	16,942	7,259,486	0.002334	0	0
90.16 09016 CONDELL - INFUSION & DRUGS	332	3,423,717	0.000097	0	0
91.00 09100 EMERGENCY	1,346,631	113,786,906	0.011835	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,156,063	0.000000	0	0
93.00 04040 FAMILY HEALTH CENTER	0	0	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0
200.00 Total (lines 50 through 199)	14,594,478	1,555,181,885		4,019,047	70,311

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 10:22 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	30,091	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	133,002	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC	0	0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	0	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0	0	0	0	0	90.08
90.09	09009	OP IV THERAPY	0	0	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC	0	0	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC	0	0	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	0	0	0	90.16
91.00	09100	EMERGENCY	0	0	0	0	0	60,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	223,576	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 10:22 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	223,412,233	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	38,970,332	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	96,706,532	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	15,134,859	0.000000	56.00
56.01	05601	ULTRA SOUND	0	0	0	17,216,018	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	68,345,773	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,091	30,091	39,060,517	0.000770	59.00
60.00	06000	LABORATORY	0	0	0	100,974,811	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	10,651,890	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	40,405,840	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	23,660,005	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
68.01	06801	CARDIOLOGY	0	0	0	1,146,789	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,488,107	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,289,854	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	42,679,461	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	51,203,373	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	133,002	133,002	209,181,010	0.000636	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,769,829	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,052,603	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	1,017,742	0.000000	90.00
90.01	09001	A.R.C. CLINIC	0	0	0	12,629,044	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	11,081,901	0.000000	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	91,539	0.000000	90.03
90.04	09004	PAIN CLINIC	0	0	0	5,384,896	0.000000	90.04
90.05	09005	EYE CENTER	0	0	0	119,826	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	2,473,546	0.000000	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	11,199,284	0.000000	90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0	0	630,808	0.000000	90.08
90.09	09009	OP IV THERAPY	0	0	0	7,047,913	0.000000	90.09
90.10	09010	PARK RIDGE CLINIC	0	0	0	151,936,676	0.000000	90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0	0	100,473,337	0.000000	90.11
90.12	09012	BHORADE CLINIC	0	0	0	41,677,802	0.000000	90.12
90.13	09013	DARIEN CLINIC	0	0	0	28,350,801	0.000000	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0	0	31,090,762	0.000000	90.14
90.15	09015	PEDIATRIC CLINIC	0	0	0	7,259,486	0.000000	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0	0	3,423,717	0.000000	90.16
91.00	09100	EMERGENCY	0	60,483	60,483	113,786,906	0.000532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,156,063	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	223,576	223,576	1,555,181,885		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 10:22 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	25,132	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	6,882	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	71,631	0	2,394	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	13,825	0	0	0	56.00
56.01	05601	ULTRA SOUND		0.000000	0	0	0	0	56.01
57.00	05700	CT SCAN		0.000000	47,440	0	2,517	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000770	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	162,427	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	14,281	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	158,966	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,261,736	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
68.01	06801	CARDIOLOGY		0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	18,812	0	840	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	2,426	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000636	940,918	598	16,029	10	73.00
74.00	07400	RENAL DIALYSIS		0.000000	294,571	0	16,960	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	A.R.C. CLINIC		0.000000	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC		0.000000	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC		0.000000	0	0	0	0	90.03
90.04	09004	PAIN CLINIC		0.000000	0	0	0	0	90.04
90.05	09005	EYE CENTER		0.000000	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC		0.000000	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES		0.000000	0	0	0	0	90.07
90.08	09008	ANTICOAGULATION CLINIC		0.000000	0	0	0	0	90.08
90.09	09009	OP IV THERAPY		0.000000	0	0	0	0	90.09
90.10	09010	PARK RIDGE CLINIC		0.000000	0	0	0	0	90.10
90.11	09011	LIBERTYVILLE CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	BHORADE CLINIC		0.000000	0	0	0	0	90.12
90.13	09013	DARIEN CLINIC		0.000000	0	0	0	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS		0.000000	0	0	0	0	90.14
90.15	09015	PEDIATRIC CLINIC		0.000000	0	0	0	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS		0.000000	0	0	0	0	90.16
91.00	09100	EMERGENCY		0.000532	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER		0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0.000000	0	0	0	0	97.00
200.00		Total (lines 50 through 199)			4,019,047	598	38,740	10	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0182

Period:

Worksheet D

Component CCN: 14-T182

From 01/01/2020

Part V

To 12/31/2020

Date/Time Prepared:

7/27/2021 10:22 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.173427	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.097532	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.185126	2,394	0	0	443 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.359286	0	0	0	56.00
56.01	05601 ULTRA SOUND	0.156096	0	0	0	56.01
57.00	05700 CT SCAN	0.062755	2,517	0	0	158 57.00
58.00	05800 MRI	0.000000	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.217737	0	0	0	59.00
60.00	06000 LABORATORY	0.142620	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.137980	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.169789	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.344158	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
68.01	06801 CARDIOLOGY	0.374493	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.124079	840	0	0	104 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162413	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.840363	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.361556	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.136212	16,029	0	0	2,183 73.00
74.00	07400 RENAL DIALYSIS	0.303674	16,960	0	0	5,150 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.633276	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000 CLINIC	1.093373	0	0	0	90.00
90.01	09001 A.R.C. CLINIC	0.250032	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.588019	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	3.003103	0	0	0	90.03
90.04	09004 PAIN CLINIC	0.291046	0	0	0	90.04
90.05	09005 EYE CENTER	1.656285	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.136466	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.969183	0	0	0	90.07
90.08	09008 ANTICOAGULATION CLINIC	0.521847	0	0	0	90.08
90.09	09009 OP IV THERAPY	0.262984	0	0	0	90.09
90.10	09010 PARK RIDGE CLINIC	0.248520	0	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0.211320	0	0	0	90.11
90.12	09012 BHORADE CLINIC	0.268102	0	0	0	90.12
90.13	09013 DARIEN CLINIC	0.228040	0	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0.234778	0	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	0.623932	0	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0.029738	0	0	0	90.16
91.00	09100 EMERGENCY	0.166567	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.472976	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000		0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		38,740	0	0	8,038 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		38,740	0	0	8,038 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0182		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/27/2021 10:22 am
			Component CCN: 14-T182			
			Title XVIII		Subprovider - IRF	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	05601	ULTRA SOUND	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	06801	CARDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	A.R.C. CLINIC	0	0		90.01
90.02	09002	CANCER CTR CLINIC	0	0		90.02
90.03	09003	UROLOGY CLINIC	0	0		90.03
90.04	09004	PAIN CLINIC	0	0		90.04
90.05	09005	EYE CENTER	0	0		90.05
90.06	09006	WOUND CARE CLINIC	0	0		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0		90.07
90.08	09008	ANTICOAGULATION CLINIC	0	0		90.08
90.09	09009	OP IV THERAPY	0	0		90.09
90.10	09010	PARK RIDGE CLINIC	0	0		90.10
90.11	09011	LIBERTYVILLE CLINIC	0	0		90.11
90.12	09012	BHORADE CLINIC	0	0		90.12
90.13	09013	DARIEN CLINIC	0	0		90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0	0		90.14
90.15	09015	PEDIATRIC CLINIC	0	0		90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0	0		90.16
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 10:22 am

			Title XIX	Hospital	Cost		
	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	0.173427	0	2,237,842	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.097532	0	431,337	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.185126	0	1,471,599	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.359286	0	282,240	0	0	56.00
56.01	05601 ULTRA SOUND	0.156096	0	375,960	0	0	56.01
57.00	05700 CT SCAN	0.062755	0	1,098,415	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.217737	0	64,451	0	0	59.00
60.00	06000 LABORATORY	0.142620	0	1,402,631	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.137980	0	71,041	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.169789	0	105,302	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.344158	0	193,744	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
68.01	06801 CARDIOLOGY	0.374493	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.124079	0	439,175	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162413	0	33,495	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.840363	0	293,321	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.361556	0	338,977	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.136212	0	2,837,138	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.303674	0	2,100	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.633276	0	43,310	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	1.093373	0	41,645	0	0	90.00
90.01	09001 A.R.C. CLINIC	0.250032	0	1,688,080	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.588019	0	222,611	0	0	90.02
90.03	09003 UROLOGY CLINIC	3.003103	0	0	0	0	90.03
90.04	09004 PAIN CLINIC	0.291046	0	0	0	0	90.04
90.05	09005 EYE CENTER	1.656285	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.136466	0	2,140	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.969183	0	4,887,357	0	0	90.07
90.08	09008 ANTICOAGULATION CLINIC	0.521847	0	0	0	0	90.08
90.09	09009 OP IV THERAPY	0.262984	0	0	0	0	90.09
90.10	09010 PARK RIDGE CLINIC	0.248520	0	0	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0.211320	0	0	0	0	90.11
90.12	09012 BHORADE CLINIC	0.268102	0	0	0	0	90.12
90.13	09013 DARIEN CLINIC	0.228040	0	0	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0.234778	0	0	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	0.623932	0	0	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0.029738	0	0	0	0	90.16
91.00	09100 EMERGENCY	0.166567	0	4,373,554	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.472976	0	756,850	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		0	23,694,315	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		0	23,694,315	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0182		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/27/2021 10:22 am	
				Title XIX		Hospital		Cost	
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	388,102		0				50.00
51.00	05100	RECOVERY ROOM	0		0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0				52.00
53.00	05300	ANESTHESIOLOGY	42,069		0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	272,431		0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0				55.00
56.00	05600	RADIOISOTOPE	101,405		0				56.00
56.01	05601	ULTRA SOUND	58,686		0				56.01
57.00	05700	CT SCAN	68,931		0				57.00
58.00	05800	MRI	0		0				58.00
59.00	05900	CARDIAC CATHETERIZATION	14,033		0				59.00
60.00	06000	LABORATORY	200,043		0				60.00
60.01	06001	BLOOD LABORATORY	9,802		0				60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0				62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0				63.00
64.00	06400	INTRAVENOUS THERAPY	0		0				64.00
65.00	06500	RESPIRATORY THERAPY	17,879		0				65.00
66.00	06600	PHYSICAL THERAPY	66,679		0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0				67.00
68.00	06800	SPEECH PATHOLOGY	0		0				68.00
68.01	06801	CARDIOLOGY	0		0				68.01
69.00	06900	ELECTROCARDIOLOGY	54,492		0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,440		0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	246,496		0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	122,559		0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	386,452		0				73.00
74.00	07400	RENAL DIALYSIS	638		0				74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0				75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0				76.00
76.97	07697	CARDIAC REHABILITATION	27,427		0				76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC							88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	45,534		0				90.00
90.01	09001	A.R.C. CLINIC	422,074		0				90.01
90.02	09002	CANCER CTR CLINIC	130,899		0				90.02
90.03	09003	UROLOGY CLINIC	0		0				90.03
90.04	09004	PAIN CLINIC	0		0				90.04
90.05	09005	EYE CENTER	0		0				90.05
90.06	09006	WOUND CARE CLINIC	292		0				90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	4,736,743		0				90.07
90.08	09008	ANTICOAGULATION CLINIC	0		0				90.08
90.09	09009	OP IV THERAPY	0		0				90.09
90.10	09010	PARK RIDGE CLINIC	0		0				90.10
90.11	09011	LIBERTYVILLE CLINIC	0		0				90.11
90.12	09012	BHORADE CLINIC	0		0				90.12
90.13	09013	DARIEN CLINIC	0		0				90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0		0				90.14
90.15	09015	PEDIATRIC CLINIC	0		0				90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0		0				90.16
91.00	09100	EMERGENCY	728,490		0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	357,972		0				92.00
93.00	04040	FAMILY HEALTH CENTER	0		0				93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0				96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0				97.00
200.00		Subtotal (see instructions)	8,505,568		0				200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	8,505,568		0				202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 10:22 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,043	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,043	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)		33,912	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)		4,800	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)		52,948,195	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)		52,948,195	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)		52,948,195	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)		1,391.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,680,640	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)		6,680,640	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0182

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

Worksheet D-1

Date/Time Prepared:
7/27/2021 10:22 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	32,341,238	9,289	3,481.67	2,259	7,865,093
44.00	CORONARY CARE UNIT	13,055,112	7,250	1,800.71	3,844	6,921,929
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					
52.00	Total Program excludable cost (sum of lines 50 and 51)					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					
55.00	Target amount per discharge					
56.00	Target amount (line 54 x line 55)					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					
58.00	Bonus payment (see instructions)					
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					
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)					
62.00	Relief payment (see instructions)					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					
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)					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					
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)					
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)					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					
89.00	Observation bed cost (line 87 x line 88) (see instructions)					

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0182

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

Worksheet D-1

Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	5,924,016	52,948,195	0.111883	5,749,526	643,274
91.00	Nursing School cost	0	52,948,195	0.000000	5,749,526	0
92.00	Allied health cost	78,538	52,948,195	0.001483	5,749,526	8,527
93.00	All other Medical Education	0	52,948,195	0.000000	5,749,526	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 10:22 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,904	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,904	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,904	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)		1,410	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)		9,099,347	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)		9,099,347	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)		9,099,347	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)		1,151.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,623,234	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,623,234	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1	
				Component CCN: 14-S182		Date/Time Prepared: 7/27/2021 10:22 am	
				Title XVIII	Subprovider - IPF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					183,150	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,806,384	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)					200,756	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,533	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					208,289	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,598,095	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 10:22 am	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,125,361	9,099,347	0.123675	0	0 90.00
91.00	Nursing School cost	0	9,099,347	0.000000	0	0 91.00
92.00	Allied health cost	0	9,099,347	0.000000	0	0 92.00
93.00	All other Medical Education	0	9,099,347	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 10:22 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,321	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,321	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,321	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)		1,824	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,335,055	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,335,055	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,335,055	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,190.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,171,618	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,171,618	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1		
				Component CCN: 14-T182		Date/Time Prepared: 7/27/2021 10:22 am		
				Title XVIII	Subprovider - IRF	PPS		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT		0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT		0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,077,102	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,248,720	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)						185,483	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						70,909	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						256,392	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,992,328	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 10:22 am	
		Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	541,088	6,335,055	0.085412	0	0 90.00
91.00	Nursing School cost	0	6,335,055	0.000000	0	0 91.00
92.00	Allied health cost	0	6,335,055	0.000000	0	0 92.00
93.00	All other Medical Education	0	6,335,055	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am
Title XVIII			Hospital		PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,702,363	30.00
31.00	03100	INTENSIVE CARE UNIT		13,847,553	31.00
32.00	03200	CORONARY CARE UNIT		12,628,622	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.173427	12,617,303	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.097532	2,391,567	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185126	6,412,356	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.359286	717,304	56.00
56.01	05601	ULTRA SOUND	0.156096	299,211	56.01
57.00	05700	CT SCAN	0.062755	6,716,678	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.217737	3,153,155	59.00
60.00	06000	LABORATORY	0.142620	10,146,499	60.00
60.01	06001	BLOOD LABORATORY	0.137980	1,422,478	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.169789	7,696,543	65.00
66.00	06600	PHYSICAL THERAPY	0.344158	1,962,885	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.374493	8,651	68.01
69.00	06900	ELECTROCARDIOLOGY	0.124079	3,186,905	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162413	326,957	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.840363	5,252,807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.361556	7,980,312	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.136212	17,729,235	73.00
74.00	07400	RENAL DIALYSIS	0.303674	1,895,410	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.633276	20,848	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	1.093373	496	90.00
90.01	09001	A.R.C. CLINIC	0.250032	2,055	90.01
90.02	09002	CANCER CTR CLINIC	0.588019	19,265	90.02
90.03	09003	UROLOGY CLINIC	3.003103	0	90.03
90.04	09004	PAIN CLINIC	0.291046	0	90.04
90.05	09005	EYE CENTER	1.656285	0	90.05
90.06	09006	WOUND CARE CLINIC	0.136466	4,377	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.969183	71,021	90.07
90.08	09008	ANTICOAGULATION CLINIC	0.521847	525	90.08
90.09	09009	OP IV THERAPY	0.262984	1,632	90.09
90.10	09010	PARK RIDGE CLINIC	0.248520	0	90.10
90.11	09011	LIBERTYVILLE CLINIC	0.211320	0	90.11
90.12	09012	BHORADE CLINIC	0.268102	0	90.12
90.13	09013	DARIEN CLINIC	0.228040	0	90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.234778	0	90.14
90.15	09015	PEDIATRIC CLINIC	0.623932	0	90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.029738	0	90.16
91.00	09100	EMERGENCY	0.166567	8,958,660	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.472976	1,122,271	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		100,117,406	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
202.00	Net charges (line 200 minus line 201)			100,117,406		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		2,565,187		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.173427	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.097532	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.185126	11,859	2,195	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.359286	0	0	56.00
56.01	05601 ULTRA SOUND	0.156096	1,561	244	56.01
57.00	05700 CT SCAN	0.062755	23,166	1,454	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.217737	0	0	59.00
60.00	06000 LABORATORY	0.142620	291,237	41,536	60.00
60.01	06001 BLOOD LABORATORY	0.137980	970	134	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.169789	27,370	4,647	65.00
66.00	06600 PHYSICAL THERAPY	0.344158	5,056	1,740	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	0.374493	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.124079	18,429	2,287	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162413	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.840363	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.361556	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.136212	466,812	63,585	73.00
74.00	07400 RENAL DIALYSIS	0.303674	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.633276	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	1.093373	0	0	90.00
90.01	09001 A.R.C. CLINIC	0.250032	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.588019	0	0	90.02
90.03	09003 UROLOGY CLINIC	3.003103	0	0	90.03
90.04	09004 PAIN CLINIC	0.291046	0	0	90.04
90.05	09005 EYE CENTER	1.656285	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.136466	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.969183	14,359	13,916	90.07
90.08	09008 ANTICOAGULATION CLINIC	0.521847	0	0	90.08
90.09	09009 OP IV THERAPY	0.262984	0	0	90.09
90.10	09010 PARK RIDGE CLINIC	0.248520	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0.211320	0	0	90.11
90.12	09012 BHORADE CLINIC	0.268102	0	0	90.12
90.13	09013 DARIEN CLINIC	0.228040	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0.234778	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	0.623932	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0.029738	0	0	90.16
91.00	09100 EMERGENCY	0.166567	308,654	51,412	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.472976	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,169,473	183,150	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT				Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2020 To 12/31/2020		Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description						Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
						1.00	2.00	3.00	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)					0		201.00
202.00		Net charges (line 200 minus line 201)					1,169,473		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		4,468,877		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.173427	25,132	4,359	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.097532	6,882	671	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.185126	71,631	13,261	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.359286	13,825	4,967	56.00
56.01	05601 ULTRA SOUND	0.156096	0	0	56.01
57.00	05700 CT SCAN	0.062755	47,440	2,977	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.217737	0	0	59.00
60.00	06000 LABORATORY	0.142620	162,427	23,165	60.00
60.01	06001 BLOOD LABORATORY	0.137980	14,281	1,970	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.169789	158,966	26,991	65.00
66.00	06600 PHYSICAL THERAPY	0.344158	2,261,736	778,395	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	0.374493	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.124079	18,812	2,334	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162413	2,426	394	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.840363	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.361556	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.136212	940,918	128,164	73.00
74.00	07400 RENAL DIALYSIS	0.303674	294,571	89,454	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.633276	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	1.093373	0	0	90.00
90.01	09001 A.R.C. CLINIC	0.250032	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.588019	0	0	90.02
90.03	09003 UROLOGY CLINIC	3.003103	0	0	90.03
90.04	09004 PAIN CLINIC	0.291046	0	0	90.04
90.05	09005 EYE CENTER	1.656285	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.136466	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.969183	0	0	90.07
90.08	09008 ANTICOAGULATION CLINIC	0.521847	0	0	90.08
90.09	09009 OP IV THERAPY	0.262984	0	0	90.09
90.10	09010 PARK RIDGE CLINIC	0.248520	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0.211320	0	0	90.11
90.12	09012 BHORADE CLINIC	0.268102	0	0	90.12
90.13	09013 DARIEN CLINIC	0.228040	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0.234778	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	0.623932	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0.029738	0	0	90.16
91.00	09100 EMERGENCY	0.166567	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.472976	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,019,047	1,077,102	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am	
			Title XVIII	Subprovider - IRF	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		4,019,047		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am
			Title XIX	Hospital	Cost
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		7,293,502	30.00
31.00	03100	INTENSIVE CARE UNIT		15,622,975	31.00
32.00	03200	CORONARY CARE UNIT		1,517,979	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,054,585	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.173427	3,884,344	673,650 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.097532	755,258	73,662 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185126	1,069,407	197,975 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.359286	0	0 56.00
56.01	05601	ULTRA SOUND	0.156096	192,590	30,063 56.01
57.00	05700	CT SCAN	0.062755	1,271,662	79,803 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.217737	11,948	2,602 59.00
60.00	06000	LABORATORY	0.142620	3,133,252	446,864 60.00
60.01	06001	BLOOD LABORATORY	0.137980	1,058,380	146,035 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.169789	3,730,395	633,380 65.00
66.00	06600	PHYSICAL THERAPY	0.344158	99,031	34,082 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.374493	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.124079	529,562	65,708 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.162413	45,325	7,361 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.840363	1,660,386	1,395,327 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.361556	1,160,770	419,683 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.136212	5,462,379	744,042 73.00
74.00	07400	RENAL DIALYSIS	0.303674	69,960	21,245 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.633276	1,830	1,159 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	1.093373	0	0 90.00
90.01	09001	A.R.C. CLINIC	0.250032	101,579	25,398 90.01
90.02	09002	CANCER CTR CLINIC	0.588019	0	0 90.02
90.03	09003	UROLOGY CLINIC	3.003103	0	0 90.03
90.04	09004	PAIN CLINIC	0.291046	0	0 90.04
90.05	09005	EYE CENTER	1.656285	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.136466	0	0 90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.969183	0	0 90.07
90.08	09008	ANTICOAGULATION CLINIC	0.521847	0	0 90.08
90.09	09009	OP IV THERAPY	0.262984	0	0 90.09
90.10	09010	PARK RIDGE CLINIC	0.248520	0	0 90.10
90.11	09011	LIBERTYVILLE CLINIC	0.211320	0	0 90.11
90.12	09012	BHORADE CLINIC	0.268102	0	0 90.12
90.13	09013	DARIEN CLINIC	0.228040	0	0 90.13
90.14	09014	GOOD SHEPHERD INFUSION & DRUGS	0.234778	0	0 90.14
90.15	09015	PEDIATRIC CLINIC	0.623932	0	0 90.15
90.16	09016	CONDELL - INFUSION & DRUGS	0.029738	0	0 90.16
91.00	09100	EMERGENCY	0.166567	1,988,538	331,225 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.472976	190,005	89,868 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		26,416,601	5,419,132 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am	
		Title XIX	Hospital	Cost	
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	
202.00	Net charges (line 200 minus line 201)		26,416,601		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		1,841,100		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.173427	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.097532	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.185126	13,820	2,558	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.359286	0	0	56.00
56.01	05601 ULTRA SOUND	0.156096	0	0	56.01
57.00	05700 CT SCAN	0.062755	24,325	1,527	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.217737	0	0	59.00
60.00	06000 LABORATORY	0.142620	292,070	41,655	60.00
60.01	06001 BLOOD LABORATORY	0.137980	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.169789	14,760	2,506	65.00
66.00	06600 PHYSICAL THERAPY	0.344158	1,140	392	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	0.374493	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.124079	17,220	2,137	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162413	1,525	248	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.840363	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.361556	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.136212	177,937	24,237	73.00
74.00	07400 RENAL DIALYSIS	0.303674	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.633276	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	1.093373	0	0	90.00
90.01	09001 A.R.C. CLINIC	0.250032	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.588019	0	0	90.02
90.03	09003 UROLOGY CLINIC	3.003103	0	0	90.03
90.04	09004 PAIN CLINIC	0.291046	0	0	90.04
90.05	09005 EYE CENTER	1.656285	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.136466	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.969183	0	0	90.07
90.08	09008 ANTICOAGULATION CLINIC	0.521847	0	0	90.08
90.09	09009 OP IV THERAPY	0.262984	0	0	90.09
90.10	09010 PARK RIDGE CLINIC	0.248520	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0.211320	0	0	90.11
90.12	09012 BHORADE CLINIC	0.268102	0	0	90.12
90.13	09013 DARIEN CLINIC	0.228040	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0.234778	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	0.623932	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0.029738	0	0	90.16
91.00	09100 EMERGENCY	0.166567	363,823	60,601	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.472976	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		906,620	135,861	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am
			Title XIX		Subprovider - IPF	Cost
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
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00		Net charges (line 200 minus line 201)			906,620	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		444,205		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.173427	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.097532	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.185126	1,950	361	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.359286	825	296	56.00
56.01	05601 ULTRA SOUND	0.156096	0	0	56.01
57.00	05700 CT SCAN	0.062755	3,245	204	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.217737	0	0	59.00
60.00	06000 LABORATORY	0.142620	12,989	1,852	60.00
60.01	06001 BLOOD LABORATORY	0.137980	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.169789	4,749	806	65.00
66.00	06600 PHYSICAL THERAPY	0.344158	202,699	69,760	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	0.374493	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.124079	2,745	341	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.162413	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.840363	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.361556	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.136212	71,337	9,717	73.00
74.00	07400 RENAL DIALYSIS	0.303674	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.633276	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	1.093373	0	0	90.00
90.01	09001 A.R.C. CLINIC	0.250032	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.588019	0	0	90.02
90.03	09003 UROLOGY CLINIC	3.003103	0	0	90.03
90.04	09004 PAIN CLINIC	0.291046	0	0	90.04
90.05	09005 EYE CENTER	1.656285	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.136466	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.969183	0	0	90.07
90.08	09008 ANTICOAGULATION CLINIC	0.521847	0	0	90.08
90.09	09009 OP IV THERAPY	0.262984	0	0	90.09
90.10	09010 PARK RIDGE CLINIC	0.248520	0	0	90.10
90.11	09011 LIBERTYVILLE CLINIC	0.211320	0	0	90.11
90.12	09012 BHORADE CLINIC	0.268102	0	0	90.12
90.13	09013 DARIEN CLINIC	0.228040	0	0	90.13
90.14	09014 GOOD SHEPHERD INFUSION & DRUGS	0.234778	0	0	90.14
90.15	09015 PEDIATRIC CLINIC	0.623932	0	0	90.15
90.16	09016 CONDELL - INFUSION & DRUGS	0.029738	0	0	90.16
91.00	09100 EMERGENCY	0.166567	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.472976	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		300,539	83,337	200.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT				Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2020 To 12/31/2020		Worksheet D-3 Date/Time Prepared: 7/27/2021 10:22 am		
				Title XIX		Subprovider - IRF		Cost		
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		
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)				0			201.00	
202.00		Net charges (line 200 minus line 201)				300,539			202.00	

Health Financial Systems		ADVOCATE NORTHSIDE HEALTH SYSTEM		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 10:22 am	
		Title XVIII	Hospital	PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			17,933,288	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			7,383,356	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)			678,377	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			137,360	2.04
3.00	Managed Care Simulated Payments			22,348,709	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			238.45	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)			216.57	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			14.84	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).			-32.99	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)			168.74	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			169.34	10.00
11.00	FTE count for residents in dental and podiatric programs.			15.78	11.00
12.00	Current year allowable FTE (see instructions)			184.52	12.00
13.00	Total allowable FTE count for the prior year.			182.12	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.			154.08	14.00
15.00	Sum of lines 12 through 14 divided by 3.			173.57	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			173.57	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.727909	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.780525	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.727909	21.00
22.00	IME payment adjustment (see instructions)			8,474,164	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			7,480,716	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.60	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)			8,474,164	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			7,480,716	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			9.25	30.00
31.00	Percentage of Medicaid patient days (see instructions)			23.68	31.00
32.00	Sum of lines 30 and 31			32.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)			16.38	33.00
34.00	Disproportionate share adjustment (see instructions)			1,036,717	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 10:22 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,724,998	3,105,027	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,788,660	782,638	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,571,298		
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		
47.00	Subtotal (see instructions)	39,214,560		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		46,695,276	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,925,593	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		5,424,911	
53.00	Nursing and Allied Health Managed Care payment		11,753	
54.00	Special add-on payments for new technologies		0	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		30,453	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		19,257	
59.00	Total (sum of amounts on lines 49 through 58)		55,107,243	
60.00	Primary payer payments		4,107	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		55,103,136	
62.00	Deductibles billed to program beneficiaries		2,066,196	
63.00	Coinurance billed to program beneficiaries		122,364	
64.00	Allowable bad debts (see instructions)		752,484	
65.00	Adjusted reimbursable bad debts (see instructions)		489,115	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		583,961	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		53,403,691	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		9,961	
70.94	HRR adjustment amount (see instructions)		-42,379	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 10:22 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		53,371,273	71.00
71.01	Sequestration adjustment (see instructions)		352,250	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		51,792,684	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)		1,226,339	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		1,114,875	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/27/2021 10:22 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		148,436	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,212,663	2.00
3.00	OPPS payments		16,994,080	3.00
4.00	Outlier payment (see instructions)		185,327	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.859	5.00
6.00	Line 2 times line 5		19,080,678	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		90.04	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		23,493	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		148,436	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		276,530	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)		276,530	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)		276,530	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		128,094	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)		148,436	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		17,202,900	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,816,491	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)		14,534,845	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,580,506	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)		17,115,351	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		17,115,351	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)		598,093	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		388,760	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		418,123	36.00
37.00	Subtotal (see instructions)		17,504,111	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)		17,504,111	40.00
40.01	Sequestration adjustment (see instructions)		115,527	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		17,577,300	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)		-188,716	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		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/27/2021 10:22 am
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		452,238	2.00
3.00	OPPS payments		369,830	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		18	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		369,848	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		94,284	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)		275,564	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		275,564	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		275,564	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		275,564	37.00
38.00	MSP-LCC reconciliation amount from PS&R		499	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		275,065	40.00
40.01	Sequestration adjustment (see instructions)		1,815	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		272,900	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		350	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/27/2021 10:22 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,028	2.00
3.00	OPPS payments		5,590	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		10	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		5,600	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,118	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)		4,482	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		4,482	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,482	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		4,482	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		4,482	40.00
40.01	Sequestration adjustment (see instructions)		30	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		4,470	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)		-18	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		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/27/2021 10:22 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		51,203,126		17,437,207	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03		06/15/2020	589,558	06/15/2020	140,093	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		589,558		140,093	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)		51,792,684		17,577,300	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		1,226,339		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		188,716	6.02
7.00	Total Medicare program liability (see instructions)		53,019,023		17,388,584	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0182

Period:

Worksheet E-1

Component CCN: 14-S182

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 10:22 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,136,140		272,900	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,136,140		272,900	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		80,166		350	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,216,306		273,250	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0182

Period:

Worksheet E-1

Component CCN: 14-T182

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 10:22 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		3,041,984		4,470	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,041,984		4,470	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		84,830		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		18	6.02
7.00	Total Medicare program liability (see instructions)		3,126,814		4,452	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/27/2021 10:22 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 7/27/2021 10:22 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,284,135 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			1.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.50 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.50 8.00
9.00	Average Daily Census (see instructions)			21.595628 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.011858 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			15,227 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,299,362 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,299,362 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,299,362 18.00
19.00	Deductibles			105,600 19.00
20.00	Subtotal (line 18 minus line 19)			1,193,762 20.00
21.00	Coinurance			40,128 21.00
22.00	Subtotal (line 20 minus line 21)			1,153,634 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			108,142 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			70,292 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			79,917 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,223,926 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			461 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,224,387 31.00
31.01	Sequestration adjustment (see instructions)			8,081 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,136,140 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			80,166 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			78,266 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/27/2021 10:22 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		2,895,399	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0334	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		190,517	3.00
4.00	Outlier Payments		91,298	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		1.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		14.538251	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		3,177,214	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,177,214	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,177,214	19.00
20.00	Deductibles		15,488	20.00
21.00	Subtotal (line 19 minus line 20)		3,161,726	21.00
22.00	Coinsurance		19,239	22.00
23.00	Subtotal (line 21 minus line 22)		3,142,487	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		6,928	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		4,503	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		5,588	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,146,990	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		598	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		3,147,588	32.00
32.01	Sequestration adjustment (see instructions)		20,774	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		3,041,984	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		84,830	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		74,494	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		91,298	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/27/2021 10:22 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			217.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.62	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))			-65.89	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			140.09	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			169.99	6.00
7.00	Enter the lesser of line 5 or line 6			140.09	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	89.94	69.64	159.58	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.	74.12	57.39	131.51	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		15.36		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	74.12	72.75		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	76.89	73.42		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	77.31	74.65		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	76.11	73.61		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	76.11	73.61		17.00
18.00	Per resident amount	143,114.78	135,585.65		18.00
19.00	Approved amount for resident costs	10,892,466	9,980,460	20,872,926	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)			29.90	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)			20,872,926	25.00
		Inpatient Part	Managed Care	Total	
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	14,137	11,362		26.00
27.00	Total Inpatient Days (see instructions)	64,411	64,411		27.00
28.00	Ratio of inpatient days to total inpatient days	0.219481	0.176398		28.00
29.00	Program direct GME amount	4,581,211	3,681,942	8,263,153	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		257,736	257,736	30.00
31.00	Net Program direct GME amount			8,005,417	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/27/2021 10:22 am	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			4,769,829	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)			48,030,111	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			4,107	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			48,026,004	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			22,844,886	42.00
43.00	Primary payer payments (see instructions)			0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			22,844,886	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			70,870,890	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.677655	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.322345	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			8,005,417	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			5,424,911	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			2,580,506	50.00

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

Provider CCN: 14-0182

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

Worksheet G

Date/Time Prepared:
7/27/2021 10:22 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	959,878,000	0	0	0	1.00
2.00	Temporary investments	125,053,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,587,671,000	0	0	0	4.00
5.00	Other receivable	706,475,000	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	0	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)	3,379,077,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	461,831,000	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	8,014,348,000	0	0	0	15.00
16.00	Accumulated depreciation	-5,144,704,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,520,502,000	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)	5,851,977,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	11,107,210,000	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	1,111,379,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,218,589,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	21,449,643,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	0	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,319,862,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,319,862,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,729,737,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,729,737,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	9,049,599,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	12,400,044,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	12,400,044,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	21,449,643,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0182

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

Worksheet G-1

Date/Time Prepared:
7/27/2021 10:22 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		739,747,860		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		89,671,532				2.00
3.00	Total (sum of line 1 and line 2)		829,419,392		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		829,419,392		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		829,419,392		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			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0182

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/27/2021 10:22 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	115,953,199		115,953,199	1.00
2.00	SUBPROVIDER - IPF	14,234,436		14,234,436	2.00
3.00	SUBPROVIDER - IRF	12,833,682		12,833,682	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	143,021,317		143,021,317	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	85,752,230		85,752,230	11.00
12.00	CORONARY CARE UNIT	43,219,204		43,219,204	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	128,971,434		128,971,434	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	271,992,751		271,992,751	17.00
18.00	Ancillary services	469,420,067	0	469,420,067	18.00
19.00	Outpatient services		1,085,761,818	1,085,761,818	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	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)	741,412,818	1,085,761,818	1,827,174,636	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		522,328,863		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		522,328,863		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0182

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

Worksheet G-3

Date/Time Prepared:
7/27/2021 10:22 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,827,174,636	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,245,463,880	2.00
3.00	Net patient revenues (line 1 minus line 2)	581,710,756	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	522,328,863	4.00
5.00	Net income from service to patients (line 3 minus line 4)	59,381,893	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	30,289,639	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	30,289,639	25.00
26.00	Total (line 5 plus line 25)	89,671,532	26.00
27.00	NEG. INCOME RELATED TO OVERHEAD CC	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)	89,671,532	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0182	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/27/2021 10:22 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,965,596	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	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)		139.85	3.00
4.00	Number of interns & residents (see instructions)		173.57	4.00
5.00	Indirect medical education percentage (see instructions)		41.94	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)		824,371	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.25	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.68	8.00
9.00	Sum of lines 7 and 8		32.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.90	10.00
11.00	Disproportionate share adjustment (see instructions)		135,626	11.00
12.00	Total prospective capital payments (see instructions)		2,925,593	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