

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: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/23/2021 12:28 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 7/23/2021	Time: 12:28 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (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 METHODIST MEDICAL CTR OF ILLINOIS (14-0209) 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)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-108,233	-347,979	0	0	1.00
2.00	Subprovider - IPF	0	-139,792	-96		0	2.00
3.00	Subprovider - IRF	0	-107,291	-117		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	1		0	9.00
200.00	Total	0	-355,316	-348,191	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: 14-0209		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/23/2021 12:28 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 221 N E GLEN OAK			PO Box:				1.00			
2.00	City: PEORIA			State: IL		Zip Code: 61636		County: PEORIA			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		METHODIST MEDICAL CTR OF ILLINOIS		140209	37900	1	07/01/1966	N	P	P
4.00	Subprovider - IPF		METHODIST MED CTR - PSYCH		14S209	37900	4	12/15/1983	N	P	P
5.00	Subprovider - IRF		METHODIST MED CTR - REHAB		14T209	37900	5	12/15/1993	N	P	P
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		METHODIST HOME CARE		147259	37900		06/01/1992	N	P	N
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		METHODIST HOSPICE		141537	37900		01/01/1990			
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:		To:		
							1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020		12/31/2020		
21.00	Type of Control (see instructions)						2				
							1.00		2.00		
							2.00		3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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	
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:
7/23/2021 12:28 pm

MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0209		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/23/2021 12:28 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	N			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 01/01/2020
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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)		0.00	2.12	0.000000	64.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
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 MEDICINE - GENERAL	1350	7.97	20.18	0.283126	65.00
65.01		FAMILY MEDICINE - GERIATRIC MEDICINE	1351	0.64	0.49	0.566372	65.01
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	8.81	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	2.93	25.82	0.101913	67.00
67.01			1.41	7.41	0.159864	67.01	

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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)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

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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.			N			109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N			110.00
						1.00	
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	
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						1.00	
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.			N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2			118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			2,058,783	0	6,837,986	118.01
						1.00	
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

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		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		HB0721		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: PEORIA HOME OFFICE	Contractor's Name: NGS		Contractor's Number: 00131		141.00	
142.00	Street: 221 NE GLEN OAK	PO Box:				142.00	
143.00	City: PEORIA	State: IL		Zip Code: 61636		143.00	
		1.00		2.00			
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		2.00			
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	
		1.00		2.00			
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	
		Zip Code		CBSA		FTE/Campus	
		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)					0.00 166.00	
		1.00		2.00			
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)	0.00				169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/23/2021 12:28 pm
			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: 14-0209		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 7/23/2021 12:28 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
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	05/17/2021	Y	05/17/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEITH	LYONS		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH - PEORIA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-712-1132	JONATHAN.LYONS@UNITYPOINT.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT ANALYST		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: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	156	59,912	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)		156	59,912	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	28	8,792	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	12	4,392	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)		196	73,096	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	44	16,104		0	16.00
17.00 SUBPROVIDER - IRF	41.00	37	11,574		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		277				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)		19	6,954			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: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,674	11,647	41,157			1.00
2.00	HMO and other (see instructions)	9,498	0				2.00
3.00	HMO IPF Subprovider	1,092	0				3.00
4.00	HMO IRF Subprovider	759	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13,674	11,647	41,157			7.00
8.00	INTENSIVE CARE UNIT	2,973	378	4,626			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	242	3,081			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,813	4,839			13.00
14.00	Total (see instructions)	16,647	14,080	53,703	28.75	1,783.24	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,217	0	13,758	8.81	87.53	16.00
17.00	SUBPROVIDER - IRF	3,013	169	4,391	0.00	23.15	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	16,320	0	43,399	0.00	64.11	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	24.21	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				37.56	1,982.24	27.00
28.00	Observation Bed Days		2,248	6,248			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			990			30.00
31.00	Employee discount days - IRF			7			31.00
32.00	Labor & delivery days (see instructions)	0	486	928			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: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,778	3,639	11,534	1.00
2.00 HMO and other (see instructions)			1,403	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,778	3,639	11,534	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	227	0	2,063	16.00
17.00 SUBPROVIDER - IRF	0.00	0	209	0	298	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	156,753,239	0	156,753,239	4,184,942.00	37.46	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		4,659,902	0	4,659,902	49,230.00	94.66	3.00
4.00	Physician-Part A - Administrative		406,018	0	406,018	2,964.00	136.98	4.00
4.01	Physicians - Part A - Teaching		2,166,965	0	2,166,965	18,172.00	119.25	4.01
5.00	Physician and Non Physician-Part B		39,305,133	0	39,305,133	251,127.00	156.51	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	5,488,388	-2,166,965	3,321,423	103,613.00	32.06	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		18,683,172	506,230	19,189,402	616,487.00	31.13	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,633,958	0	5,633,958	128,207.00	43.94	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		29,112,040	0	29,112,040	809,642.00	35.96	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.02
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,408,545	0	28,408,545			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		5,341,400	0	5,341,400			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		646,887	0	646,887			21.00
22.00	Physician Part A - Administrative		35,436	0	35,436			22.00
22.01	Physician Part A - Teaching		189,125	0	189,125			22.01
23.00	Physician Part B		3,837,111	0	3,837,111			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,287,588	0	1,287,588			25.00
25.50	Home office wage-related (core)		7,087,428	0	7,087,428			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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	4,229,692	-958,047	3,271,645	29,735.00	110.03	26.00
27.00	Administrative & General	5.00	4,739,313	145,474	4,884,787	228,074.00	21.42	27.00
28.00	Administrative & General under contract (see inst.)		1,093,093	0	1,093,093	4,113.00	265.77	28.00
29.00	Maintenance & Repairs	6.00	1,665,111	0	1,665,111	61,548.00	27.05	29.00
30.00	Operation of Plant	7.00	1,133,926	0	1,133,926	54,100.00	20.96	30.00
31.00	Laundry & Linen Service	8.00	108,810	0	108,810	6,093.00	17.86	31.00
32.00	Housekeeping	9.00	1,850,979	0	1,850,979	118,073.00	15.68	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,157,417	0	1,157,417	51,960.00	22.28	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	1,388,681	0	1,388,681	85,463.00	16.25	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	998,031	0	998,031	35,421.00	28.18	38.00
39.00	Central Services and Supply	14.00	741,289	0	741,289	42,286.00	17.53	39.00
40.00	Pharmacy	15.00	4,222,491	0	4,222,491	89,678.00	47.09	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/23/2021 12:28 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	106,225,944	2,166,965	108,392,909	3,766,913.00	28.77	1.00
2.00	Excluded area salaries (see instructions)	18,683,172	506,230	19,189,402	616,487.00	31.13	2.00
3.00	Subtotal salaries (line 1 minus line 2)	87,542,772	1,660,735	89,203,507	3,150,426.00	28.31	3.00
4.00	Subtotal other wages & related costs (see inst.)	34,745,998	0	34,745,998	937,849.00	37.05	4.00
5.00	Subtotal wage-related costs (see inst.)	35,531,409	0	35,531,409	0.00	39.83	5.00
6.00	Total (sum of lines 3 thru 5)	157,820,179	1,660,735	159,480,914	4,088,275.00	39.01	6.00
7.00	Total overhead cost (see instructions)	23,328,833	-812,573	22,516,260	806,544.00	27.92	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
7/23/2021 12:28 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,356,525	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)	6,793,139	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	12,740,028	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	347,465	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	142,288	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)	994,205	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,012,833	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	9,583,863	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	142,534	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	225,191	22.00
23.00	Tuition Reimbursement	408,022	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	39,746,093	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: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		METHODIST MEDICAL CTR OF ILLINOIS			In Lieu of Form CMS-2552-10	
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0209 Component CCN: 14-7259	Period: From 01/01/2020 To 12/31/2020	Worksheet S-4 Date/Time Prepared: 7/23/2021 12:28 pm
				Home Health Agency I	PPS	
				1.00		
0.00	County					0.00
		Title V	Title XVIII	Title XIX	Other	Total
		1.00	2.00	3.00	4.00	5.00
HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	2,272	51	938	3,261
2.00	Unduplicated Census Count (see instructions)	0.00	1,022.00	0.00	852.00	0.00
		Number of Employees (Full Time Equivalent)				
		Enter the number of hours in your normal work week		Staff	Contract	Total
		0		1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)	40.00		30.74	0.00	30.74
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00
5.00	Other Administrative Personnel			0.00	0.00	0.00
6.00	Direct Nursing Service			29.92	0.00	29.92
7.00	Nursing Supervisor			0.00	0.00	0.00
8.00	Physical Therapy Service			0.00	8.76	8.76
9.00	Physical Therapy Supervisor			0.00	0.00	0.00
10.00	Occupational Therapy Service			0.00	1.99	1.99
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00
12.00	Speech Pathology Service			0.00	0.44	0.44
13.00	Speech Pathology Supervisor			0.00	0.00	0.00
14.00	Medical Social Service			0.98	0.00	0.98
15.00	Medical Social Service Supervisor			0.00	0.00	0.00
16.00	Home Health Aide			2.47	0.00	2.47
17.00	Home Health Aide Supervisor			0.00	0.00	0.00
18.00	Other (specify)			0.00	0.00	0.00
HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1		
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	37900				
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		Without Outliers	With Outliers			
		1.00	2.00	3.00	4.00	5.00
PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	5,649	854	249	17	6,769
22.00	Skilled Nursing Visit Charges	1,020,075	154,606	45,131	3,081	1,222,893
23.00	Physical Therapy Visits	5,790	786	117	19	6,712
24.00	Physical Therapy Visit Charges	1,088,520	147,768	21,996	3,572	1,261,856
25.00	Occupational Therapy Visits	1,199	441	13	0	1,653
26.00	Occupational Therapy Visit Charges	224,284	82,908	2,444	0	309,636
27.00	Speech Pathology Visits	215	89	2	0	306
28.00	Speech Pathology Visit Charges	40,420	16,732	376	0	57,528
29.00	Medical Social Service Visits	47	12	1	0	60
30.00	Medical Social Service Visit Charges	10,575	2,700	225	0	13,500
31.00	Home Health Aide Visits	621	196	2	1	820
32.00	Home Health Aide Visit Charges	56,201	17,738	181	91	74,211
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,521	2,378	384	37	16,320
34.00	Other Charges	0	0	0	0	0
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,440,075	422,452	70,353	6,744	2,939,624
36.00	Total Number of Episodes (standard/non outlier)	1,389		210	8	1,607
37.00	Total Number of Outlier Episodes		103		0	103
38.00	Total Non-Routine Medical Supply Charges	45,936	18,939	500	56	65,431

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0209

Period:

Worksheet S-9

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020PARTS I THROUGH IV
Date/Time Prepared:
7/23/2021 12:28 pm

		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	29,405	0	0	29,405	11.00
12.00	Hospice Inpatient Respite Care	44	0	0	44	12.00
13.00	Hospice General Inpatient Care	41	0	0	41	13.00
14.00	Total Hospice Days	29,490	0	0	29,490	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0209

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

Worksheet S-10

Date/Time Prepared:
7/23/2021 12:28 pm

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.196074	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			29,173,080	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?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			22,094,024	5.00
6.00	Medicaid charges			301,644,694	6.00
7.00	Medicaid cost (line 1 times line 6)			59,144,682	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)			7,877,578	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)			7,877,578	19.00
				Uninsured patients	Insured patients
				1.00	2.00
				Total (col. 1 + col. 2)	
				3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)			7,042,871	4,046,631
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)			1,380,924	4,046,631
22.00	Payments received from patients for amounts previously written off as charity care			0	0
23.00	Cost of charity care (line 21 minus line 22)			1,380,924	4,046,631
				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	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			8,479,364	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			326,028	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			501,580	
28.00	Non-Medicare bad debt expense (see instructions)			7,977,784	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,739,788	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,167,343	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,044,921	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

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

Worksheet A

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		6,529,720	6,529,720	1,046,621	7,576,341	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	184,517	184,517	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,889,033	3,850,377	7,739,410	-970,540	6,768,870	4.00
4.01	00401	PARKING	340,659	441,301	781,960	-581,458	200,502	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	4,739,313	32,984,473	37,723,786	-336,461	37,387,325	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,665,111	1,391,219	3,056,330	0	3,056,330	6.00
7.00	00700	OPERATION OF PLANT	1,133,926	9,953,571	11,087,497	-14	11,087,483	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	108,810	118,182	226,992	0	226,992	8.00
9.00	00900	HOUSEKEEPING	1,850,979	1,359,747	3,210,726	0	3,210,726	9.00
10.00	01000	DIETARY	1,157,417	554,768	1,712,185	-19,904	1,692,281	10.00
11.00	01100	CAFETERIA	1,388,681	1,664,892	3,053,573	-168	3,053,405	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	998,031	253,637	1,251,668	0	1,251,668	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	741,289	-1,167,768	-426,479	-112,874	-539,353	14.00
15.00	01500	PHARMACY	4,222,491	11,649,382	15,871,873	-10,294,229	5,577,644	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	6,692,872	6,258,165	12,951,037	-12,370	12,938,667	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	5,488,388	3,481,805	8,970,193	-2,166,965	6,803,228	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	2,166,965	2,166,965	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,885,816	8,254,082	24,139,898	-3,469,443	20,670,455	30.00
31.00	03100	INTENSIVE CARE UNIT	2,245,099	1,996,314	4,241,413	3,511,850	7,753,263	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,881,507	1,057,351	2,938,858	-2,430,213	508,645	34.00
40.00	04000	SUBPROVIDER - IPF	4,409,294	1,592,508	6,001,802	397,619	6,399,421	40.00
41.00	04100	SUBPROVIDER - IRF	1,282,379	1,082,183	2,364,562	-561,831	1,802,731	41.00
43.00	04300	NURSERY	1,533,610	1,367,977	2,901,587	-481,220	2,420,367	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,097,557	27,100,861	34,198,418	-14,488,964	19,709,454	50.00
51.00	05100	RECOVERY ROOM	1,778,486	663,343	2,441,829	-93,461	2,348,368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,582,580	2,626,608	5,209,188	-2,387,911	2,821,277	52.00
53.00	05300	ANESTHESIOLOGY	10,536,751	3,078,967	13,615,718	-287,327	13,328,391	53.00
53.01	03950	PAIN CLINIC	407,554	648,474	1,056,028	-824,743	231,285	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,676,571	3,345,628	7,022,199	-1,010,423	6,011,776	54.00
54.01	05401	NORTHSIDE IMAGING	84,776	31,886	116,662	357,432	474,094	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	41,453	22,825	64,278	160,027	224,305	54.02
54.03	05403	NORTHSIDE ULTRASOUND	5,018	11,923	16,941	12,690	29,631	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	1,183,654	1,183,654	-1,205,541	-21,887	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	833,451	1,698,133	2,531,584	83,450	2,615,034	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	330,516	800,721	1,131,237	-20,724	1,110,513	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	483,971	303,932	787,903	-3,683	784,220	57.00
57.01	05701	NORTHSIDE CT	71,838	67,739	139,577	228,123	367,700	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	424,152	244,055	668,207	-2,989	665,218	58.00
58.01	05801	NORTHSIDE MRI	127,316	116,607	243,923	435,140	679,063	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	677,995	677,995	59.00
60.00	06000	LABORATORY	6,215,633	24,505,244	30,720,877	-1,542,532	29,178,345	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,157,820	1,157,820	63.00
64.00	06400	INTRAVENOUS THERAPY	272,727	128,785	401,512	2,588,570	2,990,082	64.00
65.00	06500	RESPIRATORY THERAPY	1,475,203	811,929	2,287,132	-481,489	1,805,643	65.00
66.00	06600	PHYSICAL THERAPY	0	2,093,390	2,093,390	-730,743	1,362,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	765,117	765,117	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	728,072	728,072	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	251,258	251,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	690,131	352,743	1,042,874	-31,076	1,011,798	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,047,509	1,047,509	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	15,018,357	15,018,357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,044,017	12,044,017	73.00
74.00	07400	RENAL DIALYSIS	256,889	291,799	548,688	-21,803	526,885	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	638,200	179,119	817,319	-40,683	776,636	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,199	96,535	98,734	945,643	1,044,377	76.01
76.02	03140	CARDIOLOGY	468,385	355,915	824,300	-20,457	803,843	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	130,069	130,069	76.03
76.97	07697	CARDIAC REHABILITATION	0	626	626	0	626	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	407,776	407,776	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

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

Worksheet A

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.99	07699 LITHOTRIPSY	0	51	51	-57	-6	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,474,681	1,170,230	2,644,911	1,059,218	3,704,129	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	77	-11,205	-11,128	11,243	115	90.01
90.02	09005 CLINIC	0	0	0	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	29,467,079	9,738,498	39,205,577	-428,958	38,776,619	90.03
90.04	09006 UPC SURGICAL GROUP	1,947,026	836,135	2,783,161	-821	2,782,340	90.04
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	1,082,272	274,538	1,356,810	-141	1,356,669	90.06
90.07	09004 WOUND CARE CENTER	1,131,185	704,470	1,835,655	-538,443	1,297,212	90.07
90.08	09008 INTENSIVISTS CLINIC	4,497,417	1,138,062	5,635,479	-17,805	5,617,674	90.08
90.09	09009 NEUROLOGY CLINIC	2,046,870	532,357	2,579,227	-41,231	2,537,996	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	1,699,519	490,462	2,189,981	-20,098	2,169,883	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	584,326	199,035	783,361	-1,065	782,296	90.11
90.12	09012 VASCULAR CLINIC	1,016,994	821,674	1,838,668	-17,403	1,821,265	90.12
90.13	09013 ONCOLOGY CLINIC	131,039	237,012	368,051	-4,532	363,519	90.13
91.00	09100 EMERGENCY	5,220,065	10,308,662	15,528,727	-1,049,866	14,478,861	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	5,164	5,164	-4,610	554	95.00
101.00	10100 HOME HEALTH AGENCY	4,091,111	3,810,555	7,901,666	-211,827	7,689,839	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		4,372,967	4,372,967	0	4,372,967	113.00
116.00	11600 HOSPICE	1,846,561	1,732,287	3,578,848	0	3,578,848	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	156,392,284	201,796,281	358,188,565	-1,551,998	356,636,567	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	265,794	1,124,764	1,390,558	0	1,390,558	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	12,233	12,233	0	12,233	194.01
194.02	07952 WELLNESS CENTER	95,161	418,381	513,542	0	513,542	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	0	0	1,551,998	1,551,998	194.05
200.00	TOTAL (SUM OF LINES 118 through 199)	156,753,239	203,351,659	360,104,898	0	360,104,898	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

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

Worksheet A

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,369,315	8,945,656	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	184,517	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	158,707	6,927,577	4.00
4.01	00401	PARKING	109,147	309,649	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	37,510,176	74,897,501	5.00
6.00	00600	MAINTENANCE & REPAIRS	133,502	3,189,832	6.00
7.00	00700	OPERATION OF PLANT	574,482	11,661,965	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	226,992	8.00
9.00	00900	HOUSEKEEPING	11,638	3,222,364	9.00
10.00	01000	DIETARY	0	1,692,281	10.00
11.00	01100	CAFETERIA	-1,244,334	1,809,071	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,227,237	7,478,905	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	36,194	-503,159	14.00
15.00	01500	PHARMACY	-4,681,359	896,285	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,856,646	2,856,646	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	-12,855,155	83,512	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	-197,255	6,605,973	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	2,166,965	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	38,015	20,708,470	30.00
31.00	03100	INTENSIVE CARE UNIT	5,319	7,758,582	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-1,780	506,865	34.00
40.00	04000	SUBPROVIDER - IPF	-11,970	6,387,451	40.00
41.00	04100	SUBPROVIDER - IRF	-23,574	1,779,157	41.00
43.00	04300	NURSERY	-886,333	1,534,034	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-823,949	18,885,505	50.00
51.00	05100	RECOVERY ROOM	57,411	2,405,779	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,371,393	1,449,884	52.00
53.00	05300	ANESTHESIOLOGY	-11,335,529	1,992,862	53.00
53.01	03950	PAIN CLINIC	-99,345	131,940	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	260,443	6,272,219	54.00
54.01	05401	NORTHSIDE IMAGING	5,568	479,662	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	3,068	227,373	54.02
54.03	05403	NORTHSIDE ULTRASOUND	809	30,440	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	21,887	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-73,711	2,541,323	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	111,429	1,221,942	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	13,470	797,690	57.00
57.01	05701	NORTHSIDE CT	6,662	374,362	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-2,809	662,409	58.00
58.01	05801	NORTHSIDE MRI	11,641	690,704	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	677,995	59.00
60.00	06000	LABORATORY	-552,129	28,626,216	60.00
60.01	06001	NORTHSIDE LAB	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,157,820	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,990,082	64.00
65.00	06500	RESPIRATORY THERAPY	-13,744	1,791,899	65.00
66.00	06600	PHYSICAL THERAPY	-127,670	1,234,977	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	765,117	67.00
68.00	06800	SPEECH PATHOLOGY	0	728,072	68.00
69.00	06900	ELECTROCARDIOLOGY	0	251,258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-34,731	977,067	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,047,509	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	15,018,357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,044,017	73.00
74.00	07400	RENAL DIALYSIS	-32,139	494,746	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	260	776,896	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	38,734	1,083,111	76.01
76.02	03140	CARDIOLOGY	-721	803,122	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	130,069	76.03
76.97	07697	CARDIAC REHABILITATION	0	626	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	407,776	76.98
76.99	07699	LITHOTRIPSY	0	-6	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

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

Worksheet A

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	-337,539	3,366,590	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	115	90.01
90.02	09005 CLINIC	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	-25,236,321	13,540,298	90.03
90.04	09006 UPC SURGICAL GROUP	-1,830,286	952,054	90.04
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	-733,056	623,613	90.06
90.07	09004 WOUND CARE CENTER	-370,262	926,950	90.07
90.08	09008 INTENSIVISTS CLINIC	-3,562,020	2,055,654	90.08
90.09	09009 NEUROLOGY CLINIC	-1,766,922	771,074	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	-1,356,044	813,839	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	-566,268	216,028	90.11
90.12	09012 VASCULAR CLINIC	-953,714	867,551	90.12
90.13	09013 ONCOLOGY CLINIC	-272,086	91,433	90.13
91.00	09100 EMERGENCY	-8,365,031	6,113,830	91.00
92.00	09200 OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	554	95.00
101.00	10100 HOME HEALTH AGENCY	-203,901	7,485,938	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-4,372,967	0	113.00
116.00	11600 HOSPICE	-11,781	3,567,067	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-34,746,068	321,890,499	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100 RESEARCH	-399,853	990,705	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	194.00
194.01	07951 FOUNDATION	0	12,233	194.01
194.02	07952 WELLNESS CENTER	-109,385	404,157	194.02
194.03	07954 CAPITAL LABOR	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	1,551,998	194.05
200.00	TOTAL (SUM OF LINES 118 through 199)	-35,255,306	324,849,592	200.00

RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:
7/23/2021 12:28 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	1,047,509		1.00
2.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	15,018,357		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
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
	0		0	16,065,866		
	B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,044,017		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,649		2.00
3.00	CHILLI FAMILY PHYSICIANS	90.01	0	11,243		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

RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:
7/23/2021 12:28 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
				12,103,909		
C - FOOD PREP RECLASS						
1.00		0.00	0	0		1.00
			0	0		
D - PARKING RECLASS						
1.00	OTHER NON-REIMBURSABLE	194.05	253,311	328,147		1.00
			253,311	328,147		
E - EQUIPMENT RENTAL						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	745,812		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
			0	745,812		
F - CHILD CARE						
1.00	OTHER NON-REIMBURSABLE	194.05	704,736	265,804		1.00
			704,736	265,804		
H - PT BILLING						
1.00	ADMINISTRATIVE & GENERAL	5.00	145,474	58,756		1.00
			145,474	58,756		
I - IP AMBULANCE						
1.00	ADULTS & PEDIATRICS	30.00	0	4,610		1.00
			0	4,610		
L - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	300,809		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	184,517		2.00
			0	485,326		
M - NORTHSIDE ADMIN ALLOCATION						
1.00	NORTHSIDE IMAGING	54.01	0	357,432		1.00
2.00	NORTHSIDE MRI	58.01	0	442,032		2.00
3.00	NORTHSIDE CT	57.01	0	232,648		3.00
4.00	NORTHSIDE MAMMOGRAPHY	54.02	0	160,739		4.00
5.00	NORTHSIDE ULTRASOUND	54.03	0	12,690		5.00
			0	1,205,541		
N - HYPERBARIC OXYGEN						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	141,658	266,118		1.00
			141,658	266,118		
P - BH ADMINISTRATION						
1.00	SUBPROVIDER - IPF	40.00	0	398,732		1.00
	TOTALS		0	398,732		
Q - COST CENTER MAPPING RECLASSES						
1.00	ADULTS & PEDIATRICS	30.00	200,486	162,926		1.00
2.00	INTENSIVE CARE UNIT	31.00	2,700,166	954,802		2.00
3.00	OPERATING ROOM	50.00	1,250,568	1,088,739		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	30,098	27,846		4.00
5.00	ANESTHESIOLOGY	53.00	9,120	9,011		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	103,383	79,556		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	65,493	19,236		7.00
8.00	CARDIAC CATHETERIZATION	59.00	416,643	261,352		8.00
9.00	LABORATORY	60.00	56,581	25,473		9.00
10.00	INTRAVENOUS THERAPY	64.00	1,912,585	801,853		10.00
11.00	PHYSICAL THERAPY	66.00	12,252	10,168		11.00

RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:
7/23/2021 12:28 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00	OCCUPATIONAL THERAPY	67.00	256,789	508,328	12.00
13.00	SPEECH PATHOLOGY	68.00	148,363	579,709	13.00
14.00	ELECTROCARDIOLOGY	69.00	186,575	64,683	14.00
15.00	GASTRO INTESTINAL SERVICES	76.01	432,591	515,235	15.00
16.00	PULMONARY FUNCTION TESTING	76.03	96,585	33,484	16.00
17.00	CLINIC	90.00	701,318	510,533	17.00
18.00	EMERGENCY	91.00	29,592	28,706	18.00
			8,609,188	5,681,640	
R - TEACHING PHYSICIAN SALARY					
1.00	I&R SRVCES-OTHER PRGM COSTS	22.00	2,166,965	0	1.00
	APPRVD				
			2,166,965	0	
S - BLOOD RECLASS					
1.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,157,820	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			0	1,157,820	
T - TEMP LOCUM					
1.00		0.00	0	0	1.00
			0	0	
500.00	Grand Total: Increases		12,021,332	38,768,081	500.00

RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:
7/23/2021 12:28 pm

		Decreases					7/20/2021 12:10 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - MEDICAL SUPPLIES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	31,591	0		1.00	
2.00	OPERATING ROOM	50.00	0	887,324	0		2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,070	0		3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,854	0		4.00	
5.00	RESPIRATORY THERAPY	65.00	0	82,670	0		5.00	
6.00	ADMINISTRATIVE & GENERAL	5.00	0	13,856	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,296	0		7.00	
8.00	PHARMACY	15.00	0	3,776	0		8.00	
9.00	NURSING SCHOOL	20.00	0	1,512	0		9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	39,748	0		10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	21,267	0		11.00	
12.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	39,895	0		12.00	
13.00	SUBPROVIDER - IPF	40.00	0	249	0		13.00	
14.00	SUBPROVIDER - IRF	41.00	0	294	0		14.00	
15.00	NURSERY	43.00	0	2,019	0		15.00	
16.00	OPERATING ROOM	50.00	0	14,086,947	0		16.00	
17.00	RECOVERY ROOM	51.00	0	22,712	0		17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,840	0		18.00	
19.00	ANESTHESIOLOGY	53.00	0	20,223	0		19.00	
20.00	PAIN CLINIC	53.01	0	8,428	0		20.00	
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	557,575	0		21.00	
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	208	0		22.00	
23.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	3,422	0		23.00	
24.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	4	0		24.00	
25.00	NORTHSIDE CT	57.01	0	1,915	0		25.00	
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,445	0		26.00	
27.00	NORTHSIDE MRI	58.01	0	3,636	0		27.00	
28.00	LABORATORY	60.00	0	93	0		28.00	
29.00	INTRAVENOUS THERAPY	64.00	0	7,067	0		29.00	
30.00	RESPIRATORY THERAPY	65.00	0	130	0		30.00	
31.00	RENAL DIALYSIS	74.00	0	321	0		31.00	
32.00	GASTRO INTESTINAL SERVICES	76.01	0	342	0		32.00	
33.00	CARDIOLOGY	76.02	0	1,123	0		33.00	
34.00	PHYSICIAN OFFICES	90.03	0	4,937	0		34.00	
35.00	WOUND CARE CENTER	90.07	0	96,814	0		35.00	
36.00	MULTI-SPECIALITY CLINIC	90.10	0	160	0		36.00	
37.00	PEDIATRICS-GASTROENTEROL CLINIC	90.11	0	160	0		37.00	
38.00	VASCULAR CLINIC	90.12	0	1,400	0		38.00	
39.00	ONCOLOGY CLINIC	90.13	0	706	0		39.00	
40.00	EMERGENCY	91.00	0	60,830	0		40.00	
41.00	HOME HEALTH AGENCY	101.00	0	7	0		41.00	
	0		0	16,065,866				
	B - DRUGS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,024	0		1.00	
2.00	OPERATION OF PLANT	7.00	0	14	0		2.00	
3.00	DIETARY	10.00	0	19,734	0		3.00	
4.00	CAFETERIA	11.00	0	168	0		4.00	
5.00	PHARMACY	15.00	0	10,282,452	0		5.00	
6.00	NURSING SCHOOL	20.00	0	10,858	0		6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	168,273	0		7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	53,324	0		8.00	
9.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	33,713	0		9.00	
10.00	SUBPROVIDER - IPF	40.00	0	864	0		10.00	
11.00	SUBPROVIDER - IRF	41.00	0	942	0		11.00	
12.00	NURSERY	43.00	0	2,789	0		12.00	
13.00	OPERATING ROOM	50.00	0	119,064	0		13.00	
14.00	RECOVERY ROOM	51.00	0	70,749	0		14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	56,698	0		15.00	
16.00	ANESTHESIOLOGY	53.00	0	285,235	0		16.00	
17.00	PAIN CLINIC	53.01	0	4,743	0		17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,924	0		18.00	
19.00	NORTHSIDE MAMMOGRAPHY	54.02	0	195	0		19.00	
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,071	0		20.00	
21.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	1,617	0		21.00	
22.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	3,679	0		22.00	
23.00	NORTHSIDE CT	57.01	0	887	0		23.00	

RECLASSIFICATIONS

Provider CCN: 14-0209

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			
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,544	0		24.00	
25.00	NORTHSIDE MRI	58.01	0	3,256	0		25.00	
26.00	LABORATORY	60.00	0	2,535	0		26.00	
27.00	INTRAVENOUS THERAPY	64.00	0	28,363	0		27.00	
28.00	RESPIRATORY THERAPY	65.00	0	17,361	0		28.00	
29.00	PHYSICAL THERAPY	66.00	0	137	0		29.00	
30.00	RENAL DIALYSIS	74.00	0	6,183	0		30.00	
31.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	5,733	0		31.00	
32.00	GASTRO INTESTINAL SERVICES	76.01	0	1,841	0		32.00	
33.00	CARDIOLOGY	76.02	0	19,334	0		33.00	
34.00	LITHOTRIPSY	76.99	0	57	0		34.00	
35.00	CLINIC	90.00	0	152,633	0		35.00	
36.00	PHYSICIAN OFFICES	90.03	0	423,696	0		36.00	
37.00	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	0	141	0		37.00	
38.00	WOUND CARE CENTER	90.07	0	33,853	0		38.00	
39.00	INTENSIVISTS CLINIC	90.08	0	17,805	0		39.00	
40.00	NEUROLOGY CLINIC	90.09	0	41,231	0		40.00	
41.00	MULTI-SPECIALITY CLINIC	90.10	0	19,938	0		41.00	
42.00	PEDIATRICS-GASTROENTEROL CLINIC	90.11	0	905	0		42.00	
43.00	VASCULAR CLINIC	90.12	0	16,003	0		43.00	
44.00	ONCOLOGY CLINIC	90.13	0	3,826	0		44.00	
45.00	UPC SURGICAL GROUP	90.04	0	821	0		45.00	
46.00	EMERGENCY	91.00	0	138,696	0		46.00	
			0	12,103,909				
C - FOOD PREP RECLASS								
1.00		0.00	0	0	0		1.00	
			0	0				
D - PARKING RECLASS								
1.00	PARKING	4.01	253,311	328,147	0		1.00	
			253,311	328,147				
E - EQUIPMENT RENTAL								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	28,485	10		1.00	
2.00	DIETARY	10.00	0	170	0		2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	125,636	0		3.00	
4.00	PHARMACY	15.00	0	8,001	0		4.00	
5.00	OPERATING ROOM	50.00	0	50,031	0		5.00	
6.00	LABORATORY	60.00	0	519,094	0		6.00	
7.00	RENAL DIALYSIS	74.00	0	6,480	0		7.00	
8.00	PHYSICIAN OFFICES	90.03	0	325	0		8.00	
9.00	HOME HEALTH AGENCY	101.00	0	7,590	0		9.00	
			0	745,812				
F - CHILD CARE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	704,736	265,804	0		1.00	
			704,736	265,804				
H - PT BILLING								
1.00	HOME HEALTH AGENCY	101.00	145,474	58,756	0		1.00	
			145,474	58,756				
I - IP AMBULANCE								
1.00	AMBULANCE SERVICES	95.00	0	4,610	0		1.00	
			0	4,610				
L - PROPERTY INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	485,326	12		1.00	
2.00		0.00	0	0	12		2.00	
			0	485,326				
M - NORTHSIDE ADMIN ALLOCATION								
1.00	NORTHSIDE ADMIN	54.05	0	1,205,541	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	
			0	1,205,541				
N - HYPERBARIC OXYGEN								
1.00	WOUND CARE CENTER	90.07	141,658	266,118	0		1.00	
			141,658	266,118				
P - BH ADMINISTRATION								
1.00	ADULTS & PEDIATRICS	30.00	0	398,732	0		1.00	
	TOTALS		0	398,732				

RECLASSIFICATIONS

Provider CCN: 14-0209

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

Worksheet A-6

Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	Q - COST CENTER MAPPING RECLASSES					
1.00	ADULTS & PEDIATRICS	30.00	2,356,660	874,052	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	42,146	26,381	0	2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	1,729,328	627,277	0	3.00
4.00	SUBPROVIDER - IRF	41.00	306,343	254,252	0	4.00
5.00	NURSERY	43.00	308,367	168,045	0	5.00
6.00	OPERATING ROOM	50.00	856,382	782,386	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	1,277,260	1,096,987	0	7.00
8.00	PAIN CLINIC	53.01	394,705	416,867	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	286,351	269,658	0	9.00
10.00	NORTHSIDE MAMMOGRAPHY	54.02	407	110	0	10.00
11.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	11,701	3,984	0	11.00
12.00	NORTHSIDE CT	57.01	1,135	588	0	12.00
13.00	INTRAVENOUS THERAPY	64.00	70,054	20,384	0	13.00
14.00	RESPIRATORY THERAPY	65.00	283,160	98,168	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	753,026	0	15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	21,731	9,345	0	16.00
17.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	27,489	7,461	0	17.00
18.00	EMERGENCY	91.00	635,969	272,669	0	18.00
			8,609,188	5,681,640		
	R - TEACHING PHYSICIAN SALARY					
1.00	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	2,166,965	0	0	1.00
			2,166,965	0		
	S - BLOOD RECLASS					
1.00	OPERATING ROOM	50.00	0	46,137	0	1.00
2.00	LABORATORY	60.00	0	1,102,864	0	2.00
3.00	RENAL DIALYSIS	74.00	0	8,819	0	3.00
			0	1,157,820		
	T - TEMP LOCUM					
1.00		0.00	0	0	0	1.00
			0	0		
500.00	Grand Total: Decreases		12,021,332	38,768,081		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
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		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	1,458,352	0	0	0	0	1.00	
2.00	Land Improvements	10,501,637	69,517	0	69,517	4,549	2.00	
3.00	Buildings and Fixtures	228,223,336	6,307,382	0	6,307,382	581,607	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	76,545,574	496	0	496	0	5.00	
6.00	Movable Equipment	138,568,492	4,997,774	0	4,997,774	61,273	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	455,297,391	11,375,169	0	11,375,169	647,429	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	455,297,391	11,375,169	0	11,375,169	647,429	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,458,352	0				1.00	
2.00	Land Improvements	10,566,605	0				2.00	
3.00	Buildings and Fixtures	233,949,111	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	76,546,070	0				5.00	
6.00	Movable Equipment	143,504,993	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	466,025,131	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	466,025,131	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	6,529,720	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)	6,529,720	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	6,529,720				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,529,720				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	322,520,138	0	322,520,138	0.692066	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	143,504,993	0	143,504,993	0.307934	0	2.00
3.00	Total (sum of lines 1-2)	466,025,131	0	466,025,131	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,529,720	2,115,127	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	6,529,720	2,115,127	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	300,809	0	0	8,945,656	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	184,517	0	0	184,517	2.00
3.00	Total (sum of lines 1-2)	0	485,326	0	0	9,130,173	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-2,806	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-2,903	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	A	-200,503	PARKING	4.01	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-48,404,015			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	56,421,572			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,295,655	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-4,639,222	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	0	0NURSING SCHOOL	20.00	0	19.00
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.01
19.02	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.02
19.03	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.03
19.04	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.04
20.00	Vending machines	B	-51,073	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
35.00	MALPRACTICE NET OF INCOME	A	-6,837,986	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.00
37.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.01
37.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.02
38.00	MISC INCOME	B	5,191	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
38.01	MISC INCOME	B	-20,040	PARKING	4.01	0	38.01
38.02	MISC INCOME	B	-178,395	ADMINISTRATIVE & GENERAL	5.00	0	38.02
38.03	MISC INCOME	B	-5,925	OPERATION OF PLANT	7.00	0	38.03
38.04	MISC INCOME	B	-50	HOUSEKEEPING	9.00	0	38.04
38.05	MISC INCOME	B	-12,669,315	NURSING SCHOOL	20.00	0	38.05
38.06	MISC INCOME	B	-108,223	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	0	38.06
38.07	MISC INCOME	B	-27,955	ADULTS & PEDIATRICS	30.00	0	38.07
38.08	MISC INCOME	B	-300	INTENSIVE CARE UNIT	31.00	0	38.08
38.09	MISC INCOME	B	-3,984	SURGICAL INTENSIVE CARE UNIT	34.00	0	38.09
38.10	MISC INCOME	B	-30,600	SUBPROVIDER - IPF	40.00	0	38.10
38.11	MISC INCOME	B	-2,000	SUBPROVIDER - IRF	41.00	0	38.11
38.12	MISC INCOME	B	-1,777	NURSERY	43.00	0	38.12
38.13	MISC INCOME	B	-14,462	OPERATING ROOM	50.00	0	38.13
38.14	MISC INCOME	B	-4,991	DELIVERY ROOM & LABOR ROOM	52.00	0	38.14
38.15	MISC INCOME	B	-70,816	RADIOLOGY-DIAGNOSTIC	54.00	0	38.15
38.16	MISC INCOME	B	-50,000	RADIOLOGY-THERAPEUTIC	55.00	0	38.16
38.17	MISC INCOME	B	-579	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	38.17
38.18	MISC INCOME	B	-3,290	LABORATORY	60.00	0	38.18
38.19	MISC INCOME	B	-17,436	RESPIRATORY THERAPY	65.00	0	38.19
38.20	MISC INCOME	B	-127,670	PHYSICAL THERAPY	66.00	0	38.20
38.21	MISC INCOME	B	-28,221	CLINIC	90.00	0	38.21
38.22	MISC INCOME	B	-1,974,391	PHYSICIAN OFFICES	90.03	0	38.22
38.23	MISC INCOME	B	-12,250	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	0	38.23
38.24	MISC INCOME	B	-1,200	INTENSIVISTS CLINIC	90.08	0	38.24
38.25	MISC INCOME	B	-42,433	EMERGENCY	91.00	0	38.25
38.26	MISC INCOME	B	-189,910	HOME HEALTH AGENCY	101.00	0	38.26
38.27	MISC INCOME	B	-2,824	HOSPICE	116.00	0	38.27
38.28	MISC INCOME	B	-411,410	RESEARCH	191.00	0	38.28
38.29	MISC INCOME	B	-3,125	WELLNESS CENTER	194.02	0	38.29
38.30	CHILD CARE EMPLOYEE REVENUE	B	-394,657	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.30
39.00	PROMOTION EXPENSE	A	-46,032	ADMINISTRATIVE & GENERAL	5.00	0	39.00
39.01	PROMOTION EXPENSE	A	-58	CAFETERIA	11.00	0	39.01
39.02	PROMOTION EXPENSE	A	-180,610	NURSING SCHOOL	20.00	0	39.02
39.03	PROMOTION EXPENSE	A	-244	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	0	39.03
39.04	PROMOTION EXPENSE	A	-44	ADULTS & PEDIATRICS	30.00	0	39.04
39.05	PROMOTION EXPENSE	A	-171	OPERATING ROOM	50.00	0	39.05
39.06	PROMOTION EXPENSE	A	-711	RECOVERY ROOM	51.00	0	39.06
39.07	PROMOTION EXPENSE	A	-19,295	DELIVERY ROOM & LABOR ROOM	52.00	0	39.07
39.08	PROMOTION EXPENSE	A	-195	LABORATORY	60.00	0	39.08
39.09	PROMOTION EXPENSE	A	-1,100	ELECTROENCEPHALOGRAPHY	70.00	0	39.09
39.10	PROMOTION EXPENSE	A	-2,420	CLINIC	90.00	0	39.10

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center			
		1.00	2.00	3.00		4.00	5.00
39.11	PROMOTION EXPENSE	A	-15,900	PHYSICIAN OFFICES		90.03	0 39.11
39.12	PROMOTION EXPENSE	A	-28	INTENSIVISTS CLINIC		90.08	0 39.12
39.13	PROMOTION EXPENSE	A	-95	HOME HEALTH AGENCY		101.00	0 39.13
39.14	PROMOTION EXPENSE	A	-1,025	HOSPICE		116.00	0 39.14
39.15	PROMOTION EXPENSE	A	0			0.00	0 39.15
39.16	PROMOTION EXPENSE	A	0			0.00	0 39.16
39.17	PROMOTION EXPENSE	A	0			0.00	0 39.17
39.18	PROMOTION EXPENSE	A	0			0.00	0 39.18
39.19	PROMOTION EXPENSE	A	0			0.00	0 39.19
40.00	PHYSICIAN RECRUITMENT	A	-6,011	NURSING SCHOOL		20.00	0 40.00
40.01	PHYSICIAN RECRUITMENT	A	-8,041	I&R SRVCES-SALARY & FRINGES APPRVD		21.00	0 40.01
40.02	PHYSICIAN RECRUITMENT	A	-12,250	VASCULAR CLINIC		90.12	0 40.02
40.03	PHYSICIAN RECRUITMENT	A	0			0.00	0 40.03
40.04	PHYSICIAN RECRUITMENT	A	0			0.00	0 40.04
41.00	DEPR EXP TO AHA	A	1,369,315	CAP REL COSTS-BLDG & FIXT		1.00	10 41.00
41.01	DEPR EXP TO AHA	A	329,690	PARKING		4.01	0 41.01
41.02	DEPR EXP TO AHA	A	-3,189	ADMINISTRATIVE & GENERAL		5.00	0 41.02
41.03	DEPR EXP TO AHA	A	129,428	MAINTENANCE & REPAIRS		6.00	0 41.03
41.04	DEPR EXP TO AHA	A	302,475	OPERATION OF PLANT		7.00	0 41.04
41.05	DEPR EXP TO AHA	A	9,870	HOUSEKEEPING		9.00	0 41.05
41.06	DEPR EXP TO AHA	A	102,452	CAFETERIA		11.00	0 41.06
41.07	DEPR EXP TO AHA	A	36,194	CENTRAL SERVICES & SUPPLY		14.00	0 41.07
41.08	DEPR EXP TO AHA	A	-42,137	PHARMACY		15.00	0 41.08
41.09	DEPR EXP TO AHA	A	781	NURSING SCHOOL		20.00	0 41.09
41.10	DEPR EXP TO AHA	A	1,746	I&R SRVCES-SALARY & FRINGES APPRVD		21.00	0 41.10
41.11	DEPR EXP TO AHA	A	443,512	ADULTS & PEDIATRICS		30.00	0 41.11
41.12	DEPR EXP TO AHA	A	5,619	INTENSIVE CARE UNIT		31.00	0 41.12
41.13	DEPR EXP TO AHA	A	2,204	SURGICAL INTENSIVE CARE UNIT		34.00	0 41.13
41.14	DEPR EXP TO AHA	A	18,630	SUBPROVIDER - IPF		40.00	0 41.14
41.15	DEPR EXP TO AHA	A	1,810	SUBPROVIDER - IRF		41.00	0 41.15
41.16	DEPR EXP TO AHA	A	1,694	NURSERY		43.00	0 41.16
41.17	DEPR EXP TO AHA	A	407,717	OPERATING ROOM		50.00	0 41.17
41.18	DEPR EXP TO AHA	A	58,122	RECOVERY ROOM		51.00	0 41.18
41.19	DEPR EXP TO AHA	A	25,443	DELIVERY ROOM & LABOR ROOM		52.00	0 41.19
41.20	DEPR EXP TO AHA	A	48,009	ANESTHESIOLOGY		53.00	0 41.20
41.21	DEPR EXP TO AHA	A	485,255	RADIOLOGY-DIAGNOSTIC		54.00	0 41.21
41.22	DEPR EXP TO AHA	A	21,887	NORTHSIDE ADMIN		54.05	0 41.22
41.23	DEPR EXP TO AHA	A	-23,711	RADIOLOGY-THERAPEUTIC		55.00	0 41.23
41.24	DEPR EXP TO AHA	A	111,429	NUCLEAR MEDICINE - DIAGNOSTIC		56.01	0 41.24
41.25	DEPR EXP TO AHA	A	14,049	COMPUTED TOMOGRAPHY (CT) SCAN		57.00	0 41.25
41.26	DEPR EXP TO AHA	A	-2,809	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0 41.26
41.27	DEPR EXP TO AHA	A	929	LABORATORY		60.00	0 41.27
41.28	DEPR EXP TO AHA	A	3,692	RESPIRATORY THERAPY		65.00	0 41.28
41.29	DEPR EXP TO AHA	A	-32,139	RENAL DIALYSIS		74.00	0 41.29
41.30	DEPR EXP TO AHA	A	260	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.00	0 41.30
41.31	DEPR EXP TO AHA	A	38,734	GASTRO INTESTINAL SERVICES		76.01	0 41.31
41.32	DEPR EXP TO AHA	A	913	CARDIOLOGY		76.02	0 41.32
41.33	DEPR EXP TO AHA	A	8,609	CLINIC		90.00	0 41.33
41.34	DEPR EXP TO AHA	A	101,345	PHYSICIAN OFFICES		90.03	0 41.34
41.35	DEPR EXP TO AHA	A	8,364	ENDOCRINOLOGY, DIABETES & METABOLISM		90.06	0 41.35
41.36	DEPR EXP TO AHA	A	-14,921	VASCULAR CLINIC		90.12	0 41.36
41.37	DEPR EXP TO AHA	A	30,841	EMERGENCY		91.00	0 41.37
41.38	DEPR EXP TP AHA	A	3,302	HOME HEALTH AGENCY		101.00	0 41.38
41.39	DEPR EXP TO AHA	A	728	WELLNESS CENTER		194.02	0 41.39
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 42.00
43.00	CRNA SALARIES	A	-4,600,627	ANESTHESIOLOGY		53.00	0 43.00
43.02	CRNA BENEFITS	A	-792,638	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 43.02
44.00	PHYSICIAN BENEFITS	A	-963,253	ANESTHESIOLOGY		53.00	0 44.00
44.01	PHYSICIAN BENEFITS	A	-21,756	CLINIC		90.00	0 44.01
44.02	PHYSICIAN BENEFITS	A	-3,193,671	PHYSICIAN OFFICES		90.03	0 44.02
44.03	PHYSICIAN BENEFITS	A	-236,440	UPC SURGICAL GROUP		90.04	0 44.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

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

Worksheet A-8

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
44.04	PHYSICIAN BENEFITS	A	-104,843	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	0	44.04
44.05	PHYSICIAN BENEFITS	A	-46,460	WOUND CARE CENTER	90.07	0	44.05
44.06	PHYSICIAN BENEFITS	A	-511,882	INTENSIVISTS CLINIC	90.08	0	44.06
44.07	PHYSICIAN BENEFITS	A	-253,734	NEUROLOGY CLINIC	90.09	0	44.07
44.08	PHYSICIAN BENEFITS	A	-194,585	MULTI-SPECIALITY CLINIC	90.10	0	44.08
44.09	PHYSICIAN BENEFITS	A	-77,765	PEDIATRICS-GASTROENTEROL CLINIC	90.11	0	44.09
44.10	PHYSICIAN BENEFITS	A	-102,878	VASCULAR CLINIC	90.12	0	44.10
44.11	PHYSICIAN BENEFITS	A	-8,594	ONCOLOGY CLINIC	90.13	0	44.11
44.12	PHYSICIAN BENEFITS	A	-174,999	EMERGENCY	91.00	0	44.12
44.13	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	44.13
44.14	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	44.14
44.15	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	44.15
45.00	OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0	45.00
46.00	REMOVE NON-ALLOWABLE INTEREST	A	-4,844,981	INTEREST EXPENSE	113.00	0	46.00
47.00	SELF INSURANCE ADJUSTMENT	A	-8,225,622	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.00
47.01	PENSION ADJUSTMENT	A	6,793,139	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,255,306				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: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2021 12:28 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
	HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PEORIA HOME OFFICE	2,773,294	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	PEORIA HOME OFFICE	2,856,646	0	2.00
3.00	13.00	NURSING ADMINISTRATION	PEORIA HOME OFFICE	6,227,237	0	3.00
3.01	7.00	OPERATION OF PLANT	PEORIA HOME OFFICE	277,860	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	PEORIA HOME OFFICE	44,542,641	0	3.02
4.00	30.00	ADULTS & PEDIATRICS	PEORIA HOME OFFICE	618,835	0	4.00
4.01	113.00	INTEREST EXPENSE	PEORIA HOME OFFICE	4,014,840	3,542,826	4.01
4.02	101.00	HOME HEALTH AGENCY	GLEN OAK MEDICAL PLAZA	45,255	62,453	4.02
4.03	116.00	HOSPICE	GLEN OAK MEDICAL PLAZA	20,872	28,804	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	GLEN OAK MEDICAL PLAZA	35,943	0	4.04
4.05	6.00	MAINTENANCE & REPAIRS	GLEN OAK MEDICAL PLAZA	4,074	0	4.05
4.06	7.00	OPERATION OF PLANT	GLEN OAK MEDICAL PLAZA	2,975	0	4.06
4.07	9.00	HOUSEKEEPING	GLEN OAK MEDICAL PLAZA	1,818	0	4.07
4.08	191.00	RESEARCH	GLEN OAK MEDICAL PLAZA	14,757	27,102	4.08
4.09	53.01	PAIN CLINIC	ATRIUM BUILDING	151,518	250,863	4.09
4.10	30.00	ADULTS & PEDIATRICS	ATRIUM BUILDING	3,185	124,151	4.10
4.11	70.00	ELECTROENCEPHALOGRAPHY	ATRIUM BUILDING	68,312	101,943	4.11
4.12	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	82,740	120,884	4.12
4.13	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	89,302	130,472	4.13
4.14	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	29,885	43,663	4.14
4.15	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	30,239	63,732	4.15
4.16	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	1,448	158,491	4.16
4.17	90.06	ENDOCRINOLOGY, DIABETES & ME	ATRIUM BUILDING	21,570	37,365	4.17
4.18	90.07	WOUND CARE CENTER	ATRIUM BUILDING	116,550	170,281	4.18
4.19	90.08	INTENSIVISTS CLINIC	ATRIUM BUILDING	65,787	143,632	4.19
4.20	90.09	NEUROLOGY CLINIC	ATRIUM BUILDING	87,018	127,135	4.20
4.21	90.10	MULTI-SPECIALITY CLINIC	ATRIUM BUILDING	72,188	104,237	4.21
4.22	90.11	PEDIATRICS-GASTROENTEROL CLI	ATRIUM BUILDING	49,332	86,474	4.22
4.23	90.12	VASCULAR CLINIC	ATRIUM BUILDING	49,782	73,832	4.23
4.24	90.13	ONCOLOGY CLINIC	ATRIUM BUILDING	81,244	250,000	4.24
4.25	191.00	RESEARCH	ATRIUM BUILDING	23,902	0	4.25
4.27	194.02	WELLNESS CENTER	ATRIUM BUILDING	232,070	339,058	4.27
4.28	21.00	I&R SRVCES-SALARY & FRINGES	FAMILY MEDICAL BUILDING	85,150	167,643	4.28
4.29	90.00	CLINIC	FAMILY MEDICAL BUILDING	172,870	340,347	4.29
4.30	90.03	PHYSICIAN OFFICES	EAST PEORIA	74,193	136,120	4.30
4.31	54.01	NORTHSIDE IMAGING	NORTHSIDE IMAGING	230,422	224,854	4.31
4.32	54.02	NORTHSIDE MAMMOGRAPHY	NORTHSIDE MAMMOGRAPHY	126,957	123,889	4.32
4.33	54.03	NORTHSIDE ULTRASOUND	NORTHSIDE ULTRASOUND	33,461	32,652	4.33
4.34	57.01	NORTHSIDE CT	NORTHSIDE CT	275,684	269,022	4.34
4.36	58.01	NORTHSIDE MRI	NORTHSIDE MRI	481,781	470,140	4.36
4.37	0.00		0	0	0	4.37
4.38	0.00		0	0	0	4.38
4.39	0.00		0	0	0	4.39
4.40	0.00		0	0	0	4.40
4.42	0.00		0	0	0	4.42
4.43	0.00		0	0	0	4.43
4.44	0.00		0	0	0	4.44
4.45	0.00		0	0	0	4.45
4.46	0.00		0	0	0	4.46
4.47	0.00		0	0	0	4.47
4.48	0.00		0	0	0	4.48
4.50	0.00		0	0	0	4.50
4.51	0.00		0	0	0	4.51
4.52	0.00		0	0	0	4.52
4.54	0.00		0	0	0	4.54
4.55	0.00		0	0	0	4.55
4.56	0.00		0	0	0	4.56
4.57	0.00		0	0	0	4.57
4.59	0.00		0	0	0	4.59
4.60	0.00		0	0	0	4.60
4.73	0.00		0	0	0	4.73
5.00	0		0	64,173,637	7,752,065	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.

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

Provider CCN: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2021 12:28 pm

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

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	UNITYPOINT HEAL	100.00	UNITYPOINT HEAL	100.00	6.00
7.00	B	METHODIST SERVICES	100.00	METHODIST SERV	100.00	7.00
8.00	B	HEARTLAND HOME	100.00	HEARTLAND HOME	100.00	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: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2021 12:28 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,773,294	0		1.00
2.00	2,856,646	0		2.00
3.00	6,227,237	0		3.00
3.01	277,860	0		3.01
3.02	44,542,641	0		3.02
4.00	618,835	0		4.00
4.01	472,014	0		4.01
4.02	-17,198	0		4.02
4.03	-7,932	0		4.03
4.04	35,943	0		4.04
4.05	4,074	0		4.05
4.06	2,975	0		4.06
4.07	1,818	0		4.07
4.08	-12,345	0		4.08
4.09	-99,345	0		4.09
4.10	-120,966	0		4.10
4.11	-33,631	0		4.11
4.12	-38,144	0		4.12
4.13	-41,170	0		4.13
4.14	-13,778	0		4.14
4.15	-33,493	0		4.15
4.16	-157,043	0		4.16
4.17	-15,795	0		4.17
4.18	-53,731	0		4.18
4.19	-77,845	0		4.19
4.20	-40,117	0		4.20
4.21	-32,049	0		4.21
4.22	-37,142	0		4.22
4.23	-24,050	0		4.23
4.24	-168,756	0		4.24
4.25	23,902	0		4.25
4.27	-106,988	0		4.27
4.28	-82,493	0		4.28
4.29	-167,477	0		4.29
4.30	-61,927	0		4.30
4.31	5,568	0		4.31
4.32	3,068	0		4.32
4.33	809	0		4.33
4.34	6,662	0		4.34
4.36	11,641	0		4.36
4.37	0	0		4.37
4.38	0	0		4.38
4.39	0	0		4.39
4.40	0	0		4.40
4.42	0	0		4.42
4.43	0	0		4.43
4.44	0	0		4.44
4.45	0	0		4.45
4.46	0	0		4.46
4.47	0	0		4.47
4.48	0	9		4.48
4.50	0	9		4.50
4.51	0	9		4.51
4.52	0	9		4.52
4.54	0	9		4.54
4.55	0	9		4.55
4.56	0	9		4.56
4.57	0	9		4.57
4.59	0	9		4.59
4.60	0	9		4.60
4.73	0	0		4.73
5.00	56,421,572			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.

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

Provider CCN: 14-0209

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

Worksheet A-8-1

Date/Time Prepared:
7/23/2021 12:28 pm

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

6.00	HEALTH SYSTEM	6.00
7.00	NOT FOR PROFIT	7.00
8.00	NOT FOR PROFIT	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: 14-0209

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

Worksheet A-8-2

Date/Time Prepared:
7/23/2021 12:28 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	875,367	875,367	0	211,500	0	1.00
2.00	41.00	SUBPROVIDER - IRF	37,823	20,100	17,723	211,500	142	2.00
3.00	43.00	NURSERY	886,250	886,250	0	0	0	3.00
4.00	50.00	OPERATING ROOM	1,217,033	1,217,033	0	246,400	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	1,372,550	1,372,550	0	237,100	0	5.00
6.00	53.00	ANESTHESIOLOGY	5,833,009	5,812,066	20,943	239,400	116	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	153,996	153,996	0	271,900	0	7.00
8.00	60.00	LABORATORY	549,573	549,573	0	260,300	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	30,240	0	30,240	211,500	376	9.00
10.00	76.02	CARDIOLOGY	-3,811	0	-3,811	211,500	-51	10.00
11.00	90.03	PHYSICIAN OFFICES	20,034,190	19,722,504	311,686	211,500	2,223	11.00
12.00	90.04	UPC SURGICAL GROUP	1,593,846	1,593,846	0	211,500	0	12.00
13.00	90.06	ENDOCRINOLOGY, DIABETES & METABOLISM	608,532	608,532	0	211,500	0	13.00
14.00	90.07	WOUND CARE CENTER	271,596	269,664	1,931	211,500	15	14.00
15.00	90.08	INTENSIVISTS CLINIC	2,977,365	2,971,065	6,300	211,500	78	15.00
16.00	90.09	NEUROLOGY CLINIC	1,474,596	1,472,721	1,875	211,500	15	16.00
17.00	90.10	MULTI-SPECIALITY CLINIC	1,129,410	1,129,410	0	211,500	0	17.00
18.00	90.11	PEDIATRICS-GASTROENTEROL CLINIC	451,361	451,361	0	211,500	0	18.00
19.00	90.12	VASCULAR CLINIC	813,037	788,127	24,910	211,500	132	19.00
20.00	90.13	ONCOLOGY CLINIC	94,736	94,736	0	211,500	0	20.00
21.00	91.00	EMERGENCY	8,184,541	8,172,598	11,943	211,500	60	21.00
22.00	90.00	CLINIC	126,274	126,274	0	0	0	22.00
200.00			48,711,514	48,287,773	423,740		3,106	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0209

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

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	14,439	722	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	13,351	668	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	38,233	1,912	0	0	0	9.00
10.00	76.02	CARDIOLOGY	-5,186	-259	0	0	0	10.00
11.00	90.03	PHYSICIAN OFFICES	226,041	11,302	0	0	0	11.00
12.00	90.04	UPC SURGICAL GROUP	0	0	0	0	0	12.00
13.00	90.06	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	13.00
14.00	90.07	WOUND CARE CENTER	1,525	76	0	0	0	14.00
15.00	90.08	INTENSIVISTS CLINIC	7,931	397	0	0	0	15.00
16.00	90.09	NEUROLOGY CLINIC	1,525	76	0	0	0	16.00
17.00	90.10	MULTI-SPECIALITY CLINIC	0	0	0	0	0	17.00
18.00	90.11	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	18.00
19.00	90.12	VASCULAR CLINIC	13,422	671	0	0	0	19.00
20.00	90.13	ONCOLOGY CLINIC	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	6,101	305	0	0	0	21.00
22.00	90.00	CLINIC	0	0	0	0	0	22.00
200.00			317,382	15,870	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0209

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

Worksheet A-8-2

Date/Time Prepared:
7/23/2021 12:28 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	875,367		1.00
2.00	41.00	SUBPROVIDER - IRF	0	14,439	3,284	23,384		2.00
3.00	43.00	NURSERY	0	0	0	886,250		3.00
4.00	50.00	OPERATING ROOM	0	0	0	1,217,033		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,372,550		5.00
6.00	53.00	ANESTHESIOLOGY	0	13,351	7,592	5,819,658		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	153,996		7.00
8.00	60.00	LABORATORY	0	0	0	549,573		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	38,233	0	0		9.00
10.00	76.02	CARDIOLOGY	0	-5,445	1,634	1,634		10.00
11.00	90.03	PHYSICIAN OFFICES	0	226,041	85,645	19,808,149		11.00
12.00	90.04	UPC SURGICAL GROUP	0	0	0	1,593,846		12.00
13.00	90.06	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	608,532		13.00
14.00	90.07	WOUND CARE CENTER	0	1,525	406	270,071		14.00
15.00	90.08	INTENSIVISTS CLINIC	0	7,931	0	2,971,065		15.00
16.00	90.09	NEUROLOGY CLINIC	0	1,525	350	1,473,071		16.00
17.00	90.10	MULTI-SPECIALITY CLINIC	0	0	0	1,129,410		17.00
18.00	90.11	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	451,361		18.00
19.00	90.12	VASCULAR CLINIC	0	13,422	11,488	799,615		19.00
20.00	90.13	ONCOLOGY CLINIC	0	0	0	94,736		20.00
21.00	91.00	EMERGENCY	0	6,101	5,842	8,178,440		21.00
22.00	90.00	CLINIC	0	0	0	126,274		22.00
200.00			0	317,123	116,241	48,404,015		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PARKING	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,945,656	8,945,656			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	184,517	184,517			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,927,577	241,095	128	7,168,800	4.00
4.01	00401	PARKING	309,649	0	12,977	4,203	326,829
5.00	00500	ADMINISTRATIVE & GENERAL	74,897,501	294,509	1,934	228,295	11,058
6.00	00600	MAINTENANCE & REPAIRS	3,189,832	186,422	7,676	80,130	7,000
7.00	00700	OPERATION OF PLANT	11,661,965	1,382,599	17,496	54,568	51,912
8.00	00800	LAUNDRY & LINEN SERVICE	226,992	29,857	0	5,236	1,121
9.00	00900	HOUSEKEEPING	3,222,364	109,312	1,005	89,075	4,104
10.00	01000	DIETARY	1,692,281	173,844	248	4	6,527
11.00	01100	CAFETERIA	1,809,071	116,336	2,668	66,827	4,368
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	7,478,905	0	0	48,028	0
14.00	01400	CENTRAL SERVICES & SUPPLY	-503,159	83,912	2,628	35,673	3,151
15.00	01500	PHARMACY	896,285	64,789	1,952	203,199	2,433
16.00	01600	MEDICAL RECORDS & LIBRARY	2,856,646	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	83,512	1,504,582	5,729	322,081	56,491
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,605,973	93,771	130	264,118	3,521
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,166,965	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,708,470	1,060,824	12,753	660,712	39,831
31.00	03100	INTENSIVE CARE UNIT	7,758,582	242,379	2,290	235,953	9,101
34.00	03400	SURGICAL INTENSIVE CARE UNIT	506,865	6,557	62	7,323	246
40.00	04000	SUBPROVIDER - IPF	6,387,451	287,368	734	212,188	10,790
41.00	04100	SUBPROVIDER - IRF	1,779,157	147,278	128	46,970	5,530
43.00	04300	NURSERY	1,534,034	40,113	582	58,962	1,506
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,885,505	514,731	37,164	360,525	19,327
51.00	05100	RECOVERY ROOM	2,405,779	195,371	2,026	85,586	7,336
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,449,884	94,599	845	64,264	3,552
53.00	05300	ANESTHESIOLOGY	1,992,862	13,359	3,392	286,103	502
53.01	03950	PAIN CLINIC	131,940	0	533	16,583	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,272,219	383,986	20,775	168,123	14,417
54.01	05401	NORTHSIDE IMAGING	479,662	0	0	4,080	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	227,373	0	0	1,975	0
54.03	05403	NORTHSIDE ULTRASOUND	30,440	0	29	241	0
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0
54.05	05405	NORTHSIDE ADMIN	0	0	1,042	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,541,323	140,721	4,366	43,260	5,284
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,221,942	130,675	3,651	15,342	4,906
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	797,690	0	1,002	23,290	0
57.01	05701	NORTHSIDE CT	374,362	0	151	3,402	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	662,409	43,041	371	20,411	1,616
58.01	05801	NORTHSIDE MRI	690,704	0	148	6,127	0
59.00	05900	CARDIAC CATHETERIZATION	677,995	40,369	4,140	20,050	1,516
60.00	06000	LABORATORY	28,626,216	264,722	7,691	301,838	9,939
60.01	06001	NORTHSIDE LAB	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,157,820	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	2,990,082	195,709	1,438	101,793	7,348
65.00	06500	RESPIRATORY THERAPY	1,791,899	27,033	1,252	57,365	1,015
66.00	06600	PHYSICAL THERAPY	1,234,977	52,748	12	590	1,981
67.00	06700	OCCUPATIONAL THERAPY	765,117	54,790	37	12,357	2,057
68.00	06800	SPEECH PATHOLOGY	728,072	30,184	113	7,140	1,133
69.00	06900	ELECTROCARDIOLOGY	251,258	12,624	196	8,979	474
70.00	07000	ELECTROENCEPHALOGRAPHY	977,067	0	94	32,165	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,047,509	0	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	15,018,357	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,044,017	0	0	0	0
74.00	07400	RENAL DIALYSIS	494,746	31,700	1,127	12,362	1,190
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	776,896	50,333	49	29,389	1,890
76.01	03340	GASTRO INTESTINAL SERVICES	1,083,111	61,919	6,133	20,923	2,325
76.02	03140	CARDIOLOGY	803,122	178,208	2,172	22,540	6,691
76.03	03560	PULMONARY FUNCTION TESTING	130,069	2,193	101	4,648	82

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PARKING	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4.01	
76.97	07697	CARDIAC REHABILITATION	626	0	13	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	407,776	16,906	0	6,817	635	76.98
76.99	07699	LITHOTRIPSY	-6	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,366,590	16,719	1,413	144,445	628	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	115	0	0	4	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	13,540,298	128,353	6,336	1,418,044	4,819	90.03
90.04	09006	UPC SURGICAL GROUP	952,054	0	693	93,697	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	623,613	0	287	52,082	0	90.06
90.07	09004	WOUND CARE CENTER	926,950	0	84	47,619	0	90.07
90.08	09008	INTENSIVISTS CLINIC	2,055,654	0	163	216,429	0	90.08
90.09	09009	NEUROLOGY CLINIC	771,074	0	822	98,502	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	813,839	0	199	81,786	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	216,028	0	0	28,120	0	90.11
90.12	09012	VASCULAR CLINIC	867,551	0	77	48,941	0	90.12
90.13	09013	ONCOLOGY CLINIC	91,433	0	217	6,306	0	90.13
91.00	09100	EMERGENCY	6,113,830	163,344	2,156	222,025	6,133	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	554	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,485,938	2,030	609	196,651	76	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,567,067	0	18	88,862	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	321,890,499	8,911,914	184,257	7,105,326	325,562	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	990,705	0	0	12,791	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	12,233	33,742	0	0	1,267	194.01
194.02	07952	WELLNESS CENTER	404,157	0	260	4,579	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,551,998	0	0	46,104	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	324,849,592	8,945,656	184,517	7,168,800	326,829	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
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
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	75,433,297	75,433,297				5.00
6.00	00600	MAINTENANCE & REPAIRS	3,471,060	1,048,198	4,519,258			6.00
7.00	00700	OPERATION OF PLANT	13,168,540	3,976,662	759,801	17,905,003		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	263,206	79,483	16,408	78,144	437,241	8.00
9.00	00900	HOUSEKEEPING	3,425,860	1,034,548	60,072	286,102	0	9.00
10.00	01000	DIETARY	1,872,904	565,583	95,535	455,002	0	10.00
11.00	01100	CAFETERIA	1,999,270	603,744	63,932	304,485	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,526,933	2,272,998	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-377,795	0	46,113	219,622	492	14.00
15.00	01500	PHARMACY	1,168,658	352,914	35,605	169,572	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,856,646	862,656	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,972,395	595,628	826,834	3,937,939	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,967,513	2,104,064	51,531	245,426	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,166,965	654,384	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,482,590	6,789,337	582,971	2,776,490	134,371	30.00
31.00	03100	INTENSIVE CARE UNIT	8,248,305	2,490,840	133,198	634,377	24,777	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	521,053	157,349	3,603	17,162	769	34.00
40.00	04000	SUBPROVIDER - IPF	6,898,531	2,083,232	157,922	752,128	21,960	40.00
41.00	04100	SUBPROVIDER - IRF	1,979,063	597,641	80,936	385,469	10,213	41.00
43.00	04300	NURSERY	1,635,197	493,800	22,044	104,986	3,267	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,817,252	5,984,453	282,868	1,347,203	70,630	50.00
51.00	05100	RECOVERY ROOM	2,696,098	814,173	107,365	511,343	10,389	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,613,144	487,140	51,987	247,594	18,347	52.00
53.00	05300	ANESTHESIOLOGY	2,296,218	693,417	7,341	34,965	0	53.00
53.01	03950	PAIN CLINIC	149,056	45,012	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,859,520	2,071,452	211,018	1,005,005	31,190	54.00
54.01	05401	NORTHSIDE IMAGING	483,742	146,081	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	229,348	69,259	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	30,710	9,274	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,042	315	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,734,954	825,907	77,332	368,307	8,325	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,145	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,376,516	415,683	71,812	342,015	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	821,982	248,224	0	0	0	57.00
57.01	05701	NORTHSIDE CT	377,915	114,124	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	727,848	219,797	23,653	112,651	0	58.00
58.01	05801	NORTHSIDE MRI	696,979	210,475	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	744,070	224,696	22,185	105,658	0	59.00
60.00	06000	LABORATORY	29,210,406	8,820,994	145,477	692,855	1,068	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,157,820	349,641	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,296,370	995,444	107,551	512,228	26,212	64.00
65.00	06500	RESPIRATORY THERAPY	1,878,564	567,293	14,856	70,754	0	65.00
66.00	06600	PHYSICAL THERAPY	1,290,308	389,650	28,988	138,058	418	66.00
67.00	06700	OCCUPATIONAL THERAPY	834,358	251,961	30,110	143,402	2,779	67.00
68.00	06800	SPEECH PATHOLOGY	766,642	231,512	16,587	78,999	885	68.00
69.00	06900	ELECTROCARDIOLOGY	273,531	82,601	6,938	33,041	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,009,326	304,798	0	0	531	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,047,509	316,329	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	15,018,357	4,535,273	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,044,017	3,637,076	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	541,125	163,410	17,421	82,969	2,080	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	858,557	259,269	27,660	131,737	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,174,411	354,651	34,027	162,060	7,805	76.01
76.02	03140	CARDIOLOGY	1,012,733	305,827	97,933	466,423	4,983	76.02
76.03	03560	PULMONARY FUNCTION TESTING	137,093	41,400	1,205	5,741	0	76.03
76.97	07697	CARDIAC REHABILITATION	639	193	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	432,134	130,497	9,291	44,248	0	76.98
76.99	07699	LITHOTRIPSY	-6	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,529,795	1,065,935	9,188	43,760	1,050	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 01/01/2020
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Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	119	36	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	15,097,850	4,559,279	70,536	335,938	1,842	90.03
90.04	09006	UPC SURGICAL GROUP	1,046,444	316,007	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	675,982	204,134	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	974,653	294,328	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	2,272,246	686,177	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	870,398	262,845	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	895,824	270,523	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	244,148	73,728	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	916,569	276,787	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	97,956	29,581	0	0	0	90.13
91.00	09100	EMERGENCY	6,507,488	1,965,144	89,765	427,519	50,713	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	554	167	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,685,304	2,320,823	1,116	5,313	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,655,947	1,104,030	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	321,791,756	74,509,886	4,500,715	17,816,690	437,241	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	1,003,496	303,038	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	47,242	14,266	18,543	88,313	0	194.01
194.02	07952	WELLNESS CENTER	408,996	123,509	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,598,102	482,598	0	0	0	194.05
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)	324,849,592	75,433,297	4,519,258	17,905,003	437,241	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,806,582					9.00
10.00	01000	DIETARY	0	2,989,024				10.00
11.00	01100	CAFETERIA	70,711	0	3,042,142			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	30,022	0	9,829,953	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	70,711	0	35,457	0	0	14.00
15.00	01500	PHARMACY	0	0	75,318	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	175,818	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	102,545	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,341,743	1,844,676	413,940	0	1,551,278	30.00
31.00	03100	INTENSIVE CARE UNIT	624,025	207,186	137,775	0	516,328	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,910	136,744	3,880	0	14,539	34.00
40.00	04000	SUBPROVIDER - IPF	373,001	607,109	152,961	0	573,240	40.00
41.00	04100	SUBPROVIDER - IRF	114,905	193,309	30,791	0	115,395	41.00
43.00	04300	NURSERY	0	0	28,432	0	106,553	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	786,660	0	194,307	0	728,191	50.00
51.00	05100	RECOVERY ROOM	51,265	0	46,309	0	173,550	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	166,171	0	34,234	0	128,296	52.00
53.00	05300	ANESTHESIOLOGY	0	0	64,536	0	241,857	53.00
53.01	03950	PAIN CLINIC	0	0	12,407	0	46,498	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	109,602	0	99,574	0	373,166	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	2,953	0	11,068	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	1,311	0	4,912	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	105	0	393	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	102,531	0	18,961	0	71,057	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	6,553	0	24,559	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	14,592	0	54,685	57.00
57.01	05701	NORTHSIDE CT	0	0	1,887	0	7,073	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	10,712	0	40,146	58.00
58.01	05801	NORTHSIDE MRI	0	0	3,652	0	13,688	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	9,629	0	36,085	59.00
60.00	06000	LABORATORY	106,067	0	220,625	0	826,820	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	217,436	0	63,907	0	239,499	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	35,125	0	131,636	65.00
66.00	06600	PHYSICAL THERAPY	1,768	0	384	0	1,441	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,052	0	8,109	0	30,388	67.00
68.00	06800	SPEECH PATHOLOGY	7,071	0	3,827	0	14,342	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,505	0	20,630	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	18,611	0	69,748	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES 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	7,071	0	4,683	0	17,551	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	19,572	0	73,350	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	93,692	0	11,971	0	44,861	76.01
76.02	03140	CARDIOLOGY	93,692	0	12,477	0	46,760	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	2,848	0	10,675	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	4,194	0	15,718	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,142	0	109,605	0	410,757	90.00

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	317,420	0	1,189,573	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	20,464	0	76,690	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	16,951	0	63,526	90.06
90.07	09004	WOUND CARE CENTER	0	0	21,197	0	79,440	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	43,199	0	161,893	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	18,978	0	71,123	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	25,933	0	97,188	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	7,357	0	27,572	90.11
90.12	09012	VASCULAR CLINIC	0	0	11,481	0	43,027	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	3,111	0	11,657	90.13
91.00	09100	EMERGENCY	408,356	0	103,017	0	386,067	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	111,911	0	419,402	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	47,550	0	178,200	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,806,582	2,989,024	2,978,673	0	9,592,091	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	6,221	0	23,315	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	0	4,281	0	16,045	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	52,967	0	198,502	194.05
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)	4,806,582	2,989,024	3,042,142	0	9,829,953	202.00

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
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
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-5,400					14.00
15.00	01500	PHARMACY	0	1,802,067				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,719,302			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	672,168	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	129,136	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	95,482	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	191,737	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	81,782	0	0	41.00
43.00	04300	NURSERY	0	0	50,024	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,640,267	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
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	205,929	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
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	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,755,276	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	652,777	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	377	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	45,769	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,801,422	3,719,302	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	645	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	-5,400	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-5,400	1,802,067	3,719,302	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS		
			20.00	21.00	22.00	24.00	25.00
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
4.01	00401	PARKING					4.01
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	7,508,614				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		9,471,079			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			2,821,349		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,163,331	956,351	284,888	45,994,134	-1,241,239
31.00	03100	INTENSIVE CARE UNIT	320,442	182,885	54,480	13,703,754	-237,365
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	14,855	4,425	985,771	-19,280
40.00	04000	SUBPROVIDER - IPF	85,641	295,455	88,014	12,280,931	-383,469
41.00	04100	SUBPROVIDER - IRF	0	29,380	8,752	3,627,636	-38,132
43.00	04300	NURSERY	0	20,797	6,195	2,471,295	-26,992
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,385	464,806	138,461	31,506,483	-603,267
51.00	05100	RECOVERY ROOM	0	0	0	4,410,492	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	584,503	0	0	3,331,416	0
53.00	05300	ANESTHESIOLOGY	0	0	0	3,338,334	0
53.01	03950	PAIN CLINIC	0	0	0	252,973	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	108,939	32,452	10,901,918	-141,391
54.01	05401	NORTHSIDE IMAGING	0	0	0	643,844	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	304,830	0
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	40,482	0
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0
54.05	05405	NORTHSIDE ADMIN	0	0	0	1,357	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,413,303	0
56.00	05600	RADIOISOTOPE	0	0	0	2,145	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,237,138	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	1,139,483	0
57.01	05701	NORTHSIDE CT	0	0	0	500,999	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,134,807	0
58.01	05801	NORTHSIDE MRI	0	0	0	924,794	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,142,323	0
60.00	06000	LABORATORY	0	0	0	40,024,312	0
60.01	06001	NORTHSIDE LAB	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,507,461	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,458,647	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,698,228	0
66.00	06600	PHYSICAL THERAPY	0	0	0	1,851,015	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,331,159	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,119,865	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	422,246	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,403,014	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,363,838	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	19,553,630	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,436,369	0
74.00	07400	RENAL DIALYSIS	0	0	0	836,310	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,370,145	0
76.01	03340	GASTRO INTESTINAL SERVICES	0	58,761	17,504	1,959,743	-76,265
76.02	03140	CARDIOLOGY	17,128	0	0	2,057,956	0
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	198,962	0

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Cost Center Description			NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
				20.00	21.00	22.00	24.00	25.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	832	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	636,082	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	-6	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,302,828	983,883	9,470,943	-4,286,711	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	155	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	25,692	3,610,170	1,075,437	26,283,737	-4,685,607	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	1,459,605	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	960,593	0	90.06
90.07	09004	WOUND CARE CENTER	25,692	29,711	8,851	1,433,872	-38,562	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	3,163,515	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	1,223,344	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	1,289,468	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	352,805	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	1,247,864	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	142,305	0	90.13
91.00	09100	EMERGENCY	234,800	356,527	106,206	11,288,379	-462,733	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	721	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	10,544,246	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	5,031,496	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,508,614	9,431,465	2,809,548	320,413,498	-12,241,013	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	39,614	11,801	1,387,485	-51,415	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	168,364	0	194.01
194.02	07952	WELLNESS CENTER	0	0	0	553,476	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	2,332,169	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	-5,400	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,508,614	9,471,079	2,821,349	324,849,592	-12,292,428	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:
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Cost Center Description		Total	
		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
4.01	00401	PARKING	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
53.01	03950	PAIN CLINIC	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NORTHSIDE IMAGING	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	54.02
54.03	05403	NORTHSIDE ULTRASOUND	54.03
54.04	05404	NORTHSIDE CARDIO	54.04
54.05	05405	NORTHSIDE ADMIN	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	57.00
57.01	05701	NORTHSIDE CT	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
58.01	05801	NORTHSIDE MRI	58.01
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	NORTHSIDE LAB	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	76.01
76.02	03140	CARDIOLOGY	76.02
76.03	03560	PULMONARY FUNCTION TESTING	76.03
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
90.02	09005	CLINIC	0	90.02
90.03	09002	PHYSICIAN OFFICES	21,598,130	90.03
90.04	09006	UPC SURGICAL GROUP	1,459,605	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	960,593	90.06
90.07	09004	WOUND CARE CENTER	1,395,310	90.07
90.08	09008	INTENSIVISTS CLINIC	3,163,515	90.08
90.09	09009	NEUROLOGY CLINIC	1,223,344	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	1,289,468	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	352,805	90.11
90.12	09012	VASCULAR CLINIC	1,247,864	90.12
90.13	09013	ONCOLOGY CLINIC	142,305	90.13
91.00	09100	EMERGENCY	10,825,646	91.00
92.00	09200	OBSERVATION BEDS		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	721	95.00
101.00	10100	HOME HEALTH AGENCY	10,544,246	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	5,031,496	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	308,172,485	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	1,336,070	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	194.00
194.01	07951	FOUNDATION	168,364	194.01
194.02	07952	WELLNESS CENTER	553,476	194.02
194.03	07954	CAPITAL LABOR	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	2,332,169	194.05
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-5,400	201.00
202.00		TOTAL (sum lines 118 through 201)	312,557,164	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
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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	6,267	241,095	128	247,490	4.00
4.01	00401	PARKING	637,314	0	12,977	650,291	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	293,383	294,509	1,934	589,826	5.00
6.00	00600	MAINTENANCE & REPAIRS	376,983	186,422	7,676	571,081	6.00
7.00	00700	OPERATION OF PLANT	859,270	1,382,599	17,496	2,259,365	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	29,857	0	29,857	8.00
9.00	00900	HOUSEKEEPING	49,342	109,312	1,005	159,659	9.00
10.00	01000	DIETARY	12,193	173,844	248	186,285	10.00
11.00	01100	CAFETERIA	131,027	116,336	2,668	250,031	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	254,702	83,912	2,628	341,242	14.00
15.00	01500	PHARMACY	103,862	64,789	1,952	170,603	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	2,265,645	1,504,582	5,729	3,775,956	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	199,129	93,771	130	293,030	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	654,288	1,060,824	12,753	1,727,865	30.00
31.00	03100	INTENSIVE CARE UNIT	112,445	242,379	2,290	357,114	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,045	6,557	62	9,664	34.00
40.00	04000	SUBPROVIDER - IPF	36,060	287,368	734	324,162	40.00
41.00	04100	SUBPROVIDER - IRF	6,291	147,278	128	153,697	41.00
43.00	04300	NURSERY	28,567	40,113	582	69,262	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,865,060	514,731	37,164	2,416,955	50.00
51.00	05100	RECOVERY ROOM	99,510	195,371	2,026	296,907	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,515	94,599	845	136,959	52.00
53.00	05300	ANESTHESIOLOGY	166,561	13,359	3,392	183,312	53.00
53.01	03950	PAIN CLINIC	256,273	0	533	256,806	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,032,879	383,986	20,775	1,437,640	54.00
54.01	05401	NORTHSIDE IMAGING	16,505	0	0	16,505	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	9,114	0	0	9,114	54.02
54.03	05403	NORTHSIDE ULTRASOUND	2,381	0	29	2,410	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,171,751	0	1,042	1,172,793	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	464,438	140,721	4,366	609,525	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	179,303	130,675	3,651	313,629	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	49,191	0	1,002	50,193	57.00
57.01	05701	NORTHSIDE CT	19,395	0	151	19,546	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,223	43,041	371	61,635	58.00
58.01	05801	NORTHSIDE MRI	34,405	0	148	34,553	58.01
59.00	05900	CARDIAC CATHETERIZATION	203,306	40,369	4,140	247,815	59.00
60.00	06000	LABORATORY	896,814	264,722	7,691	1,169,227	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	70,609	195,709	1,438	267,756	64.00
65.00	06500	RESPIRATORY THERAPY	61,486	27,033	1,252	89,771	65.00
66.00	06600	PHYSICAL THERAPY	117,670	52,748	12	170,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,561	54,790	37	67,388	67.00
68.00	06800	SPEECH PATHOLOGY	39,000	30,184	113	69,297	68.00
69.00	06900	ELECTROCARDIOLOGY	25,661	12,624	196	38,481	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	121,539	0	94	121,633	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES 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	61,831	31,700	1,127	94,658	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,397	50,333	49	52,779	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	311,221	61,919	6,133	379,273	76.01
76.02	03140	CARDIOLOGY	260,081	178,208	2,172	440,461	76.02
76.03	03560	PULMONARY FUNCTION TESTING	4,982	2,193	101	7,276	76.03
76.97	07697	CARDIAC REHABILITATION	620	0	13	633	76.97

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	16,906	0	16,906	235	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	461,474	16,719	1,413	479,606	4,986	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	916,217	128,353	6,336	1,050,906	49,000	90.03
90.04	09006	UPC SURGICAL GROUP	303,213	0	693	303,906	3,234	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	44,800	0	287	45,087	1,798	90.06
90.07	09004	WOUND CARE CENTER	210,457	0	84	210,541	1,644	90.07
90.08	09008	INTENSIVISTS CLINIC	166,309	0	163	166,472	7,470	90.08
90.09	09009	NEUROLOGY CLINIC	157,131	0	822	157,953	3,400	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	129,121	0	199	129,320	2,823	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	103,479	0	0	103,479	971	90.11
90.12	09012	VASCULAR CLINIC	90,993	0	77	91,070	1,689	90.12
90.13	09013	ONCOLOGY CLINIC	125,290	0	217	125,507	218	90.13
91.00	09100	EMERGENCY	106,084	163,344	2,156	271,584	7,663	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	128,748	2,030	609	131,387	6,788	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	343,358	0	18	343,376	3,067	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,932,769	8,911,914	184,257	26,028,940	245,300	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	31,338	0	0	31,338	441	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	33,742	0	33,742	0	194.01
194.02	07952	WELLNESS CENTER	419,056	0	260	419,316	158	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	1,591	194.05
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)	17,383,163	8,945,656	184,517	26,513,336	247,490	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
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
4.01	00401	PARKING	650,436					4.01
5.00	00500	ADMINISTRATIVE & GENERAL	22,007	619,713				5.00
6.00	00600	MAINTENANCE & REPAIRS	13,930	8,612	596,389			6.00
7.00	00700	OPERATION OF PLANT	103,313	32,671	100,268	2,497,500		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,231	653	2,165	10,900	45,987	8.00
9.00	00900	HOUSEKEEPING	8,168	8,500	7,927	39,907	0	9.00
10.00	01000	DIETARY	12,990	4,647	12,607	63,466	0	10.00
11.00	01100	CAFETERIA	8,693	4,960	8,437	42,471	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	18,674	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,270	0	6,085	30,634	52	14.00
15.00	01500	PHARMACY	4,841	2,899	4,699	23,653	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,087	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	112,429	4,894	109,117	549,289	0	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	7,007	17,286	6,800	34,234	0	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	5,376	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,269	55,779	76,932	387,282	14,131	30.00
31.00	03100	INTENSIVE CARE UNIT	18,111	20,464	17,578	88,487	2,606	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	490	1,293	476	2,394	81	34.00
40.00	04000	SUBPROVIDER - IPF	21,473	17,115	20,840	104,911	2,310	40.00
41.00	04100	SUBPROVIDER - IRF	11,005	4,910	10,681	53,768	1,074	41.00
43.00	04300	NURSERY	2,997	4,057	2,909	14,644	344	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,463	49,167	37,329	187,916	7,428	50.00
51.00	05100	RECOVERY ROOM	14,599	6,689	14,169	71,325	1,093	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,069	4,002	6,860	34,536	1,930	52.00
53.00	05300	ANESTHESIOLOGY	998	5,697	969	4,877	0	53.00
53.01	03950	PAIN CLINIC	0	370	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,693	17,018	27,847	140,184	3,280	54.00
54.01	05401	NORTHSIDE IMAGING	0	1,200	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	569	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	76	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	3	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	10,515	6,785	10,295	51,374	876	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	226	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	9,764	3,415	9,477	47,706	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	2,039	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	938	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,216	1,806	3,121	15,713	0	58.00
58.01	05801	NORTHSIDE MRI	0	1,729	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,017	1,846	2,928	14,738	0	59.00
60.00	06000	LABORATORY	19,781	72,446	19,198	96,644	112	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,873	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	14,624	8,178	14,193	71,449	2,757	64.00
65.00	06500	RESPIRATORY THERAPY	2,020	4,661	1,960	9,869	0	65.00
66.00	06600	PHYSICAL THERAPY	3,942	3,201	3,825	19,257	44	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,094	2,070	3,973	20,003	292	67.00
68.00	06800	SPEECH PATHOLOGY	2,255	1,902	2,189	11,019	93	68.00
69.00	06900	ELECTROCARDIOLOGY	943	679	916	4,609	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,504	0	0	56	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,599	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	37,261	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,881	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,369	1,343	2,299	11,573	219	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,761	2,130	3,650	18,375	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,627	2,914	4,490	22,605	821	76.01
76.02	03140	CARDIOLOGY	13,316	2,513	12,924	65,060	524	76.02
76.03	03560	PULMONARY FUNCTION TESTING	164	340	159	801	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	2	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,263	1,072	1,226	6,172	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,249	8,757	1,213	6,104	110	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description			PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	9,591	37,458	9,308	46,859	194	90.03
90.04	09006	UPC SURGICAL GROUP	0	2,596	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	1,677	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	2,418	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	5,637	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	2,159	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	2,223	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	606	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	2,274	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	243	0	0	0	90.13
91.00	09100	EMERGENCY	12,206	16,145	11,846	59,633	5,334	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	1	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	152	19,067	147	741	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	9,070	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	647,915	612,126	593,942	2,485,182	45,987	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	2,490	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	2,521	117	2,447	12,318	0	194.01
194.02	07952	WELLNESS CENTER	0	1,015	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	3,965	0	0	0	194.05
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)	650,436	619,713	596,389	2,497,500	45,987	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	227,235					9.00
10.00	01000	DIETARY	0	279,995				10.00
11.00	01100	CAFETERIA	3,343	0	320,242			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,160	0	23,492	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,343	0	3,733	0	0	14.00
15.00	01500	PHARMACY	0	0	7,929	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	18,508	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	10,795	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,433	172,799	43,576	0	3,704	30.00
31.00	03100	INTENSIVE CARE UNIT	29,501	19,408	14,503	0	1,234	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	752	12,809	408	0	35	34.00
40.00	04000	SUBPROVIDER - IPF	17,634	56,871	16,102	0	1,370	40.00
41.00	04100	SUBPROVIDER - IRF	5,432	18,108	3,241	0	276	41.00
43.00	04300	NURSERY	0	0	2,993	0	255	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,190	0	20,454	0	1,740	50.00
51.00	05100	RECOVERY ROOM	2,424	0	4,875	0	415	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,856	0	3,604	0	307	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,794	0	578	53.00
53.01	03950	PAIN CLINIC	0	0	1,306	0	111	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,182	0	10,482	0	892	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	311	0	26	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	138	0	12	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	11	0	1	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,847	0	1,996	0	170	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	690	0	59	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	1,536	0	131	57.00
57.01	05701	NORTHSIDE CT	0	0	199	0	17	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,128	0	96	58.00
58.01	05801	NORTHSIDE MRI	0	0	384	0	33	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,014	0	86	59.00
60.00	06000	LABORATORY	5,014	0	23,225	0	1,976	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	10,279	0	6,727	0	572	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,698	0	315	65.00
66.00	06600	PHYSICAL THERAPY	84	0	40	0	3	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,421	0	854	0	73	67.00
68.00	06800	SPEECH PATHOLOGY	334	0	403	0	34	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	579	0	49	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,959	0	167	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES 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	334	0	493	0	42	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,060	0	175	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,429	0	1,260	0	107	76.01
76.02	03140	CARDIOLOGY	4,429	0	1,313	0	112	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	300	0	26	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	442	0	38	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	669	0	11,538	0	982	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	33,414	0	2,843	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	2,154	0	183	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	1,784	0	152	90.06
90.07	09004	WOUND CARE CENTER	0	0	2,231	0	190	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	4,547	0	387	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	1,998	0	170	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	2,730	0	232	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	774	0	66	90.11
90.12	09012	VASCULAR CLINIC	0	0	1,209	0	103	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	327	0	28	90.13
91.00	09100	EMERGENCY	19,305	0	10,844	0	923	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	11,781	0	1,002	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	5,006	0	426	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	227,235	279,995	313,560	0	22,924	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	655	0	56	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	0	451	0	38	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	5,576	0	474	194.05
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)	227,235	279,995	320,242	0	23,492	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
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Part II
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
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
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	392,590					14.00
15.00	01500	PHARMACY	0	221,638				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	7,087			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,281	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	246	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	182	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	365	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	156	0		41.00
43.00	04300	NURSERY	0	0	95	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	3,126	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
53.01	03950	PAIN CLINIC	0	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	392	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
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
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 CHRGD TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	215,884	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0		90.01
90.02	09005	CLINIC	0	0	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	0	0	0	0		90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	0		90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0		90.13
91.00	09100	EMERGENCY	0	0	1,244	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	46	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	5,629	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	221,559	7,087	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0		194.00
194.01	07951	FOUNDATION	0	0	0	0		194.01
194.02	07952	WELLNESS CENTER	0	79	0	0		194.02
194.03	07954	CAPITAL LABOR	0	0	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0		194.05
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	392,590	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	392,590	221,638	7,087	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description			INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
			20.00	21.00	22.00	24.00	25.00	
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
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	4,581,310					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		378,268				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			5,376			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				2,648,856	0	30.00
31.00	03100	INTENSIVE CARE UNIT				577,396	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				28,837	0	34.00
40.00	04000	SUBPROVIDER - IPF				590,477	0	40.00
41.00	04100	SUBPROVIDER - IRF				263,969	0	41.00
43.00	04300	NURSERY				99,591	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				2,812,212	0	50.00
51.00	05100	RECOVERY ROOM				415,450	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				205,341	0	52.00
53.00	05300	ANESTHESIOLOGY				213,100	0	53.00
53.01	03950	PAIN CLINIC				259,165	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,677,021	0	54.00
54.01	05401	NORTHSIDE IMAGING				18,183	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY				9,901	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND				2,506	0	54.03
54.04	05404	NORTHSIDE CARDIO				0	0	54.04
54.05	05405	NORTHSIDE ADMIN				1,172,796	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC				698,178	0	55.00
56.00	05600	RADIOISOTOPE				226	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC				385,270	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN				54,703	0	57.00
57.01	05701	NORTHSIDE CT				20,817	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				87,420	0	58.00
58.01	05801	NORTHSIDE MRI				36,910	0	58.01
59.00	05900	CARDIAC CATHETERIZATION				272,136	0	59.00
60.00	06000	LABORATORY				1,418,041	0	60.00
60.01	06001	NORTHSIDE LAB				0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.				2,873	0	63.00
64.00	06400	INTRAVENOUS THERAPY				400,048	0	64.00
65.00	06500	RESPIRATORY THERAPY				114,274	0	65.00
66.00	06600	PHYSICAL THERAPY				200,846	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				100,595	0	67.00
68.00	06800	SPEECH PATHOLOGY				87,772	0	68.00
69.00	06900	ELECTROCARDIOLOGY				46,566	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				127,429	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS				2,599	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS				37,261	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				245,765	0	73.00
74.00	07400	RENAL DIALYSIS				113,757	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				83,944	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES				421,248	0	76.01
76.02	03140	CARDIOLOGY				541,430	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING				9,226	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
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		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
				20.00	21.00			
76.97	07697	CARDIAC REHABILITATION				635	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				27,354	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				515,214	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS				0	0	90.01
90.02	09005	CLINIC				0	0	90.02
90.03	09002	PHYSICIAN OFFICES				1,239,573	0	90.03
90.04	09006	UPC SURGICAL GROUP				312,073	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM				50,498	0	90.06
90.07	09004	WOUND CARE CENTER				217,024	0	90.07
90.08	09008	INTENSIVISTS CLINIC				184,513	0	90.08
90.09	09009	NEUROLOGY CLINIC				165,680	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC				137,328	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC				105,896	0	90.11
90.12	09012	VASCULAR CLINIC				96,345	0	90.12
90.13	09013	ONCOLOGY CLINIC				126,323	0	90.13
91.00	09100	EMERGENCY				416,727	0	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				1	0	95.00
101.00	10100	HOME HEALTH AGENCY				171,111	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				366,574	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	20,637,004	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH				34,980	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	HEARTLAND PHARMACY				0	0	194.00
194.01	07951	FOUNDATION				51,145	0	194.01
194.02	07952	WELLNESS CENTER				421,057	0	194.02
194.03	07954	CAPITAL LABOR				0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE				11,606	0	194.05
200.00		Cross Foot Adjustments	4,581,310	378,268	5,376	4,964,954	0	200.00
201.00		Negative Cost Centers	0	0	0	392,590	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,581,310	378,268	5,376	26,513,336	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			Total	
			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
4.01	00401	PARKING		4.01
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,648,856	30.00
31.00	03100	INTENSIVE CARE UNIT	577,396	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	28,837	34.00
40.00	04000	SUBPROVIDER - IPF	590,477	40.00
41.00	04100	SUBPROVIDER - IRF	263,969	41.00
43.00	04300	NURSERY	99,591	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,812,212	50.00
51.00	05100	RECOVERY ROOM	415,450	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	205,341	52.00
53.00	05300	ANESTHESIOLOGY	213,100	53.00
53.01	03950	PAIN CLINIC	259,165	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,677,021	54.00
54.01	05401	NORTHSIDE IMAGING	18,183	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	9,901	54.02
54.03	05403	NORTHSIDE ULTRASOUND	2,506	54.03
54.04	05404	NORTHSIDE CARDIO	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,172,796	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	698,178	55.00
56.00	05600	RADIOISOTOPE	226	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	385,270	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	54,703	57.00
57.01	05701	NORTHSIDE CT	20,817	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,420	58.00
58.01	05801	NORTHSIDE MRI	36,910	58.01
59.00	05900	CARDIAC CATHETERIZATION	272,136	59.00
60.00	06000	LABORATORY	1,418,041	60.00
60.01	06001	NORTHSIDE LAB	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,873	63.00
64.00	06400	INTRAVENOUS THERAPY	400,048	64.00
65.00	06500	RESPIRATORY THERAPY	114,274	65.00
66.00	06600	PHYSICAL THERAPY	200,846	66.00
67.00	06700	OCCUPATIONAL THERAPY	100,595	67.00
68.00	06800	SPEECH PATHOLOGY	87,772	68.00
69.00	06900	ELECTROCARDIOLOGY	46,566	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	127,429	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,599	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,261	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	245,765	73.00
74.00	07400	RENAL DIALYSIS	113,757	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	83,944	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	421,248	76.01
76.02	03140	CARDIOLOGY	541,430	76.02
76.03	03560	PULMONARY FUNCTION TESTING	9,226	76.03
76.97	07697	CARDIAC REHABILITATION	635	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	27,354	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	515,214	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
90.02	09005	CLINIC	0	90.02
90.03	09002	PHYSICIAN OFFICES	1,239,573	90.03
90.04	09006	UPC SURGICAL GROUP	312,073	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	50,498	90.06
90.07	09004	WOUND CARE CENTER	217,024	90.07
90.08	09008	INTENSIVISTS CLINIC	184,513	90.08
90.09	09009	NEUROLOGY CLINIC	165,680	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	137,328	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	105,896	90.11
90.12	09012	VASCULAR CLINIC	96,345	90.12
90.13	09013	ONCOLOGY CLINIC	126,323	90.13
91.00	09100	EMERGENCY	416,727	91.00
92.00	09200	OBSERVATION BEDS		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	1	95.00
101.00	10100	HOME HEALTH AGENCY	171,111	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	366,574	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,637,004	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	34,980	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	194.00
194.01	07951	FOUNDATION	51,145	194.01
194.02	07952	WELLNESS CENTER	421,057	194.02
194.03	07954	CAPITAL LABOR	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	11,606	194.05
200.00		Cross Foot Adjustments	4,964,954	200.00
201.00		Negative Cost Centers	392,590	201.00
202.00		TOTAL (sum lines 118 through 201)	26,513,336	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	4.01	5A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	766,722				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,061,821			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,664	6,267	148,968,319		4.00
4.01	00401	PARKING	0	637,314	87,348	746,058	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	25,242	94,969	4,743,990	25,242	-75,433,297
6.00	00600	MAINTENANCE & REPAIRS	15,978	376,983	1,665,111	15,978	0
7.00	00700	OPERATION OF PLANT	118,501	859,270	1,133,926	118,501	0
8.00	00800	LAUNDRY & LINEN SERVICE	2,559	0	108,810	2,559	0
9.00	00900	HOUSEKEEPING	9,369	49,342	1,850,979	9,369	0
10.00	01000	DIETARY	14,900	12,193	84	14,900	0
11.00	01100	CAFETERIA	9,971	131,027	1,388,681	9,971	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	998,031	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,192	129,066	741,289	7,192	377,795
15.00	01500	PHARMACY	5,553	95,861	4,222,491	5,553	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	128,956	281,357	6,692,872	128,956	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	8,037	6,373	5,488,388	8,037	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	90,922	626,323	13,729,642	90,922	0
31.00	03100	INTENSIVE CARE UNIT	20,774	112,445	4,903,119	20,774	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	562	3,045	152,179	562	0
40.00	04000	SUBPROVIDER - IPF	24,630	36,060	4,409,294	24,630	0
41.00	04100	SUBPROVIDER - IRF	12,623	6,291	976,036	12,623	0
43.00	04300	NURSERY	3,438	28,567	1,225,243	3,438	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,117	1,825,048	7,491,744	44,117	0
51.00	05100	RECOVERY ROOM	16,745	99,510	1,778,486	16,745	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,108	41,515	1,335,418	8,108	0
53.00	05300	ANESTHESIOLOGY	1,145	166,561	5,945,244	1,145	0
53.01	03950	PAIN CLINIC	0	26,173	344,598	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,911	1,020,295	3,493,603	32,911	0
54.01	05401	NORTHSIDE IMAGING	0	0	84,776	0	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	41,045	0	0
54.03	05403	NORTHSIDE ULTRASOUND	0	1,443	5,018	0	0
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0
54.05	05405	NORTHSIDE ADMIN	0	51,193	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	12,061	214,438	898,944	12,061	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,200	179,303	318,816	11,200	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	49,191	483,971	0	0
57.01	05701	NORTHSIDE CT	0	7,431	70,702	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,689	18,223	424,152	3,689	0
58.01	05801	NORTHSIDE MRI	0	7,275	127,316	0	0
59.00	05900	CARDIAC CATHETERIZATION	3,460	203,306	416,643	3,460	0
60.00	06000	LABORATORY	22,689	377,720	6,272,214	22,689	0
60.01	06001	NORTHSIDE LAB	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	16,774	70,609	2,115,258	16,774	0
65.00	06500	RESPIRATORY THERAPY	2,317	61,486	1,192,043	2,317	0
66.00	06600	PHYSICAL THERAPY	4,521	588	12,252	4,521	0
67.00	06700	OCCUPATIONAL THERAPY	4,696	1,816	256,789	4,696	0
68.00	06800	SPEECH PATHOLOGY	2,587	5,571	148,363	2,587	0
69.00	06900	ELECTROCARDIOLOGY	1,082	9,624	186,575	1,082	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,636	668,400	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	2,717	55,351	256,889	2,717	0
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,314	2,397	610,712	4,314	0
76.01	03340	GASTRO INTESTINAL SERVICES	5,307	301,202	434,790	5,307	0
76.02	03140	CARDIOLOGY	15,274	106,679	468,385	15,274	0
76.03	03560	PULMONARY FUNCTION TESTING	188	4,982	96,585	188	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	4.01	5A	
76.97	07697	CARDIAC REHABILITATION	0	620	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,449	0	141,658	1,449	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	6	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,433	69,375	3,001,586	1,433	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	77	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	11,001	311,147	29,467,079	11,001	0	90.03
90.04	09006	UPC SURGICAL GROUP	0	34,044	1,947,026	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	14,101	1,082,272	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	4,140	989,527	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	8,021	4,497,417	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	40,375	2,046,870	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	9,783	1,699,519	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	584,326	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	3,777	1,016,994	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	10,652	131,039	0	0	90.13
91.00	09100	EMERGENCY	14,000	105,892	4,613,688	14,000	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	174	29,901	4,086,434	174	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	890	1,846,561	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	763,830	9,049,037	147,649,317	743,166	-75,055,496	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	265,794	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	2,892	0	0	2,892	0	194.01
194.02	07952	WELLNESS CENTER	0	12,784	95,161	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	958,047	0	0	194.05
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)	8,945,656	184,517	7,168,800	326,829		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.667405	0.020362	0.048123	0.438075		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			247,490	650,436		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001661	0.871830		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: 14-0209

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	249,794,096					5.00
6.00	00600	MAINTENANCE & REPAIRS	3,471,060	704,838				6.00
7.00	00700	OPERATION OF PLANT	13,168,540	118,501	586,337			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	263,206	2,559	2,559	1,125,165		8.00
9.00	00900	HOUSEKEEPING	3,425,860	9,369	9,369	0	2,719	9.00
10.00	01000	DIETARY	1,872,904	14,900	14,900	0	0	10.00
11.00	01100	CAFETERIA	1,999,270	9,971	9,971	0	40	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,526,933	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,192	7,192	1,265	40	14.00
15.00	01500	PHARMACY	1,168,658	5,553	5,553	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,856,646	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,972,395	128,956	128,956	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,967,513	8,037	8,037	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,166,965	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,482,590	90,922	90,922	345,787	759	30.00
31.00	03100	INTENSIVE CARE UNIT	8,248,305	20,774	20,774	63,759	353	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	521,053	562	562	1,979	9	34.00
40.00	04000	SUBPROVIDER - IPF	6,898,531	24,630	24,630	56,511	211	40.00
41.00	04100	SUBPROVIDER - IRF	1,979,063	12,623	12,623	26,281	65	41.00
43.00	04300	NURSERY	1,635,197	3,438	3,438	8,406	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,817,252	44,117	44,117	181,754	445	50.00
51.00	05100	RECOVERY ROOM	2,696,098	16,745	16,745	26,735	29	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,613,144	8,108	8,108	47,212	94	52.00
53.00	05300	ANESTHESIOLOGY	2,296,218	1,145	1,145	0	0	53.00
53.01	03950	PAIN CLINIC	149,056	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,859,520	32,911	32,911	80,263	62	54.00
54.01	05401	NORTHSIDE IMAGING	483,742	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	229,348	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	30,710	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,042	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,734,954	12,061	12,061	21,423	58	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,520	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,376,516	11,200	11,200	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	821,982	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	377,915	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	727,848	3,689	3,689	0	0	58.00
58.01	05801	NORTHSIDE MRI	696,979	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	744,070	3,460	3,460	0	0	59.00
60.00	06000	LABORATORY	29,210,406	22,689	22,689	2,748	60	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,157,820	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,296,370	16,774	16,774	67,453	123	64.00
65.00	06500	RESPIRATORY THERAPY	1,878,564	2,317	2,317	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,290,308	4,521	4,521	1,076	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	834,358	4,696	4,696	7,150	17	67.00
68.00	06800	SPEECH PATHOLOGY	766,642	2,587	2,587	2,277	4	68.00
69.00	06900	ELECTROCARDIOLOGY	273,531	1,082	1,082	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,009,326	0	0	1,366	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,047,509	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	15,018,357	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,044,017	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	541,125	2,717	2,717	5,352	4	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	858,557	4,314	4,314	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,174,411	5,307	5,307	20,084	53	76.01
76.02	03140	CARDIOLOGY	1,012,733	15,274	15,274	12,822	53	76.02
76.03	03560	PULMONARY FUNCTION TESTING	137,093	188	188	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	639	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	432,134	1,449	1,449	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.00	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,529,795	1,433	1,433	2,702	8	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	119	0	0	0	0	90.01
90.02	09005 CLINIC	0	0	0	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	15,097,850	11,001	11,001	4,739	0	90.03
90.04	09006 UPC SURGICAL GROUP	1,046,444	0	0	0	0	90.04
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	675,982	0	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	974,653	0	0	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	2,272,246	0	0	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	870,398	0	0	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	895,824	0	0	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	244,148	0	0	0	0	90.11
90.12	09012 VASCULAR CLINIC	916,569	0	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	97,956	0	0	0	0	90.13
91.00	09100 EMERGENCY	6,507,488	14,000	14,000	130,501	231	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	554	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	7,685,304	174	174	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	3,655,947	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	246,736,260	701,946	583,445	1,125,165	2,719	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	1,003,496	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	47,242	2,892	2,892	0	0	194.01
194.02	07952 WELLNESS CENTER	408,996	0	0	0	0	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	1,598,102	0	0	0	0	194.05
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)	75,433,297	4,519,258	17,905,003	437,241	4,806,582	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.301982	6.411768	30.537051	0.388602	1,767.775653	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	619,713	596,389	2,497,500	45,987	227,235	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002481	0.846136	4.259496	0.040871	83.573005	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: 14-0209

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	203,547					10.00
11.00	01100	CAFETERIA	0	174,083				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,718	0	150,097		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,029	0	0	14,381,762	14.00
15.00	01500	PHARMACY	0	4,310	0	0	91,325	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	10,061	0	0	55,202	20.00
21.00	02100	I&R SRVCS-SALARY & FRINGES APPRVD	0	5,868	0	0	76	21.00
22.00	02200	I&R SRVCS-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	125,619	23,687	0	23,687	861,899	30.00
31.00	03100	INTENSIVE CARE UNIT	14,109	7,884	0	7,884	328,962	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,312	222	0	222	295,972	34.00
40.00	04000	SUBPROVIDER - IPF	41,343	8,753	0	8,753	22,448	40.00
41.00	04100	SUBPROVIDER - IRF	13,164	1,762	0	1,762	15,093	41.00
43.00	04300	NURSERY	0	1,627	0	1,627	84,817	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,119	0	11,119	6,207,245	50.00
51.00	05100	RECOVERY ROOM	0	2,650	0	2,650	54,169	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,959	0	1,959	331,449	52.00
53.00	05300	ANESTHESIOLOGY	0	3,693	0	3,693	404,321	53.00
53.01	03950	PAIN CLINIC	0	710	0	710	204,728	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,698	0	5,698	491,533	54.00
54.01	05401	NORTHSIDE IMAGING	0	169	0	169	12,596	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	75	0	75	9,552	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	6	0	6	9,418	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,085	0	1,085	25,895	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	375	0	375	629,822	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	835	0	835	108,372	57.00
57.01	05701	NORTHSIDE CT	0	108	0	108	27,654	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	613	0	613	96,963	58.00
58.01	05801	NORTHSIDE MRI	0	209	0	209	61,923	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	551	0	551	0	59.00
60.00	06000	LABORATORY	0	12,625	0	12,625	1,297,199	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,657	0	3,657	12,170	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,010	0	2,010	200,433	65.00
66.00	06600	PHYSICAL THERAPY	0	22	0	22	1,480	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	464	0	464	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	219	0	219	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	315	0	315	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,065	0	1,065	54,174	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	1,047,509	71.00
72.00	07200	IMPLANTABLE DEVICES 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	268	0	268	121,612	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,120	0	1,120	427	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	685	0	685	7,650	76.01
76.02	03140	CARDIOLOGY	0	714	0	714	97,765	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	163	0	163	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	240	0	240	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,272	0	6,272	86,012	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	18,164	0	18,164	118,398	90.03
90.04	09006	UPC SURGICAL GROUP	0	1,171	0	1,171	5,566	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	970	0	970	6,677	90.06
90.07	09004	WOUND CARE CENTER	0	1,213	0	1,213	105,624	90.07
90.08	09008	INTENSIVISTS CLINIC	0	2,472	0	2,472	2,097	90.08
90.09	09009	NEUROLOGY CLINIC	0	1,086	0	1,086	3,517	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	1,484	0	1,484	5,137	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	421	0	421	1,664	90.11
90.12	09012	VASCULAR CLINIC	0	657	0	657	13,708	90.12
90.13	09013	ONCOLOGY CLINIC	0	178	0	178	1,308	90.13
91.00	09100	EMERGENCY	0	5,895	0	5,895	378,610	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	6,404	0	6,404	221,729	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,721	0	2,721	158,355	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	203,547	170,451	0	146,465	14,380,255	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	356	0	356	54	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	245	0	245	1,453	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	3,031	0	3,031	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,989,024	3,042,142	0	9,829,953	-5,400	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.684687	17.475239	0.000000	65.490669	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	279,995	320,242	0	23,492	392,590	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.375579	1.839594	0.000000	0.156512	0.027298	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: 14-0209

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

Worksheet B-1

Date/Time Prepared:

7/23/2021 12:28 pm

Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
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
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	12,365,084					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	52,937				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		10,521	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	9,567	0	0	8,636	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,838	0	0	449	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	1,359	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	2,729	0	0	120	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,164	0	0	0	41.00
43.00	04300	NURSERY	0	712	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	23,346	0	0	72	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	819	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,931	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
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	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,044,017	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	24	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005 CLINIC	0	0	0	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	0	0	0	0	36	90.03
90.04	09006 UPC SURGICAL GROUP	0	0	0	0	0	90.04
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0	0	0	0	36	90.07
90.08	09008 INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	0	0	0	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012 VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100 EMERGENCY	0	9,291	0	0	329	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	2,588	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	314,051	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	12,360,656	52,937	0	0	10,521	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	0	0	0	0	194.01
194.02	07952 WELLNESS CENTER	4,428	0	0	0	0	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	1,802,067	3,719,302	0	0	7,508,614	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.145738	70.259025	0.000000	0.000000	713.678738	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	221,638	7,087	0	0	4,581,310	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.017925	0.133876	0.000000	0.000000	435.444349	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: 14-0209

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		INTERNS & RESIDENTS			
		SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
		21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.01	00401	PARKING			4.01
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	28,690		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		28,690	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,897	2,897	30.00
31.00	03100	INTENSIVE CARE UNIT	554	554	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	45	45	34.00
40.00	04000	SUBPROVIDER - IPF	895	895	40.00
41.00	04100	SUBPROVIDER - IRF	89	89	41.00
43.00	04300	NURSERY	63	63	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,408	1,408	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
53.01	03950	PAIN CLINIC	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	330	330	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES 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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	178	178	76.01
76.02	03140	CARDIOLOGY	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

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

Worksheet B-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description			INTERNS & RESIDENTS			
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			21.00	22.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,005	10,005		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	10,936	10,936		90.03
90.04	09006	UPC SURGICAL GROUP	0	0		90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07	09004	WOUND CARE CENTER	90	90		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
91.00	09100	EMERGENCY	1,080	1,080		91.00
92.00	09200	OBSERVATION BEDS				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,570	28,570		118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	120	120		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0		194.00
194.01	07951	FOUNDATION	0	0		194.01
194.02	07952	WELLNESS CENTER	0	0		194.02
194.03	07954	CAPITAL LABOR	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0		194.05
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)	9,471,079	2,821,349		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	330.117776	98.339108		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	378,268	5,376		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	13.184664	0.187382		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
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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	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,752,895		44,752,895	0	44,752,895	30.00
31.00	03100	INTENSIVE CARE UNIT	13,466,389		13,466,389	0	13,466,389	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	966,491		966,491	0	966,491	34.00
40.00	04000	SUBPROVIDER - IPF	11,897,462		11,897,462	0	11,897,462	40.00
41.00	04100	SUBPROVIDER - IRF	3,589,504		3,589,504	3,284	3,592,788	41.00
43.00	04300	NURSERY	2,444,303		2,444,303	0	2,444,303	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,903,216		30,903,216	0	30,903,216	50.00
51.00	05100	RECOVERY ROOM	4,410,492		4,410,492	0	4,410,492	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,331,416		3,331,416	0	3,331,416	52.00
53.00	05300	ANESTHESIOLOGY	3,338,334		3,338,334	7,592	3,345,926	53.00
53.01	03950	PAIN CLINIC	252,973		252,973	0	252,973	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,760,527		10,760,527	0	10,760,527	54.00
54.01	05401	NORTHSIDE IMAGING	643,844		643,844	0	643,844	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	304,830		304,830	0	304,830	54.02
54.03	05403	NORTHSIDE ULTRASOUND	40,482		40,482	0	40,482	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,357		1,357	0	1,357	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,413,303		4,413,303	0	4,413,303	55.00
56.00	05600	RADIOISOTOPE	2,145		2,145	0	2,145	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,237,138		2,237,138	0	2,237,138	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,139,483		1,139,483	0	1,139,483	57.00
57.01	05701	NORTHSIDE CT	500,999		500,999	0	500,999	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,134,807		1,134,807	0	1,134,807	58.00
58.01	05801	NORTHSIDE MRI	924,794		924,794	0	924,794	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,142,323		1,142,323	0	1,142,323	59.00
60.00	06000	LABORATORY	40,024,312		40,024,312	0	40,024,312	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,507,461		1,507,461	0	1,507,461	63.00
64.00	06400	INTRAVENOUS THERAPY	5,458,647		5,458,647	0	5,458,647	64.00
65.00	06500	RESPIRATORY THERAPY	2,698,228	0	2,698,228	0	2,698,228	65.00
66.00	06600	PHYSICAL THERAPY	1,851,015	0	1,851,015	0	1,851,015	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,331,159	0	1,331,159	0	1,331,159	67.00
68.00	06800	SPEECH PATHOLOGY	1,119,865	0	1,119,865	0	1,119,865	68.00
69.00	06900	ELECTROCARDIOLOGY	422,246		422,246	0	422,246	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,403,014		1,403,014	0	1,403,014	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,363,838		1,363,838	0	1,363,838	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	19,553,630		19,553,630	0	19,553,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,436,369		17,436,369	0	17,436,369	73.00
74.00	07400	RENAL DIALYSIS	836,310		836,310	0	836,310	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,370,145		1,370,145	0	1,370,145	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,883,478		1,883,478	0	1,883,478	76.01
76.02	03140	CARDIOLOGY	2,057,956		2,057,956	1,634	2,059,590	76.02
76.03	03560	PULMONARY FUNCTION TESTING	198,962		198,962	0	198,962	76.03
76.97	07697	CARDIAC REHABILITATION	832		832	0	832	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	636,082		636,082	0	636,082	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,184,232		5,184,232	0	5,184,232	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	155		155	0	155	90.01
90.02	09005	CLINIC	0		0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	21,598,130		21,598,130	85,645	21,683,775	90.03
90.04	09006	UPC SURGICAL GROUP	1,459,605		1,459,605	0	1,459,605	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	960,593		960,593	0	960,593	90.06
90.07	09004	WOUND CARE CENTER	1,395,310		1,395,310	406	1,395,716	90.07
90.08	09008	INTENSIVISTS CLINIC	3,163,515		3,163,515	0	3,163,515	90.08
90.09	09009	NEUROLOGY CLINIC	1,223,344		1,223,344	350	1,223,694	90.09
90.10	09010	MULTI-SPECIALTY CLINIC	1,289,468		1,289,468	0	1,289,468	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	352,805		352,805	0	352,805	90.11
90.12	09012	VASCULAR CLINIC	1,247,864		1,247,864	11,488	1,259,352	90.12
90.13	09013	ONCOLOGY CLINIC	142,305		142,305	0	142,305	90.13
91.00	09100	EMERGENCY	10,825,646		10,825,646	5,842	10,831,488	91.00
92.00	09200	OBSERVATION BEDS	5,898,424		5,898,424	0	5,898,424	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	721		721	0	721	95.00
101.00	10100	HOME HEALTH AGENCY	10,544,246		10,544,246	0	10,544,246	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
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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		
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	5,031,496		5,031,496		5,031,496	116.00	
200.00		Subtotal (see instructions)	314,070,915	0	314,070,915	116,241	314,187,156	200.00	
201.00		Less Observation Beds	5,898,424		5,898,424		5,898,424	201.00	
202.00		Total (see instructions)	308,172,491	0	308,172,491	116,241	308,288,732	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

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			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	87,274,716		87,274,716		30.00
31.00	03100	INTENSIVE CARE UNIT	45,116,669		45,116,669		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	150,633		150,633		34.00
40.00	04000	SUBPROVIDER - IPF	33,743,207		33,743,207		40.00
41.00	04100	SUBPROVIDER - IRF	11,778,732		11,778,732		41.00
43.00	04300	NURSERY	7,288,816		7,288,816		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	64,160,710	72,341,565	136,502,275	0.226393	0.000000
51.00	05100	RECOVERY ROOM	10,264,029	22,716,842	32,980,871	0.133729	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,059,490	1,609	13,061,099	0.255064	0.000000
53.00	05300	ANESTHESIOLOGY	17,985,581	56,527,859	74,513,440	0.044802	0.000000
53.01	03950	PAIN CLINIC	0	1,532,002	1,532,002	0.165126	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,990,877	27,419,518	41,410,395	0.259851	0.000000
54.01	05401	NORTHSIDE IMAGING	4,668	2,829,479	2,834,147	0.227174	0.000000
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,661,023	1,661,023	0.183519	0.000000
54.03	05403	NORTHSIDE ULTRASOUND	0	503,413	503,413	0.080415	0.000000
54.04	05404	NORTHSIDE CARDIO	0	0	0	0.000000	0.000000
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	815,239	35,963,097	36,778,336	0.119997	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,494,405	11,581,229	13,075,634	0.171092	0.000000
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	25,378,338	43,284,217	68,662,555	0.016595	0.000000
57.01	05701	NORTHSIDE CT	38,757	8,626,650	8,665,407	0.057816	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,099,702	12,182,056	19,281,758	0.058854	0.000000
58.01	05801	NORTHSIDE MRI	44,958	10,075,421	10,120,379	0.091379	0.000000
59.00	05900	CARDIAC CATHETERIZATION	14,154,917	20,974,752	35,129,669	0.032517	0.000000
60.00	06000	LABORATORY	185,691,000	101,350,173	287,041,173	0.139438	0.000000
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,309,270	1,248,464	7,557,734	0.199459	0.000000
64.00	06400	INTRAVENOUS THERAPY	5,530,594	20,918,275	26,448,869	0.206385	0.000000
65.00	06500	RESPIRATORY THERAPY	29,679,974	1,921,417	31,601,391	0.085383	0.000000
66.00	06600	PHYSICAL THERAPY	3,862,839	3,382,566	7,245,405	0.255474	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,459,401	502,434	3,961,835	0.335996	0.000000
68.00	06800	SPEECH PATHOLOGY	2,679,009	950,671	3,629,680	0.308530	0.000000
69.00	06900	ELECTROCARDIOLOGY	3,671,899	4,976,959	8,648,858	0.048821	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	636,099	6,183,769	6,819,868	0.205725	0.000000
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	38,652,576	17,075,883	55,728,459	0.024473	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	41,316,621	30,003,473	71,320,094	0.274167	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	46,296,949	30,054,530	76,351,479	0.228370	0.000000
74.00	07400	RENAL DIALYSIS	2,152,162	22,271	2,174,433	0.384611	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,652,293	3,652,293	0.375147	0.000000
76.01	03340	GASTRO INTESTINAL SERVICES	4,637,481	21,832,983	26,470,464	0.071154	0.000000
76.02	03140	CARDIOLOGY	7,784,454	5,896,903	13,681,357	0.150420	0.000000
76.03	03560	PULMONARY FUNCTION TESTING	2,355,546	2,175,775	4,531,321	0.043908	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,155,663	1,155,663	0.550404	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,869,717	22,739,384	28,609,101	0.181209	0.000000
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0.000000	0.000000
90.02	09005	CLINIC	0	0	0	0.000000	0.000000
90.03	09002	PHYSICIAN OFFICES	339,396	54,780,972	55,120,368	0.391836	0.000000
90.04	09006	UPC SURGICAL GROUP	0	3,290,620	3,290,620	0.443565	0.000000
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	3,744,803	3,744,803	0.256514	0.000000
90.07	09004	WOUND CARE CENTER	1,015,024	5,952,187	6,967,211	0.200268	0.000000
90.08	09008	INTENSIVISTS CLINIC	391	10,652,941	10,653,332	0.296951	0.000000
90.09	09009	NEUROLOGY CLINIC	0	4,598,780	4,598,780	0.266015	0.000000
90.10	09010	MULTI-SPECIALTY CLINIC	1,155	4,477,117	4,478,272	0.287939	0.000000
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	2,891,257	2,891,257	0.122025	0.000000
90.12	09012	VASCULAR CLINIC	3,795	5,431,711	5,435,506	0.229576	0.000000
90.13	09013	ONCOLOGY CLINIC	690	361,550	362,240	0.392847	0.000000
91.00	09100	EMERGENCY	20,486,464	80,506,934	100,993,398	0.107192	0.000000
92.00	09200	OBSERVATION BEDS	1,052,124	9,177,198	10,229,322	0.576619	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
101.00	10100	HOME HEALTH AGENCY	0	8,602,340	8,602,340		
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

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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	
116.00	11600	HOSPICE	0	5,653,914	5,653,914			116.00
200.00		Subtotal (see instructions)	767,329,074	804,386,942	1,571,716,016			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	767,329,074	804,386,942	1,571,716,016			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

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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
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.226393			50.00
51.00	05100	RECOVERY ROOM	0.133729			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.255064			52.00
53.00	05300	ANESTHESIOLOGY	0.044904			53.00
53.01	03950	PAIN CLINIC	0.165126			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.259851			54.00
54.01	05401	NORTHSIDE IMAGING	0.227174			54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.183519			54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.080415			54.03
54.04	05404	NORTHSIDE CARDIO	0.000000			54.04
54.05	05405	NORTHSIDE ADMIN	0.000000			54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.119997			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.171092			56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016595			57.00
57.01	05701	NORTHSIDE CT	0.057816			57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058854			58.00
58.01	05801	NORTHSIDE MRI	0.091379			58.01
59.00	05900	CARDIAC CATHETERIZATION	0.032517			59.00
60.00	06000	LABORATORY	0.139438			60.00
60.01	06001	NORTHSIDE LAB	0.000000			60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.199459			63.00
64.00	06400	INTRAVENOUS THERAPY	0.206385			64.00
65.00	06500	RESPIRATORY THERAPY	0.085383			65.00
66.00	06600	PHYSICAL THERAPY	0.255474			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335996			67.00
68.00	06800	SPEECH PATHOLOGY	0.308530			68.00
69.00	06900	ELECTROCARDIOLOGY	0.048821			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205725			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.024473			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.274167			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228370			73.00
74.00	07400	RENAL DIALYSIS	0.384611			74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.375147			76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.071154			76.01
76.02	03140	CARDIOLOGY	0.150540			76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.043908			76.03
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.550404			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.181209			90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000			90.01
90.02	09005	CLINIC	0.000000			90.02
90.03	09002	PHYSICIAN OFFICES	0.393390			90.03
90.04	09006	UPC SURGICAL GROUP	0.443565			90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.256514			90.06
90.07	09004	WOUND CARE CENTER	0.200326			90.07
90.08	09008	INTENSIVISTS CLINIC	0.296951			90.08
90.09	09009	NEUROLOGY CLINIC	0.266091			90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0.287939			90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.122025			90.11
90.12	09012	VASCULAR CLINIC	0.231690			90.12
90.13	09013	ONCOLOGY CLINIC	0.392847			90.13
91.00	09100	EMERGENCY	0.107249			91.00
92.00	09200	OBSERVATION BEDS	0.576619			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 7/23/2021 12:28 pm
			Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio			
		11.00			
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,994,134		45,994,134	0	45,994,134	30.00
31.00	03100	INTENSIVE CARE UNIT	13,703,754		13,703,754	0	13,703,754	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	985,771		985,771	0	985,771	34.00
40.00	04000	SUBPROVIDER - IPF	12,280,931		12,280,931	0	12,280,931	40.00
41.00	04100	SUBPROVIDER - IRF	3,627,636		3,627,636	3,284	3,630,920	41.00
43.00	04300	NURSERY	2,471,295		2,471,295	0	2,471,295	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,506,483		31,506,483	0	31,506,483	50.00
51.00	05100	RECOVERY ROOM	4,410,492		4,410,492	0	4,410,492	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,331,416		3,331,416	0	3,331,416	52.00
53.00	05300	ANESTHESIOLOGY	3,338,334		3,338,334	7,592	3,345,926	53.00
53.01	03950	PAIN CLINIC	252,973		252,973	0	252,973	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,901,918		10,901,918	0	10,901,918	54.00
54.01	05401	NORTHSIDE IMAGING	643,844		643,844	0	643,844	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	304,830		304,830	0	304,830	54.02
54.03	05403	NORTHSIDE ULTRASOUND	40,482		40,482	0	40,482	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,357		1,357	0	1,357	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,413,303		4,413,303	0	4,413,303	55.00
56.00	05600	RADIOISOTOPE	2,145		2,145	0	2,145	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,237,138		2,237,138	0	2,237,138	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,139,483		1,139,483	0	1,139,483	57.00
57.01	05701	NORTHSIDE CT	500,999		500,999	0	500,999	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,134,807		1,134,807	0	1,134,807	58.00
58.01	05801	NORTHSIDE MRI	924,794		924,794	0	924,794	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,142,323		1,142,323	0	1,142,323	59.00
60.00	06000	LABORATORY	40,024,312		40,024,312	0	40,024,312	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,507,461		1,507,461	0	1,507,461	63.00
64.00	06400	INTRAVENOUS THERAPY	5,458,647		5,458,647	0	5,458,647	64.00
65.00	06500	RESPIRATORY THERAPY	2,698,228	0	2,698,228	0	2,698,228	65.00
66.00	06600	PHYSICAL THERAPY	1,851,015	0	1,851,015	0	1,851,015	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,331,159	0	1,331,159	0	1,331,159	67.00
68.00	06800	SPEECH PATHOLOGY	1,119,865	0	1,119,865	0	1,119,865	68.00
69.00	06900	ELECTROCARDIOLOGY	422,246		422,246	0	422,246	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,403,014		1,403,014	0	1,403,014	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,363,838		1,363,838	0	1,363,838	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	19,553,630		19,553,630	0	19,553,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,436,369		17,436,369	0	17,436,369	73.00
74.00	07400	RENAL DIALYSIS	836,310		836,310	0	836,310	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,370,145		1,370,145	0	1,370,145	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,959,743		1,959,743	0	1,959,743	76.01
76.02	03140	CARDIOLOGY	2,057,956		2,057,956	1,634	2,059,590	76.02
76.03	03560	PULMONARY FUNCTION TESTING	198,962		198,962	0	198,962	76.03
76.97	07697	CARDIAC REHABILITATION	832		832	0	832	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	636,082		636,082	0	636,082	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,470,943		9,470,943	0	9,470,943	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	155		155	0	155	90.01
90.02	09005	CLINIC	0		0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	26,283,737		26,283,737	85,645	26,369,382	90.03
90.04	09006	UPC SURGICAL GROUP	1,459,605		1,459,605	0	1,459,605	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	960,593		960,593	0	960,593	90.06
90.07	09004	WOUND CARE CENTER	1,433,872		1,433,872	406	1,434,278	90.07
90.08	09008	INTENSIVISTS CLINIC	3,163,515		3,163,515	0	3,163,515	90.08
90.09	09009	NEUROLOGY CLINIC	1,223,344		1,223,344	350	1,223,694	90.09
90.10	09010	MULTI-SPECIALTY CLINIC	1,289,468		1,289,468	0	1,289,468	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	352,805		352,805	0	352,805	90.11
90.12	09012	VASCULAR CLINIC	1,247,864		1,247,864	11,488	1,259,352	90.12
90.13	09013	ONCOLOGY CLINIC	142,305		142,305	0	142,305	90.13
91.00	09100	EMERGENCY	11,288,379		11,288,379	5,842	11,294,221	91.00
92.00	09200	OBSERVATION BEDS	6,062,060		6,062,060	0	6,062,060	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	721		721	0	721	95.00
101.00	10100	HOME HEALTH AGENCY	10,544,246		10,544,246	0	10,544,246	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

				Title XIX		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		
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	5,031,496		5,031,496		5,031,496		116.00
200.00		Subtotal (see instructions)	326,475,564	0	326,475,564	116,241	326,591,805		200.00
201.00		Less Observation Beds	6,062,060		6,062,060		6,062,060		201.00
202.00		Total (see instructions)	320,413,504	0	320,413,504	116,241	320,529,745		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

			Title XIX			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	0.000000	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0.000000	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0.000000	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0.000000	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0.000000	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0.000000	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0.000000	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0.000000	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0.000000	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0.000000	0.000000	76.01
76.02	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0.000000	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0.000000	0.000000	90.01
90.02	09005	CLINIC	0	0	0	0.000000	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	0	0.000000	0.000000	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	0.000000	0.000000	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0.000000	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0.000000	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0.000000	0.000000	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0.000000	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0.000000	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0.000000	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0.000000	0.000000	90.13
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

			Title XIX			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	
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
53.01	03950	PAIN CLINIC	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	NORTHSIDE IMAGING	0.000000		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000		54.03
54.04	05404	NORTHSIDE CARDIO	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000		57.00
57.01	05701	NORTHSIDE CT	0.000000		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
58.01	05801	NORTHSIDE MRI	0.000000		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	NORTHSIDE LAB	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
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
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000		76.01
76.02	03140	CARDIOLOGY	0.000000		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000		90.01
90.02	09005	CLINIC	0.000000		90.02
90.03	09002	PHYSICIAN OFFICES	0.000000		90.03
90.04	09006	UPC SURGICAL GROUP	0.000000		90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000		90.06
90.07	09004	WOUND CARE CENTER	0.000000		90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000		90.08
90.09	09009	NEUROLOGY CLINIC	0.000000		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0.000000		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000		90.11
90.12	09012	VASCULAR CLINIC	0.000000		90.12
90.13	09013	ONCOLOGY CLINIC	0.000000		90.13
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	PPS
			11.00			
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)					202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,506,483	2,812,212	28,694,271	0	50.00
51.00	05100	RECOVERY ROOM	4,410,492	415,450	3,995,042	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,331,416	205,341	3,126,075	0	52.00
53.00	05300	ANESTHESIOLOGY	3,338,334	213,100	3,125,234	0	53.00
53.01	03950	PAIN CLINIC	252,973	259,165	-6,192	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,901,918	1,677,021	9,224,897	0	54.00
54.01	05401	NORTHSIDE IMAGING	643,844	18,183	625,661	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	304,830	9,901	294,929	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	40,482	2,506	37,976	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,357	1,172,796	-1,171,439	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,413,303	698,178	3,715,125	0	55.00
56.00	05600	RADIOISOTOPE	2,145	226	1,919	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,237,138	385,270	1,851,868	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,139,483	54,703	1,084,780	0	57.00
57.01	05701	NORTHSIDE CT	500,999	20,817	480,182	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,134,807	87,420	1,047,387	0	58.00
58.01	05801	NORTHSIDE MRI	924,794	36,910	887,884	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,142,323	272,136	870,187	0	59.00
60.00	06000	LABORATORY	40,024,312	1,418,041	38,606,271	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,507,461	2,873	1,504,588	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,458,647	400,048	5,058,599	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,698,228	114,274	2,583,954	0	65.00
66.00	06600	PHYSICAL THERAPY	1,851,015	200,846	1,650,169	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,331,159	100,595	1,230,564	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,119,865	87,772	1,032,093	0	68.00
69.00	06900	ELECTROCARDIOLOGY	422,246	46,566	375,680	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,403,014	127,429	1,275,585	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,363,838	2,599	1,361,239	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	19,553,630	37,261	19,516,369	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,436,369	245,765	17,190,604	0	73.00
74.00	07400	RENAL DIALYSIS	836,310	113,757	722,553	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,370,145	83,944	1,286,201	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,959,743	421,248	1,538,495	0	76.01
76.02	03140	CARDIOLOGY	2,057,956	541,430	1,516,526	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	198,962	9,226	189,736	0	76.03
76.97	07697	CARDIAC REHABILITATION	832	635	197	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	636,082	27,354	608,728	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,470,943	515,214	8,955,729	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	155	0	155	0	90.01
90.02	09005	CLINIC	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	26,283,737	1,239,573	25,044,164	0	90.03
90.04	09006	UPC SURGICAL GROUP	1,459,605	312,073	1,147,532	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	960,593	50,498	910,095	0	90.06
90.07	09004	WOUND CARE CENTER	1,433,872	217,024	1,216,848	0	90.07
90.08	09008	INTENSIVISTS CLINIC	3,163,515	184,513	2,979,002	0	90.08
90.09	09009	NEUROLOGY CLINIC	1,223,344	165,680	1,057,664	0	90.09
90.10	09010	MULTI-SPECIALTY CLINIC	1,289,468	137,328	1,152,140	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	352,805	105,896	246,909	0	90.11
90.12	09012	VASCULAR CLINIC	1,247,864	96,345	1,151,519	0	90.12
90.13	09013	ONCOLOGY CLINIC	142,305	126,323	15,982	0	90.13
91.00	09100	EMERGENCY	11,288,379	416,727	10,871,652	0	91.00
92.00	09200	OBSERVATION BEDS	6,062,060	349,120	5,712,940	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	721	1	720	0	95.00
101.00	10100	HOME HEALTH AGENCY	10,544,246	171,111	10,373,135	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	5,031,496	366,574	4,664,922	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	247,412,043	16,776,998	230,635,045	0	200.00
201.00		Less Observation Beds	6,062,060	349,120	5,712,940	0	201.00
202.00		Total (line 200 minus line 201)	241,349,983	16,427,878	224,922,105	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

				Title XIX		Hospital	PPS	
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)			
			6.00	7.00	8.00			
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,506,483	136,502,275	0.230813		50.00	
51.00	05100	RECOVERY ROOM	4,410,492	32,980,871	0.133729		51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,331,416	13,061,099	0.255064		52.00	
53.00	05300	ANESTHESIOLOGY	3,338,334	74,513,440	0.044802		53.00	
53.01	03950	PAIN CLINIC	252,973	1,532,002	0.165126		53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,901,918	41,410,395	0.263265		54.00	
54.01	05401	NORTHSIDE IMAGING	643,844	2,834,147	0.227174		54.01	
54.02	05402	NORTHSIDE MAMMOGRAPHY	304,830	1,661,023	0.183519		54.02	
54.03	05403	NORTHSIDE ULTRASOUND	40,482	503,413	0.080415		54.03	
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000		54.04	
54.05	05405	NORTHSIDE ADMIN	1,357	0	0.000000		54.05	
55.00	05500	RADIOLOGY-THERAPEUTIC	4,413,303	36,778,336	0.119997		55.00	
56.00	05600	RADIOISOTOPE	2,145	0	0.000000		56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,237,138	13,075,634	0.171092		56.01	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,139,483	68,662,555	0.016595		57.00	
57.01	05701	NORTHSIDE CT	500,999	8,665,407	0.057816		57.01	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,134,807	19,281,758	0.058854		58.00	
58.01	05801	NORTHSIDE MRI	924,794	10,120,379	0.091379		58.01	
59.00	05900	CARDIAC CATHETERIZATION	1,142,323	35,129,669	0.032517		59.00	
60.00	06000	LABORATORY	40,024,312	287,041,173	0.139438		60.00	
60.01	06001	NORTHSIDE LAB	0	0	0.000000		60.01	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,507,461	7,557,734	0.199459		63.00	
64.00	06400	INTRAVENOUS THERAPY	5,458,647	26,448,869	0.206385		64.00	
65.00	06500	RESPIRATORY THERAPY	2,698,228	31,601,391	0.085383		65.00	
66.00	06600	PHYSICAL THERAPY	1,851,015	7,245,405	0.255474		66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,331,159	3,961,835	0.335996		67.00	
68.00	06800	SPEECH PATHOLOGY	1,119,865	3,629,680	0.308530		68.00	
69.00	06900	ELECTROCARDIOLOGY	422,246	8,648,858	0.048821		69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,403,014	6,819,868	0.205725		70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,363,838	55,728,459	0.024473		71.00	
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	19,553,630	71,320,094	0.274167		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	17,436,369	76,351,479	0.228370		73.00	
74.00	07400	RENAL DIALYSIS	836,310	2,174,433	0.384611		74.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,370,145	3,652,293	0.375147		76.00	
76.01	03340	GASTRO INTESTINAL SERVICES	1,959,743	26,470,464	0.074035		76.01	
76.02	03140	CARDIOLOGY	2,057,956	13,681,357	0.150420		76.02	
76.03	03560	PULMONARY FUNCTION TESTING	198,962	4,531,321	0.043908		76.03	
76.97	07697	CARDIAC REHABILITATION	832	0	0.000000		76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	636,082	1,155,663	0.550404		76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000		76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,470,943	28,609,101	0.331047		90.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	155	0	0.000000		90.01	
90.02	09005	CLINIC	0	0	0.000000		90.02	
90.03	09002	PHYSICIAN OFFICES	26,283,737	55,120,368	0.476843		90.03	
90.04	09006	UPC SURGICAL GROUP	1,459,605	3,290,620	0.443565		90.04	
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	960,593	3,744,803	0.256514		90.06	
90.07	09004	WOUND CARE CENTER	1,433,872	6,967,211	0.205803		90.07	
90.08	09008	INTENSIVISTS CLINIC	3,163,515	10,653,332	0.296951		90.08	
90.09	09009	NEUROLOGY CLINIC	1,223,344	4,598,780	0.266015		90.09	
90.10	09010	MULTI-SPECIALTY CLINIC	1,289,468	4,478,272	0.287939		90.10	
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	352,805	2,891,257	0.122025		90.11	
90.12	09012	VASCULAR CLINIC	1,247,864	5,435,506	0.229576		90.12	
90.13	09013	ONCOLOGY CLINIC	142,305	362,240	0.392847		90.13	
91.00	09100	EMERGENCY	11,288,379	100,993,398	0.111773		91.00	
92.00	09200	OBSERVATION BEDS	6,062,060	10,229,322	0.592616		92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	721	0	0.000000		95.00	
101.00	10100	HOME HEALTH AGENCY	10,544,246	8,602,340	1.225742		101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	5,031,496	5,653,914	0.889914		116.00	
200.00		Subtotal (sum of lines 50 thru 199)	247,412,043	1,386,363,243			200.00	
201.00		Less Observation Beds	6,062,060	0			201.00	
202.00		Total (line 200 minus line 201)	241,349,983	1,386,363,243			202.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,648,856	0	2,648,856	47,405	55.88	30.00
31.00	INTENSIVE CARE UNIT	577,396		577,396	4,626	124.82	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	28,837		28,837	3,081	9.36	34.00
40.00	SUBPROVIDER - IPF	590,477	0	590,477	13,758	42.92	40.00
41.00	SUBPROVIDER - IRF	263,969	0	263,969	4,391	60.12	41.00
43.00	NURSERY	99,591		99,591	4,839	20.58	43.00
200.00	Total (lines 30 through 199)	4,209,126		4,209,126	78,100		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	13,674	764,103				30.00
31.00	INTENSIVE CARE UNIT	2,973	371,090				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	2,217	95,154				40.00
41.00	SUBPROVIDER - IRF	3,013	181,142				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	21,877	1,411,489				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

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	2,812,212	136,502,275	0.020602	21,484,895	442,632	50.00
51.00	05100 RECOVERY ROOM	415,450	32,980,871	0.012597	3,702,722	46,643	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	205,341	13,061,099	0.015722	37,468	589	52.00
53.00	05300 ANESTHESIOLOGY	213,100	74,513,440	0.002860	5,644,143	16,142	53.00
53.01	03950 PAIN CLINIC	259,165	1,532,002	0.169168	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,677,021	41,410,395	0.040498	5,480,118	221,934	54.00
54.01	05401 NORTHSIDE IMAGING	18,183	2,834,147	0.006416	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	9,901	1,661,023	0.005961	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	2,506	503,413	0.004978	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	1,172,796	0	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	698,178	36,778,336	0.018983	284,857	5,407	55.00
56.00	05600 RADIOISOTOPE	226	0	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	385,270	13,075,634	0.029465	623,534	18,372	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	54,703	68,662,555	0.000797	9,975,129	7,950	57.00
57.01	05701 NORTHSIDE CT	20,817	8,665,407	0.002402	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	87,420	19,281,758	0.004534	2,351,964	10,664	58.00
58.01	05801 NORTHSIDE MRI	36,910	10,120,379	0.003647	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	272,136	35,129,669	0.007747	5,408,248	41,898	59.00
60.00	06000 LABORATORY	1,418,041	287,041,173	0.004940	23,534,014	116,258	60.00
60.01	06001 NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	2,873	7,557,734	0.000380	2,230,025	847	63.00
64.00	06400 INTRAVENOUS THERAPY	400,048	26,448,869	0.015125	2,073,009	31,354	64.00
65.00	06500 RESPIRATORY THERAPY	114,274	31,601,391	0.003616	12,047,735	43,565	65.00
66.00	06600 PHYSICAL THERAPY	200,846	7,245,405	0.027720	1,719,245	47,657	66.00
67.00	06700 OCCUPATIONAL THERAPY	100,595	3,961,835	0.025391	481,927	12,237	67.00
68.00	06800 SPEECH PATHOLOGY	87,772	3,629,680	0.024182	597,172	14,441	68.00
69.00	06900 ELECTROCARDIOLOGY	46,566	8,648,858	0.005384	1,364,702	7,348	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	127,429	6,819,868	0.018685	189,151	3,534	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,599	55,728,459	0.000047	14,127,332	664	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,261	71,320,094	0.000522	17,775,877	9,279	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	245,765	76,351,479	0.003219	16,399,375	52,790	73.00
74.00	07400 RENAL DIALYSIS	113,757	2,174,433	0.052316	1,109,716	58,056	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	83,944	3,652,293	0.022984	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	421,248	26,470,464	0.015914	1,924,077	30,620	76.01
76.02	03140 RADIOLOGY	541,430	13,681,357	0.039574	3,267,910	129,324	76.02
76.03	03560 PULMONARY FUNCTION TESTING	9,226	4,531,321	0.002036	964,656	1,964	76.03
76.97	07697 CARDIAC REHABILITATION	635	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	27,354	1,155,663	0.023670	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	515,214	28,609,101	0.018009	2,487,645	44,800	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	0	0.000000	0	0	90.01
90.02	09005 CLINIC	0	0	0.000000	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	1,239,573	55,120,368	0.022488	0	0	90.03
90.04	09006 UPC SURGICAL GROUP	312,073	3,290,620	0.094837	0	0	90.04
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	50,498	3,744,803	0.013485	0	0	90.06
90.07	09004 WOUND CARE CENTER	217,024	6,967,211	0.031149	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	184,513	10,653,332	0.017320	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	165,680	4,598,780	0.036027	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	137,328	4,478,272	0.030665	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	105,896	2,891,257	0.036626	0	0	90.11
90.12	09012 VASCULAR CLINIC	96,345	5,435,506	0.017725	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	126,323	362,240	0.348727	0	0	90.13
91.00	09100 EMERGENCY	416,727	100,993,398	0.004126	6,056,654	24,990	91.00
92.00	09200 OBSERVATION BEDS	349,116	10,229,322	0.034129	433,165	14,783	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	16,239,308	1,372,106,989		163,776,465	1,456,742	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0209		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/23/2021 12:28 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	6,163,331	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	320,442	0	0	0	0	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	85,641	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	6,569,414	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	6,163,331	47,405	130.01	13,674	30.00			
31.00	03100	INTENSIVE CARE UNIT		320,442	4,626	69.27	2,973	31.00			
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	3,081	0.00	0	34.00			
40.00	04000	SUBPROVIDER - IPF	0	85,641	13,758	6.22	2,217	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	4,391	0.00	3,013	41.00			
43.00	04300	NURSERY		0	4,839	0.00	0	43.00			
200.00		Total (lines 30 through 199)		6,569,414	78,100		21,877	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	1,777,757								30.00
31.00	03100	INTENSIVE CARE UNIT	205,940								31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0								34.00
40.00	04000	SUBPROVIDER - IPF	13,790								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	1,997,487								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	51,385	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	584,503	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
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	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES 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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	17,128	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	25,692	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	25,692	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	234,800	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	812,325	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	1,751,525	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0209		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 12:28 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description					All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
					4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0		51,385	51,385	136,502,275	0.000376		50.00
51.00	05100	RECOVERY ROOM	0		0	0	32,980,871	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		584,503	584,503	13,061,099	0.044751		52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	74,513,440	0.000000		53.00
53.01	03950	PAIN CLINIC	0		0	0	1,532,002	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	41,410,395	0.000000		54.00
54.01	05401	NORTHSIDE IMAGING	0		0	0	2,834,147	0.000000		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0		0	0	1,661,023	0.000000		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0		0	0	503,413	0.000000		54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	36,778,336	0.000000		55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		0	0	13,075,634	0.000000		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0		0	0	68,662,555	0.000000		57.00
57.01	05701	NORTHSIDE CT	0		0	0	8,665,407	0.000000		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	19,281,758	0.000000		58.00
58.01	05801	NORTHSIDE MRI	0		0	0	10,120,379	0.000000		58.01
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	35,129,669	0.000000		59.00
60.00	06000	LABORATORY	0		0	0	287,041,173	0.000000		60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0		0	0	7,557,734	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	26,448,869	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	31,601,391	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	7,245,405	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	3,961,835	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	3,629,680	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	8,648,858	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	6,819,868	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0		0	0	55,728,459	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		0	0	71,320,094	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	76,351,479	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0		0	0	2,174,433	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	3,652,293	0.000000		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0		0	0	26,470,464	0.000000		76.01
76.02	03140	CARDIOLOGY	0		17,128	17,128	13,681,357	0.001252		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0		0	0	4,531,321	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	1,155,663	0.000000		76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0		0	0	28,609,101	0.000000		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0		0	0	0	0.000000		90.01
90.02	09005	CLINIC	0		0	0	0	0.000000		90.02
90.03	09002	PHYSICIAN OFFICES	0		25,692	25,692	55,120,368	0.000466		90.03
90.04	09006	UPC SURGICAL GROUP	0		0	0	3,290,620	0.000000		90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0		0	0	3,744,803	0.000000		90.06
90.07	09004	WOUND CARE CENTER	0		25,692	25,692	6,967,211	0.003688		90.07
90.08	09008	INTENSIVISTS CLINIC	0		0	0	10,653,332	0.000000		90.08
90.09	09009	NEUROLOGY CLINIC	0		0	0	4,598,780	0.000000		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0		0	0	4,478,272	0.000000		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0		0	0	2,891,257	0.000000		90.11
90.12	09012	VASCULAR CLINIC	0		0	0	5,435,506	0.000000		90.12
90.13	09013	ONCOLOGY CLINIC	0		0	0	362,240	0.000000		90.13
91.00	09100	EMERGENCY	0		234,800	234,800	100,993,398	0.002325		91.00
92.00	09200	OBSERVATION BEDS	0		812,325	812,325	10,229,322	0.079411		92.00
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0.000000		95.00
200.00		Total (lines 50 through 199)	0		1,751,525	1,751,525	1,372,106,989			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/23/2021 12:28 pm	
Cost Center Description				Title XVIII		Hospital	PPS	
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
				9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000376	21,484,895	8,078	19,462,905	7,318	50.00
51.00	05100	RECOVERY ROOM	0.000000	3,702,722	0	5,287,791	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.044751	37,468	1,677	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	5,644,143	0	5,931,039	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,480,118	0	8,506,746	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	284,857	0	14,252,737	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	623,534	0	3,083,895	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	9,975,129	0	12,831,630	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,351,964	0	4,992,313	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,408,248	0	7,505,942	0	59.00
60.00	06000	LABORATORY	0.000000	23,534,014	0	7,534,020	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	2,230,025	0	319,642	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	2,073,009	0	3,480,252	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	12,047,735	0	743,600	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,719,245	0	90,477	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	481,927	0	25,217	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	597,172	0	13,699	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,364,702	0	1,365,625	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	189,151	0	1,240,744	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	14,127,332	0	4,205,029	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	17,775,877	0	10,777,893	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	16,399,375	0	13,221,823	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,109,716	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000	1,924,077	0	5,230,326	0	76.01
76.02	03140	CARDIOLOGY	0.001252	3,267,910	4,091	3,662,321	4,585	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	964,656	0	547,636	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	2,487,645	0	8,821,714	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.000466	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0.000000	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.003688	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.002325	6,056,654	14,082	7,012,704	16,305	91.00
92.00	09200	OBSERVATION BEDS	0.079411	433,165	34,398	1,013,387	80,474	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		163,776,465	62,326	151,161,107	108,682	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/23/2021 12:28 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.226393	19,462,905	0	0	4,406,265	50.00
51.00	05100	RECOVERY ROOM	0.133729	5,287,791	0	0	707,131	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.255064	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044802	5,931,039	0	0	265,722	53.00
53.01	03950	PAIN CLINIC	0.165126	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.259851	8,506,746	0	0	2,210,486	54.00
54.01	05401	NORTHSIDE IMAGING	0.227174	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.183519	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.080415	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.119997	14,252,737	0	0	1,710,286	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.171092	3,083,895	0	0	527,630	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016595	12,831,630	0	0	212,941	57.00
57.01	05701	NORTHSIDE CT	0.057816	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058854	4,992,313	0	0	293,818	58.00
58.01	05801	NORTHSIDE MRI	0.091379	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.032517	7,505,942	0	0	244,071	59.00
60.00	06000	LABORATORY	0.139438	7,534,020	0	0	1,050,529	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.199459	319,642	0	0	63,755	63.00
64.00	06400	INTRAVENOUS THERAPY	0.206385	3,480,252	0	0	718,272	64.00
65.00	06500	RESPIRATORY THERAPY	0.085383	743,600	0	0	63,491	65.00
66.00	06600	PHYSICAL THERAPY	0.255474	90,477	0	0	23,115	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335996	25,217	0	0	8,473	67.00
68.00	06800	SPEECH PATHOLOGY	0.308530	13,699	0	0	4,227	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048821	1,365,625	0	0	66,671	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205725	1,240,744	0	0	255,252	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.024473	4,205,029	0	0	102,910	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.274167	10,777,893	0	0	2,954,943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228370	13,221,823	0	38,814	3,019,468	73.00
74.00	07400	RENAL DIALYSIS	0.384611	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.375147	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.071154	5,230,326	0	0	372,159	76.01
76.02	03140	CARDIOLOGY	0.150420	3,662,321	0	0	550,886	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.043908	547,636	0	0	24,046	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.550404	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.181209	8,821,714	0	0	1,598,574	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.391836	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0.443565	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.256514	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.200268	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.296951	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.266015	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALTY CLINIC	0.287939	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.122025	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.229576	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.392847	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.107192	7,012,704	0	0	751,706	91.00
92.00	09200	OBSERVATION BEDS	0.576619	1,013,387	0	0	584,338	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		151,161,107	0	38,814	22,791,165	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		151,161,107	0	38,814	22,791,165	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/23/2021 12:28 pm

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,864		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.04	09006	UPC SURGICAL GROUP	0	0		90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	8,864		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	8,864		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Title XVIII			Subprovider - IPF		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	2,812,212	136,502,275	0.020602	0	0	50.00
51.00 05100 RECOVERY ROOM	415,450	32,980,871	0.012597	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	205,341	13,061,099	0.015722	0	0	52.00
53.00 05300 ANESTHESIOLOGY	213,100	74,513,440	0.002860	0	0	53.00
53.01 03950 PAIN CLINIC	259,165	1,532,002	0.169168	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,677,021	41,410,395	0.040498	41,783	1,692	54.00
54.01 05401 NORTHSIDE IMAGING	18,183	2,834,147	0.006416	0	0	54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	9,901	1,661,023	0.005961	0	0	54.02
54.03 05403 NORTHSIDE ULTRASOUND	2,506	503,413	0.004978	0	0	54.03
54.04 05404 NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05 05405 NORTHSIDE ADMIN	1,172,796	0	0.000000	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	698,178	36,778,336	0.018983	0	0	55.00
56.00 05600 RADIOISOTOPE	226	0	0.000000	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	385,270	13,075,634	0.029465	6,082	179	56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	54,703	68,662,555	0.000797	125,532	100	57.00
57.01 05701 NORTHSIDE CT	20,817	8,665,407	0.002402	0	0	57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	87,420	19,281,758	0.004534	17,930	81	58.00
58.01 05801 NORTHSIDE MRI	36,910	10,120,379	0.003647	0	0	58.01
59.00 05900 CARDIAC CATHETERIZATION	272,136	35,129,669	0.007747	0	0	59.00
60.00 06000 LABORATORY	1,418,041	287,041,173	0.004940	502,828	2,484	60.00
60.01 06001 NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	2,873	7,557,734	0.000380	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	400,048	26,448,869	0.015125	16,848	255	64.00
65.00 06500 RESPIRATORY THERAPY	114,274	31,601,391	0.003616	256,371	927	65.00
66.00 06600 PHYSICAL THERAPY	200,846	7,245,405	0.027720	16,845	467	66.00
67.00 06700 OCCUPATIONAL THERAPY	100,595	3,961,835	0.025391	6,912	176	67.00
68.00 06800 SPEECH PATHOLOGY	87,772	3,629,680	0.024182	1,478	36	68.00
69.00 06900 ELECTROCARDIOLOGY	46,566	8,648,858	0.005384	32,352	174	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	127,429	6,819,868	0.018685	4,842	90	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,599	55,728,459	0.000047	45,648	2	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,261	71,320,094	0.000522	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	245,765	76,351,479	0.003219	112,613	363	73.00
74.00 07400 RENAL DIALYSIS	113,757	2,174,433	0.052316	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	83,944	3,652,293	0.022984	0	0	76.00
76.01 03340 GASTRO INTESTINAL SERVICES	421,248	26,470,464	0.015914	0	0	76.01
76.02 03140 RADIOLOGY	541,430	13,681,357	0.039574	10,356	410	76.02
76.03 03560 PULMONARY FUNCTION TESTING	9,226	4,531,321	0.002036	4,883	10	76.03
76.97 07697 CARDIAC REHABILITATION	635	0	0.000000	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	27,354	1,155,663	0.023670	0	0	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	515,214	28,609,101	0.018009	9,012	162	90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0	0.000000	0	0	90.01
90.02 09005 CLINIC	0	0	0.000000	0	0	90.02
90.03 09002 PHYSICIAN OFFICES	1,239,573	55,120,368	0.022488	0	0	90.03
90.04 09006 UPC SURGICAL GROUP	312,073	3,290,620	0.094837	0	0	90.04
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	50,498	3,744,803	0.013485	0	0	90.06
90.07 09004 WOUND CARE CENTER	217,024	6,967,211	0.031149	0	0	90.07
90.08 09008 INTENSIVISTS CLINIC	184,513	10,653,332	0.017320	0	0	90.08
90.09 09009 NEUROLOGY CLINIC	165,680	4,598,780	0.036027	0	0	90.09
90.10 09010 MULTI-SPECIALITY CLINIC	137,328	4,478,272	0.030665	0	0	90.10
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	105,896	2,891,257	0.036626	0	0	90.11
90.12 09012 VASCULAR CLINIC	96,345	5,435,506	0.017725	0	0	90.12
90.13 09013 ONCOLOGY CLINIC	126,323	362,240	0.348727	0	0	90.13
91.00 09100 EMERGENCY	416,727	100,993,398	0.004126	547,386	2,259	91.00
92.00 09200 OBSERVATION BEDS	0	10,229,322	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	15,890,192	1,372,106,989		1,759,701	9,867	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/23/2021 12:28 pm

Component CCN: 14-S209

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	51,385	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	584,503	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
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	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES 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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	17,128	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	25,692	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	25,692	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	234,800	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	939,200	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/23/2021 12:28 pm
				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	51,385	51,385	136,502,275	0.000376
51.00	05100	RECOVERY ROOM	0	0	0	32,980,871	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	584,503	584,503	13,061,099	0.044751
53.00	05300	ANESTHESIOLOGY	0	0	0	74,513,440	0.000000
53.01	03950	PAIN CLINIC	0	0	0	1,532,002	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	41,410,395	0.000000
54.01	05401	NORTHSIDE IMAGING	0	0	0	2,834,147	0.000000
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	1,661,023	0.000000
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	503,413	0.000000
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	36,778,336	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	13,075,634	0.000000
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	68,662,555	0.000000
57.01	05701	NORTHSIDE CT	0	0	0	8,665,407	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,281,758	0.000000
58.01	05801	NORTHSIDE MRI	0	0	0	10,120,379	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	35,129,669	0.000000
60.00	06000	LABORATORY	0	0	0	287,041,173	0.000000
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	7,557,734	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	26,448,869	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,601,391	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	7,245,405	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,961,835	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,629,680	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,648,858	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,819,868	0.000000
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	55,728,459	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	71,320,094	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	76,351,479	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	2,174,433	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,652,293	0.000000
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	26,470,464	0.000000
76.02	03140	CARDIOLOGY	0	17,128	17,128	13,681,357	0.001252
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	4,531,321	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,155,663	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	28,609,101	0.000000
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0.000000
90.02	09005	CLINIC	0	0	0	0	0.000000
90.03	09002	PHYSICIAN OFFICES	0	25,692	25,692	55,120,368	0.000466
90.04	09006	UPC SURGICAL GROUP	0	0	0	3,290,620	0.000000
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	3,744,803	0.000000
90.07	09004	WOUND CARE CENTER	0	25,692	25,692	6,967,211	0.003688
90.08	09008	INTENSIVISTS CLINIC	0	0	0	10,653,332	0.000000
90.09	09009	NEUROLOGY CLINIC	0	0	0	4,598,780	0.000000
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	4,478,272	0.000000
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	2,891,257	0.000000
90.12	09012	VASCULAR CLINIC	0	0	0	5,435,506	0.000000
90.13	09013	ONCOLOGY CLINIC	0	0	0	362,240	0.000000
91.00	09100	EMERGENCY	0	234,800	234,800	100,993,398	0.002325
92.00	09200	OBSERVATION BEDS	0	0	0	10,229,322	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	939,200	939,200	1,372,106,989	95.00 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 12:28 pm	
				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		0.000376	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		0.044751	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
53.01	03950	PAIN CLINIC		0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	41,783	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING		0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0.000000	0	0	0	0	54.05
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	6,082	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	125,532	0	0	0	57.00
57.01	05701	NORTHSIDE CT		0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	17,930	0	0	0	58.00
58.01	05801	NORTHSIDE MRI		0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	502,828	0	0	0	60.00
60.01	06001	NORTHSIDE LAB		0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	16,848	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	256,371	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	16,845	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	6,912	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	1,478	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	32,352	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	4,842	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.000000	45,648	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	112,613	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	76.01
76.02	03140	CARDIOLOGY		0.001252	10,356	13	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0.000000	4,883	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	9,012	0	779	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0.000000	0	0	0	0	90.01
90.02	09005	CLINIC		0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0.000466	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0.000000	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER		0.003688	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0.000000	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC		0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY		0.002325	547,386	1,273	0	0	91.00
92.00	09200	OBSERVATION BEDS		0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			1,759,701	1,286	779	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2020

Part V

To 12/31/2020

Date/Time Prepared:

7/23/2021 12:28 pm

Title XVIII

Subprovider -

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	0.226393	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.133729	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.255064	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.044802	0	0	0	0 53.00
53.01	03950 PAIN CLINIC	0.165126	0	0	0	0 53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.259851	0	0	0	0 54.00
54.01	05401 NORTHSIDE IMAGING	0.227174	0	0	0	0 54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.183519	0	0	0	0 54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.080415	0	0	0	0 54.03
54.04	05404 NORTHSIDE CARDIO	0.000000	0	0	0	0 54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	0	0 54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.119997	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.171092	0	0	0	0 56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.016595	0	0	0	0 57.00
57.01	05701 NORTHSIDE CT	0.057816	0	0	0	0 57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.058854	0	0	0	0 58.00
58.01	05801 NORTHSIDE MRI	0.091379	0	0	0	0 58.01
59.00	05900 CARDIAC CATHETERIZATION	0.032517	0	0	0	0 59.00
60.00	06000 LABORATORY	0.139438	0	0	0	0 60.00
60.01	06001 NORTHSIDE LAB	0.000000	0	0	0	0 60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.199459	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.206385	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.085383	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.255474	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.335996	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.308530	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.048821	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.205725	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.024473	0	0	0	0 71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.274167	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.228370	0	0	968	0 73.00
74.00	07400 RENAL DIALYSIS	0.384611	0	0	0	0 74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.375147	0	0	0	0 76.00
76.01	03340 GASTRO INTESTINAL SERVICES	0.071154	0	0	0	0 76.01
76.02	03140 CARDIOLOGY	0.150420	0	0	0	0 76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.043908	0	0	0	0 76.03
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.550404	0	0	0	0 76.98
76.99	07699 LITHOTRIPS	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.181209	779	0	0	141 90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0 90.01
90.02	09005 CLINIC	0.000000	0	0	0	0 90.02
90.03	09002 PHYSICIAN OFFICES	0.391836	0	0	0	0 90.03
90.04	09006 UPC SURGICAL GROUP	0.443565	0	0	0	0 90.04
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0.256514	0	0	0	0 90.06
90.07	09004 WOUND CARE CENTER	0.200268	0	0	0	0 90.07
90.08	09008 INTENSIVISTS CLINIC	0.296951	0	0	0	0 90.08
90.09	09009 NEUROLOGY CLINIC	0.266015	0	0	0	0 90.09
90.10	09010 MULTI-SPECIALITY CLINIC	0.287939	0	0	0	0 90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0.122025	0	0	0	0 90.11
90.12	09012 VASCULAR CLINIC	0.229576	0	0	0	0 90.12
90.13	09013 ONCOLOGY CLINIC	0.392847	0	0	0	0 90.13
91.00	09100 EMERGENCY	0.107192	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS	0.576619	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0 95.00
200.00	Subtotal (see instructions)		779	0	968	141 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		779	0	968	141 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/23/2021 12:28 pm

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
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	221		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.04	09006	UPC SURGICAL GROUP	0	0		90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	221		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	221		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Title XVIII			Subprovider - IRF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,812,212	136,502,275	0.020602	61,769	1,273	50.00
51.00 05100 RECOVERY ROOM	415,450	32,980,871	0.012597	24,193	305	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	205,341	13,061,099	0.015722	0	0	52.00
53.00 05300 ANESTHESIOLOGY	213,100	74,513,440	0.002860	22,845	65	53.00
53.01 03950 PAIN CLINIC	259,165	1,532,002	0.169168	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,677,021	41,410,395	0.040498	223,779	9,063	54.00
54.01 05401 NORTHSIDE IMAGING	18,183	2,834,147	0.006416	0	0	54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	9,901	1,661,023	0.005961	0	0	54.02
54.03 05403 NORTHSIDE ULTRASOUND	2,506	503,413	0.004978	0	0	54.03
54.04 05404 NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05 05405 NORTHSIDE ADMIN	1,172,796	0	0.000000	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	698,178	36,778,336	0.018983	90,576	1,719	55.00
56.00 05600 RADIOISOTOPE	226	0	0.000000	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	385,270	13,075,634	0.029465	29,362	865	56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	54,703	68,662,555	0.000797	300,254	239	57.00
57.01 05701 NORTHSIDE CT	20,817	8,665,407	0.002402	0	0	57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	87,420	19,281,758	0.004534	137,656	624	58.00
58.01 05801 NORTHSIDE MRI	36,910	10,120,379	0.003647	0	0	58.01
59.00 05900 CARDIAC CATHETERIZATION	272,136	35,129,669	0.007747	0	0	59.00
60.00 06000 LABORATORY	1,418,041	287,041,173	0.004940	1,127,212	5,568	60.00
60.01 06001 NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	2,873	7,557,734	0.000380	45,073	17	63.00
64.00 06400 INTRAVENOUS THERAPY	400,048	26,448,869	0.015125	48,259	730	64.00
65.00 06500 RESPIRATORY THERAPY	114,274	31,601,391	0.003616	1,124,941	4,068	65.00
66.00 06600 PHYSICAL THERAPY	200,846	7,245,405	0.027720	2,125,759	58,926	66.00
67.00 06700 OCCUPATIONAL THERAPY	100,595	3,961,835	0.025391	2,058,365	52,264	67.00
68.00 06800 SPEECH PATHOLOGY	87,772	3,629,680	0.024182	307,501	7,436	68.00
69.00 06900 ELECTROCARDIOLOGY	46,566	8,648,858	0.005384	61,597	332	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	127,429	6,819,868	0.018685	15,687	293	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,599	55,728,459	0.000047	460,814	22	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,261	71,320,094	0.000522	32,693	17	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	245,765	76,351,479	0.003219	554,222	1,784	73.00
74.00 07400 RENAL DIALYSIS	113,757	2,174,433	0.052316	127,382	6,664	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	83,944	3,652,293	0.022984	0	0	76.00
76.01 03340 GASTRO INTESTINAL SERVICES	421,248	26,470,464	0.015914	21,680	345	76.01
76.02 03140 RADIOLOGY	541,430	13,681,357	0.039574	41,166	1,629	76.02
76.03 03560 PULMONARY FUNCTION TESTING	9,226	4,531,321	0.002036	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	635	0	0.000000	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	27,354	1,155,663	0.023670	0	0	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	515,214	28,609,101	0.018009	148,403	2,673	90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0	0.000000	0	0	90.01
90.02 09005 CLINIC	0	0	0.000000	0	0	90.02
90.03 09002 PHYSICIAN OFFICES	1,239,573	55,120,368	0.022488	0	0	90.03
90.04 09006 UPC SURGICAL GROUP	312,073	3,290,620	0.094837	0	0	90.04
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	50,498	3,744,803	0.013485	0	0	90.06
90.07 09004 WOUND CARE CENTER	217,024	6,967,211	0.031149	0	0	90.07
90.08 09008 INTENSIVISTS CLINIC	184,513	10,653,332	0.017320	0	0	90.08
90.09 09009 NEUROLOGY CLINIC	165,680	4,598,780	0.036027	0	0	90.09
90.10 09010 MULTI-SPECIALITY CLINIC	137,328	4,478,272	0.030665	0	0	90.10
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	105,896	2,891,257	0.036626	0	0	90.11
90.12 09012 VASCULAR CLINIC	96,345	5,435,506	0.017725	0	0	90.12
90.13 09013 ONCOLOGY CLINIC	126,323	362,240	0.348727	0	0	90.13
91.00 09100 EMERGENCY	416,727	100,993,398	0.004126	13,118	54	91.00
92.00 09200 OBSERVATION BEDS	0	10,229,322	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	15,890,192	1,372,106,989		9,204,306	156,975	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/23/2021 12:28 pm

Component CCN: 14-T209

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	51,385	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	584,503	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
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	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES 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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	17,128	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	25,692	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	25,692	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	234,800	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	939,200	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/23/2021 12:28 pm
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8) Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				4.00	5.00	6.00	7.00 8.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	51,385	51,385	136,502,275	0.000376
51.00	05100	RECOVERY ROOM	0	0	0	32,980,871	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	584,503	584,503	13,061,099	0.044751
53.00	05300	ANESTHESIOLOGY	0	0	0	74,513,440	0.000000
53.01	03950	PAIN CLINIC	0	0	0	1,532,002	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	41,410,395	0.000000
54.01	05401	NORTHSIDE IMAGING	0	0	0	2,834,147	0.000000
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	1,661,023	0.000000
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	503,413	0.000000
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	36,778,336	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	13,075,634	0.000000
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	68,662,555	0.000000
57.01	05701	NORTHSIDE CT	0	0	0	8,665,407	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,281,758	0.000000
58.01	05801	NORTHSIDE MRI	0	0	0	10,120,379	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	35,129,669	0.000000
60.00	06000	LABORATORY	0	0	0	287,041,173	0.000000
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	7,557,734	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	26,448,869	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,601,391	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	7,245,405	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,961,835	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,629,680	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,648,858	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,819,868	0.000000
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	55,728,459	0.000000
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	71,320,094	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	76,351,479	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	2,174,433	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,652,293	0.000000
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	26,470,464	0.000000
76.02	03140	CARDIOLOGY	0	17,128	17,128	13,681,357	0.001252
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	4,531,321	0.000000
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,155,663	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	28,609,101	0.000000
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0.000000
90.02	09005	CLINIC	0	0	0	0	0.000000
90.03	09002	PHYSICIAN OFFICES	0	25,692	25,692	55,120,368	0.000466
90.04	09006	UPC SURGICAL GROUP	0	0	0	3,290,620	0.000000
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	3,744,803	0.000000
90.07	09004	WOUND CARE CENTER	0	25,692	25,692	6,967,211	0.003688
90.08	09008	INTENSIVISTS CLINIC	0	0	0	10,653,332	0.000000
90.09	09009	NEUROLOGY CLINIC	0	0	0	4,598,780	0.000000
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	4,478,272	0.000000
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	2,891,257	0.000000
90.12	09012	VASCULAR CLINIC	0	0	0	5,435,506	0.000000
90.13	09013	ONCOLOGY CLINIC	0	0	0	362,240	0.000000
91.00	09100	EMERGENCY	0	234,800	234,800	100,993,398	0.002325
92.00	09200	OBSERVATION BEDS	0	0	0	10,229,322	0.000000
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000
200.00		Total (lines 50 through 199)	0	939,200	939,200	1,372,106,989	95.00 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 12:28 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000376	61,769		23	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	24,193		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.044751	0		0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	22,845		0	0	53.00
53.01	03950	PAIN CLINIC		0.000000	0		0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	223,779		0	0	54.00
54.01	05401	NORTHSIDE IMAGING		0.000000	0		0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY		0.000000	0		0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND		0.000000	0		0	0	54.03
54.04	05404	NORTHSIDE CARDIO		0.000000	0		0	0	54.04
54.05	05405	NORTHSIDE ADMIN		0.000000	0		0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	90,576		0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	0		0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0.000000	29,362		0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN		0.000000	300,254		0	0	57.00
57.01	05701	NORTHSIDE CT		0.000000	0		0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	137,656		0	0	58.00
58.01	05801	NORTHSIDE MRI		0.000000	0		0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0		0	0	59.00
60.00	06000	LABORATORY		0.000000	1,127,212		0	0	60.00
60.01	06001	NORTHSIDE LAB		0.000000	0		0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0		0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		0.000000	45,073		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	48,259		0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	1,124,941		0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,125,759		0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	2,058,365		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	307,501		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	61,597		0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	15,687		0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS		0.000000	460,814		0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		0.000000	32,693		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	554,222		0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	127,382		0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0		0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES		0.000000	21,680		0	0	76.01
76.02	03140	CARDIOLOGY		0.001252	41,166		52	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING		0.000000	0		0	0	76.03
76.97	07697	CARDIAC REHABILITATION		0.000000	0		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0		0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	148,403		0	350	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS		0.000000	0		0	0	90.01
90.02	09005	CLINIC		0.000000	0		0	0	90.02
90.03	09002	PHYSICIAN OFFICES		0.000466	0		0	0	90.03
90.04	09006	UPC SURGICAL GROUP		0.000000	0		0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM		0.000000	0		0	0	90.06
90.07	09004	WOUND CARE CENTER		0.003688	0		0	0	90.07
90.08	09008	INTENSIVISTS CLINIC		0.000000	0		0	0	90.08
90.09	09009	NEUROLOGY CLINIC		0.000000	0		0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC		0.000000	0		0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC		0.000000	0		0	0	90.11
90.12	09012	VASCULAR CLINIC		0.000000	0		0	0	90.12
90.13	09013	ONCOLOGY CLINIC		0.000000	0		0	0	90.13
91.00	09100	EMERGENCY		0.002325	13,118		30	0	91.00
92.00	09200	OBSERVATION BEDS		0.000000	0		0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			9,204,306		105	350	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/23/2021 12:28 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.226393	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.133729	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.255064	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.044802	0	0	0	0	53.00
53.01	03950 PAIN CLINIC	0.165126	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.259851	0	0	0	0	54.00
54.01	05401 NORTHSIDE IMAGING	0.227174	0	0	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.183519	0	0	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.080415	0	0	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.119997	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.171092	0	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.016595	0	0	0	0	57.00
57.01	05701 NORTHSIDE CT	0.057816	0	0	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.058854	0	0	0	0	58.00
58.01	05801 NORTHSIDE MRI	0.091379	0	0	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.032517	0	0	0	0	59.00
60.00	06000 LABORATORY	0.139438	0	0	0	0	60.00
60.01	06001 NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.199459	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.206385	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.085383	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.255474	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.335996	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.308530	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.048821	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.205725	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.024473	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.274167	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.228370	0	0	1,124	0	73.00
74.00	07400 RENAL DIALYSIS	0.384611	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.375147	0	0	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	0.071154	0	0	0	0	76.01
76.02	03140 CARDIOLOGY	0.150420	0	0	0	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.043908	0	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.550404	0	0	0	0	76.98
76.99	07699 LITHOTRIPS	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.181209	350	0	0	63	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005 CLINIC	0.000000	0	0	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	0.391836	0	0	0	0	90.03
90.04	09006 UPC SURGICAL GROUP	0.443565	0	0	0	0	90.04
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0.256514	0	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0.200268	0	0	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	0.296951	0	0	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0.266015	0	0	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	0.287939	0	0	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0.122025	0	0	0	0	90.11
90.12	09012 VASCULAR CLINIC	0.229576	0	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0.392847	0	0	0	0	90.13
91.00	09100 EMERGENCY	0.107192	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.576619	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		350	0	1,124	63	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		350	0	1,124	63	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2020
To 12/31/2020Part V
Date/Time Prepared:
7/23/2021 12:28 pm

Title XVIII

Subprovider -
IRF

PPS

		Cost Center Description	Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
			ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0		50.00
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
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
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
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	257		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.04	09006	UPC SURGICAL GROUP	0	0		90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	257		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	257		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

			Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,648,856	0	2,648,856	47,405	55.88	30.00
31.00	INTENSIVE CARE UNIT	577,396		577,396	4,626	124.82	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	28,837		28,837	3,081	9.36	34.00
40.00	SUBPROVIDER - IPF	590,477	0	590,477	13,758	42.92	40.00
41.00	SUBPROVIDER - IRF	263,969	0	263,969	4,391	60.12	41.00
43.00	NURSERY	99,591		99,591	4,839	20.58	43.00
200.00	Total (lines 30 through 199)	4,209,126		4,209,126	78,100		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	11,647	650,834				30.00
31.00	INTENSIVE CARE UNIT	378	47,182				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	242	2,265				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	169	10,160				41.00
43.00	NURSERY	1,813	37,312				43.00
200.00	Total (lines 30 through 199)	14,249	747,753				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,812,212	0	0.000000	0	0 50.00
51.00	05100	RECOVERY ROOM	415,450	0	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	205,341	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	213,100	0	0.000000	0	0 53.00
53.01	03950	PAIN CLINIC	259,165	0	0.000000	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,677,021	0	0.000000	0	0 54.00
54.01	05401	NORTHSIDE IMAGING	18,183	0	0.000000	0	0 54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	9,901	0	0.000000	0	0 54.02
54.03	05403	NORTHSIDE ULTRASOUND	2,506	0	0.000000	0	0 54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0 54.04
54.05	05405	NORTHSIDE ADMIN	1,172,796	0	0.000000	0	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	698,178	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	226	0	0.000000	0	0 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	385,270	0	0.000000	0	0 56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	54,703	0	0.000000	0	0 57.00
57.01	05701	NORTHSIDE CT	20,817	0	0.000000	0	0 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,420	0	0.000000	0	0 58.00
58.01	05801	NORTHSIDE MRI	36,910	0	0.000000	0	0 58.01
59.00	05900	CARDIAC CATHETERIZATION	272,136	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	1,418,041	0	0.000000	0	0 60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,873	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	400,048	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	114,274	0	0.000000	0	0 65.00
66.00	06600	PHYSICAL THERAPY	200,846	0	0.000000	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	100,595	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	87,772	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	46,566	0	0.000000	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	127,429	0	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,599	0	0.000000	0	0 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,261	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	245,765	0	0.000000	0	0 73.00
74.00	07400	RENAL DIALYSIS	113,757	0	0.000000	0	0 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	83,944	0	0.000000	0	0 76.00
76.01	03340	GASTRO INTESTINAL SERVICES	421,248	0	0.000000	0	0 76.01
76.02	03140	CARDIOLOGY	541,430	0	0.000000	0	0 76.02
76.03	03560	PULMONARY FUNCTION TESTING	9,226	0	0.000000	0	0 76.03
76.97	07697	CARDIAC REHABILITATION	635	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	27,354	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	515,214	0	0.000000	0	0 90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0	0 90.01
90.02	09005	CLINIC	0	0	0.000000	0	0 90.02
90.03	09002	PHYSICIAN OFFICES	1,239,573	0	0.000000	0	0 90.03
90.04	09006	UPC SURGICAL GROUP	312,073	0	0.000000	0	0 90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	50,498	0	0.000000	0	0 90.06
90.07	09004	WOUND CARE CENTER	217,024	0	0.000000	0	0 90.07
90.08	09008	INTENSIVISTS CLINIC	184,513	0	0.000000	0	0 90.08
90.09	09009	NEUROLOGY CLINIC	165,680	0	0.000000	0	0 90.09
90.10	09010	MULTI-SPECIALITY CLINIC	137,328	0	0.000000	0	0 90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	105,896	0	0.000000	0	0 90.11
90.12	09012	VASCULAR CLINIC	96,345	0	0.000000	0	0 90.12
90.13	09013	ONCOLOGY CLINIC	126,323	0	0.000000	0	0 90.13
91.00	09100	EMERGENCY	416,727	0	0.000000	0	0 91.00
92.00	09200	OBSERVATION BEDS	349,120	0	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	16,239,312	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0209		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 7/23/2021 12:28 pm		
					Title XIX		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	6,163,331	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	320,442	0	0	0	0	31.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	85,641	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	6,569,414	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	6,163,331	47,405	130.01		11,647		30.00	
31.00	03100	INTENSIVE CARE UNIT		320,442	4,626	69.27		378		31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	3,081	0.00		242		34.00	
40.00	04000	SUBPROVIDER - IPF	0	85,641	13,758	6.22		0		40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,391	0.00		169		41.00	
43.00	04300	NURSERY		0	4,839	0.00		1,813		43.00	
200.00		Total (lines 30 through 199)		6,569,414	78,100			14,249		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	1,514,226								30.00
31.00	03100	INTENSIVE CARE UNIT	26,184								31.00
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
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	1,540,410								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Title XIX			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	51,385	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	584,503	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
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	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES 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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	17,128	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	25,692	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	25,692	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	234,800	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	812,334	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	1,751,534	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0209		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 12:28 pm	
					Title XIX		Hospital		PPS	
Cost Center Description					All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
					4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0		51,385	51,385	0	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		584,503	584,503	0	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000		53.00
53.01	03950	PAIN CLINIC	0		0	0	0	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	0	0.000000		54.00
54.01	05401	NORTHSIDE IMAGING	0		0	0	0	0.000000		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0		0	0	0	0.000000		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0		0	0	0	0.000000		54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0.000000		55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		0	0	0	0.000000		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0		0	0	0	0.000000		57.00
57.01	05701	NORTHSIDE CT	0		0	0	0	0.000000		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0.000000		58.00
58.01	05801	NORTHSIDE MRI	0		0	0	0	0.000000		58.01
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0.000000		59.00
60.00	06000	LABORATORY	0		0	0	0	0.000000		60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	0.000000		62.30
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	0	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	0	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
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0		0	0	0	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		0	0	0	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	0	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	0.000000		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0		0	0	0	0.000000		76.01
76.02	03140	CARDIOLOGY	0		17,128	17,128	0	0.000000		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0		0	0	0	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0.000000		76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0		0	0	0	0.000000		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0		0	0	0	0.000000		90.01
90.02	09005	CLINIC	0		0	0	0	0.000000		90.02
90.03	09002	PHYSICIAN OFFICES	0		25,692	25,692	0	0.000000		90.03
90.04	09006	UPC SURGICAL GROUP	0		0	0	0	0.000000		90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0		0	0	0	0.000000		90.06
90.07	09004	WOUND CARE CENTER	0		25,692	25,692	0	0.000000		90.07
90.08	09008	INTENSIVISTS CLINIC	0		0	0	0	0.000000		90.08
90.09	09009	NEUROLOGY CLINIC	0		0	0	0	0.000000		90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0		0	0	0	0.000000		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0		0	0	0	0.000000		90.11
90.12	09012	VASCULAR CLINIC	0		0	0	0	0.000000		90.12
90.13	09013	ONCOLOGY CLINIC	0		0	0	0	0.000000		90.13
91.00	09100	EMERGENCY	0		234,800	234,800	0	0.000000		91.00
92.00	09200	OBSERVATION BEDS	0		812,334	812,334	0	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0.000000		95.00
200.00		Total (lines 50 through 199)	0		1,751,534	1,751,534	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/23/2021 12:28 pm

			Title XIX		Hospital		PPS	
	Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	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
53.01	03950	PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
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	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	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
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.000000	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0.000000	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:

7/23/2021 12:28 pm

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	2,812,212	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	415,450	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	205,341	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	213,100	0	0.000000	0	53.00
53.01	03950	PAIN CLINIC	259,165	0	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,677,021	0	0.000000	0	54.00
54.01	05401	NORTHSIDE IMAGING	18,183	0	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	9,901	0	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	2,506	0	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,172,796	0	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	698,178	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	226	0	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	385,270	0	0.000000	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	54,703	0	0.000000	0	57.00
57.01	05701	NORTHSIDE CT	20,817	0	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,420	0	0.000000	0	58.00
58.01	05801	NORTHSIDE MRI	36,910	0	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	272,136	0	0.000000	0	59.00
60.00	06000	LABORATORY	1,418,041	0	0.000000	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,873	0	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	400,048	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	114,274	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	200,846	0	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	100,595	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	87,772	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	46,566	0	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	127,429	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,599	0	0.000000	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,261	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	245,765	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	113,757	0	0.000000	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	83,944	0	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	421,248	0	0.000000	0	76.01
76.02	03140	CARDIOLOGY	541,430	0	0.000000	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	9,226	0	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	635	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	27,354	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	515,214	0	0.000000	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0	90.01
90.02	09005	CLINIC	0	0	0.000000	0	90.02
90.03	09002	PHYSICIAN OFFICES	1,239,573	0	0.000000	0	90.03
90.04	09006	UPC SURGICAL GROUP	312,073	0	0.000000	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	50,498	0	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	217,024	0	0.000000	0	90.07
90.08	09008	INTENSIVISTS CLINIC	184,513	0	0.000000	0	90.08
90.09	09009	NEUROLOGY CLINIC	165,680	0	0.000000	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	137,328	0	0.000000	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	105,896	0	0.000000	0	90.11
90.12	09012	VASCULAR CLINIC	96,345	0	0.000000	0	90.12
90.13	09013	ONCOLOGY CLINIC	126,323	0	0.000000	0	90.13
91.00	09100	EMERGENCY	416,727	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	15,890,192	0		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2020

Part IV

To 12/31/2020

Date/Time Prepared:

7/23/2021 12:28 pm

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	51,385	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	584,503	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
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	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES 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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	17,128	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	25,692	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	25,692	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	234,800	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	939,200	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 12:28 pm	
				Title XIX		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		51,385	51,385	0	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		584,503	584,503	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000	53.00
53.01	03950	PAIN CLINIC	0		0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	0	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0		0	0	0	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0		0	0	0	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0		0	0	0	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		0	0	0	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0		0	0	0	0.000000	57.00
57.01	05701	NORTHSIDE CT	0		0	0	0	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0		0	0	0	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	0	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	0.000000	62.30
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	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	0	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
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0		0	0	0	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0		0	0	0	0.000000	76.01
76.02	03140	CARDIOLOGY	0		17,128	17,128	0	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0		0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0		0	0	0	0.000000	90.01
90.02	09005	CLINIC	0		0	0	0	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0		25,692	25,692	0	0.000000	90.03
90.04	09006	UPC SURGICAL GROUP	0		0	0	0	0.000000	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0		0	0	0	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0		25,692	25,692	0	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0		0	0	0	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0		0	0	0	0.000000	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0		0	0	0	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0		0	0	0	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0		0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0		0	0	0	0.000000	90.13
91.00	09100	EMERGENCY	0		234,800	234,800	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0		0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Total (lines 50 through 199)	0		939,200	939,200	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-S209

From 01/01/2020
To 12/31/2020Part IV
Date/Time Prepared:
7/23/2021 12:28 pm

Title XIX				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	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	0.000000	0	0	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30
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	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	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
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.000000	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0.000000	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.000000	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0.000000	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	90.13
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:

Worksheet D

Component CCN: 14-T209

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 12:28 pm

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	2,812,212	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	415,450	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	205,341	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	213,100	0	0.000000	0	53.00
53.01	03950	PAIN CLINIC	259,165	0	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,677,021	0	0.000000	0	54.00
54.01	05401	NORTHSIDE IMAGING	18,183	0	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	9,901	0	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	2,506	0	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	1,172,796	0	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	698,178	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	226	0	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	385,270	0	0.000000	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	54,703	0	0.000000	0	57.00
57.01	05701	NORTHSIDE CT	20,817	0	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	87,420	0	0.000000	0	58.00
58.01	05801	NORTHSIDE MRI	36,910	0	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	272,136	0	0.000000	0	59.00
60.00	06000	LABORATORY	1,418,041	0	0.000000	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,873	0	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	400,048	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	114,274	0	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	200,846	0	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	100,595	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	87,772	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	46,566	0	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	127,429	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,599	0	0.000000	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,261	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	245,765	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	113,757	0	0.000000	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	83,944	0	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	421,248	0	0.000000	0	76.01
76.02	03140	CARDIOLOGY	541,430	0	0.000000	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	9,226	0	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	635	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	27,354	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	515,214	0	0.000000	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0	90.01
90.02	09005	CLINIC	0	0	0.000000	0	90.02
90.03	09002	PHYSICIAN OFFICES	1,239,573	0	0.000000	0	90.03
90.04	09006	UPC SURGICAL GROUP	312,073	0	0.000000	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	50,498	0	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	217,024	0	0.000000	0	90.07
90.08	09008	INTENSIVISTS CLINIC	184,513	0	0.000000	0	90.08
90.09	09009	NEUROLOGY CLINIC	165,680	0	0.000000	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	137,328	0	0.000000	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	105,896	0	0.000000	0	90.11
90.12	09012	VASCULAR CLINIC	96,345	0	0.000000	0	90.12
90.13	09013	ONCOLOGY CLINIC	126,323	0	0.000000	0	90.13
91.00	09100	EMERGENCY	416,727	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	15,890,192	0		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/23/2021 12:28 pm

Component CCN: 14-T209

Title XIX

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	51,385	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	584,503	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
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	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
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
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES 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
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	17,128	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	25,692	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	25,692	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	234,800	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	939,200	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/23/2021 12:28 pm	
				Title XIX		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		51,385	51,385	0	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		584,503	584,503	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0.000000	53.00
53.01	03950	PAIN CLINIC	0		0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		0	0	0	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0		0	0	0	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0		0	0	0	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0		0	0	0	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		0	0	0	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0		0	0	0	0.000000	57.00
57.01	05701	NORTHSIDE CT	0		0	0	0	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0		0	0	0	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0		0	0	0	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	0.000000	62.30
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	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	0	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
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0		0	0	0	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0		0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0		0	0	0	0.000000	76.01
76.02	03140	CARDIOLOGY	0		17,128	17,128	0	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0		0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		0	0	0	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0		0	0	0	0.000000	90.01
90.02	09005	CLINIC	0		0	0	0	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0		25,692	25,692	0	0.000000	90.03
90.04	09006	UPC SURGICAL GROUP	0		0	0	0	0.000000	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0		0	0	0	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0		25,692	25,692	0	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0		0	0	0	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0		0	0	0	0.000000	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0		0	0	0	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0		0	0	0	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0		0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0		0	0	0	0.000000	90.13
91.00	09100	EMERGENCY	0		234,800	234,800	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0		0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0						95.00
200.00		Total (lines 50 through 199)	0		939,200	939,200	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/23/2021 12:28 pm

Component CCN: 14-T209

Cost Center Description			Title XIX		Subprovider - IRF		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	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
53.01	03950	PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
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	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
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	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	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
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.000000	0	0	0	0	90.03
90.04	09006	UPC SURGICAL GROUP	0.000000	0	0	0	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES		0	0	0		95.00
200.00		Total (lines 50 through 199)		0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 12:28 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,405	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,405	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)		41,157	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		13,674	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)		44,752,895	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)		44,752,895	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)		44,752,895	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)		944.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,908,940	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)		12,908,940	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	13,466,389	4,626	2,911.02	2,973	8,654,462
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT	966,491	3,081	313.69	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,153,236
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,716,638
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,118,890
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,519,068
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,637,958
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					42,078,680
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					6,248
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					944.05
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,898,424

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,648,856	44,752,895	0.059188	5,898,424	349,116 90.00
91.00	Nursing School cost	6,163,331	44,752,895	0.137719	5,898,424	812,325 91.00
92.00	Allied health cost	0	44,752,895	0.000000	5,898,424	0 92.00
93.00	All other Medical Education	0	44,752,895	0.000000	5,898,424	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 12:28 pm
		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)		13,758	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,758	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)		13,758	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)		2,217	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)		11,897,462	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)		11,897,462	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)		11,897,462	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)		864.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,917,195	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)		1,917,195	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 12:28 pm	
				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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	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)					209,119	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,126,314	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)					108,944	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					11,153	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					120,097	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,006,217	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: 14-0209 Component CCN: 14-S209		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/23/2021 12:28 pm
			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	590,477	11,897,462	0.049631	0	0	90.00
91.00	Nursing School cost	85,641	11,897,462	0.007198	0	0	91.00
92.00	Allied health cost	0	11,897,462	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,897,462	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 12:28 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,391	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,391	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)		4,391	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,013	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,592,788	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,592,788	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,592,788	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)		818.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,465,297	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)		2,465,297	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1		
				Component CCN: 14-T209		Date/Time Prepared: 7/23/2021 12:28 pm		
				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							44.00
45.00	BURN INTENSIVE CARE UNIT							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)						1,945,175	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,410,472	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)						181,142	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						157,080	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						338,222	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						4,072,250	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: 14-0209

Period:

Worksheet D-1

Component CCN: 14-T209

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/23/2021 12:28 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	263,969	3,592,788	0.073472	0	0	90.00
91.00	Nursing School cost	0	3,592,788	0.000000	0	0	91.00
92.00	Allied health cost	0	3,592,788	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,592,788	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 12:28 pm
Cost Center Description		Title XIX	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,405	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,405	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)		41,157	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)		11,647	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,839	15.00
16.00	Nursery days (title V or XIX only)		1,813	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)		45,994,134	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)		45,994,134	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)		45,994,134	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)		970.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,300,385	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,300,385	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,471,295	4,839	510.70	1,813	925,899	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,703,754	4,626	2,962.33	378	1,119,761	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	985,771	3,081	319.95	242	77,428	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,423,473	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,278,003	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,278,003	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,145,470	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,248	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					970.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,062,060	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Title XIX		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	2,648,856	45,994,134	0.057591	6,062,060	349,120 90.00
91.00	Nursing School cost	6,163,331	45,994,134	0.134003	6,062,060	812,334 91.00
92.00	Allied health cost	0	45,994,134	0.000000	6,062,060	0 92.00
93.00	All other Medical Education	0	45,994,134	0.000000	6,062,060	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 12:28 pm
		Title XIX	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)		13,758	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,758	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)		13,758	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)		0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,839	15.00
16.00	Nursery days (title V or XIX only)		1,813	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)		12,280,931	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)		12,280,931	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)		12,280,931	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)		892.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 12:28 pm
			Title XIX	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

Period:

Worksheet D-1

Component CCN: 14-S209

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/23/2021 12:28 pm

Title XIX

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	590,477	12,280,931	0.048081	0	0	90.00
91.00	Nursing School cost	85,641	12,280,931	0.006973	0	0	91.00
92.00	Allied health cost	0	12,280,931	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,280,931	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/23/2021 12:28 pm
		Title XIX	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)		4,391	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,391	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)		4,391	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)		169	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,839	15.00
16.00	Nursery days (title V or XIX only)		1,813	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,630,920	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,630,920	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,630,920	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)		826.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		139,746	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)		139,746	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

Period:

Worksheet D-1

Component CCN: 14-T209

From 01/01/2020

Date/Time Prepared:

To 12/31/2020

7/23/2021 12:28 pm

Title XIX

Subprovider -

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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					139,746	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)					10,160	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,160	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					129,586	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: 14-0209

Period:

Worksheet D-1

Component CCN: 14-T209

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/23/2021 12:28 pm

Title XIX

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	263,969	3,630,920	0.072700	0	0	90.00
91.00	Nursing School cost	0	3,630,920	0.000000	0	0	91.00
92.00	Allied health cost	0	3,630,920	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,630,920	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/23/2021 12:28 pm
Title XVIII			Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		28,016,049	30.00
31.00	03100	INTENSIVE CARE UNIT		17,735,132	31.00
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
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.226393	21,484,895	50.00
51.00	05100	RECOVERY ROOM	0.133729	3,702,722	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.255064	37,468	52.00
53.00	05300	ANESTHESIOLOGY	0.044904	5,644,143	53.00
53.01	03950	PAIN CLINIC	0.165126	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.259851	5,480,118	54.00
54.01	05401	NORTHSIDE IMAGING	0.227174	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.183519	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.080415	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.119997	284,857	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.171092	623,534	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016595	9,975,129	57.00
57.01	05701	NORTHSIDE CT	0.057816	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.058854	2,351,964	58.00
58.01	05801	NORTHSIDE MRI	0.091379	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.032517	5,408,248	59.00
60.00	06000	LABORATORY	0.139438	23,534,014	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.199459	2,230,025	63.00
64.00	06400	INTRAVENOUS THERAPY	0.206385	2,073,009	64.00
65.00	06500	RESPIRATORY THERAPY	0.085383	12,047,735	65.00
66.00	06600	PHYSICAL THERAPY	0.255474	1,719,245	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.335996	481,927	67.00
68.00	06800	SPEECH PATHOLOGY	0.308530	597,172	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048821	1,364,702	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205725	189,151	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.024473	14,127,332	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.274167	17,775,877	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228370	16,399,375	73.00
74.00	07400	RENAL DIALYSIS	0.384611	1,109,716	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.375147	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.071154	1,924,077	76.01
76.02	03140	CARDIOLOGY	0.150540	3,267,910	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.043908	964,656	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.550404	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.181209	2,487,645	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	90.01
90.02	09005	CLINIC	0.000000	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.393390	0	90.03
90.04	09006	UPC SURGICAL GROUP	0.443565	0	90.04
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.256514	0	90.06
90.07	09004	WOUND CARE CENTER	0.200326	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.296951	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.266091	0	90.09
90.10	09010	MULTI-SPECIALITY CLINIC	0.287939	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.122025	0	90.11
90.12	09012	VASCULAR CLINIC	0.231690	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.392847	0	90.13
91.00	09100	EMERGENCY	0.107249	6,056,654	91.00
92.00	09200	OBSERVATION BEDS	0.576619	433,165	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		163,776,465	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		163,776,465	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3	
		Component CCN: 14-S209		Date/Time Prepared: 7/23/2021 12:28 pm	
		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
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		5,427,445		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.226393	0	0	50.00
51.00	05100 RECOVERY ROOM	0.133729	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.255064	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.044904	0	0	53.00
53.01	03950 PAIN CLINIC	0.165126	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.259851	41,783	10,857	54.00
54.01	05401 NORTHSIDE IMAGING	0.227174	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.183519	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.080415	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.119997	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.171092	6,082	1,041	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.016595	125,532	2,083	57.00
57.01	05701 NORTHSIDE CT	0.057816	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.058854	17,930	1,055	58.00
58.01	05801 NORTHSIDE MRI	0.091379	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.032517	0	0	59.00
60.00	06000 LABORATORY	0.139438	502,828	70,113	60.00
60.01	06001 NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.199459	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.206385	16,848	3,477	64.00
65.00	06500 RESPIRATORY THERAPY	0.085383	256,371	21,890	65.00
66.00	06600 PHYSICAL THERAPY	0.255474	16,845	4,303	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.335996	6,912	2,322	67.00
68.00	06800 SPEECH PATHOLOGY	0.308530	1,478	456	68.00
69.00	06900 ELECTROCARDIOLOGY	0.048821	32,352	1,579	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.205725	4,842	996	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.024473	45,648	1,117	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.274167	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.228370	112,613	25,717	73.00
74.00	07400 RENAL DIALYSIS	0.384611	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.375147	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	0.071154	0	0	76.01
76.02	03140 CARDIOLOGY	0.150540	10,356	1,559	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.043908	4,883	214	76.03
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.550404	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.181209	9,012	1,633	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0.000000	0	0	90.01
90.02	09005 CLINIC	0.000000	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	0.393390	0	0	90.03
90.04	09006 UPC SURGICAL GROUP	0.443565	0	0	90.04
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0.256514	0	0	90.06
90.07	09004 WOUND CARE CENTER	0.200326	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	0.296951	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0.266091	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	0.287939	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0.122025	0	0	90.11
90.12	09012 VASCULAR CLINIC	0.231690	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0.392847	0	0	90.13
91.00	09100 EMERGENCY	0.107249	547,386	58,707	91.00
92.00	09200 OBSERVATION BEDS	0.576619	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,759,701	209,119	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,759,701		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/23/2021 12:28 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		5,045,093		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.226393	61,769	13,984	50.00
51.00	05100 RECOVERY ROOM	0.133729	24,193	3,235	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.255064	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.044904	22,845	1,026	53.00
53.01	03950 PAIN CLINIC	0.165126	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.259851	223,779	58,149	54.00
54.01	05401 NORTHSIDE IMAGING	0.227174	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.183519	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.080415	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.119997	90,576	10,869	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.171092	29,362	5,024	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.016595	300,254	4,983	57.00
57.01	05701 NORTHSIDE CT	0.057816	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.058854	137,656	8,102	58.00
58.01	05801 NORTHSIDE MRI	0.091379	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.032517	0	0	59.00
60.00	06000 LABORATORY	0.139438	1,127,212	157,176	60.00
60.01	06001 NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.199459	45,073	8,990	63.00
64.00	06400 INTRAVENOUS THERAPY	0.206385	48,259	9,960	64.00
65.00	06500 RESPIRATORY THERAPY	0.085383	1,124,941	96,051	65.00
66.00	06600 PHYSICAL THERAPY	0.255474	2,125,759	543,076	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.335996	2,058,365	691,602	67.00
68.00	06800 SPEECH PATHOLOGY	0.308530	307,501	94,873	68.00
69.00	06900 ELECTROCARDIOLOGY	0.048821	61,597	3,007	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.205725	15,687	3,227	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.024473	460,814	11,278	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.274167	32,693	8,963	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.228370	554,222	126,568	73.00
74.00	07400 RENAL DIALYSIS	0.384611	127,382	48,993	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.375147	0	0	76.00
76.01	03340 GASTRO INTESTINAL SERVICES	0.071154	21,680	1,543	76.01
76.02	03140 CARDIOLOGY	0.150540	41,166	6,197	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.043908	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.550404	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.181209	148,403	26,892	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0.000000	0	0	90.01
90.02	09005 CLINIC	0.000000	0	0	90.02
90.03	09002 PHYSICIAN OFFICES	0.393390	0	0	90.03
90.04	09006 UPC SURGICAL GROUP	0.443565	0	0	90.04
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0.256514	0	0	90.06
90.07	09004 WOUND CARE CENTER	0.200326	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	0.296951	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0.266091	0	0	90.09
90.10	09010 MULTI-SPECIALITY CLINIC	0.287939	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0.122025	0	0	90.11
90.12	09012 VASCULAR CLINIC	0.231690	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0.392847	0	0	90.13
91.00	09100 EMERGENCY	0.107249	13,118	1,407	91.00
92.00	09200 OBSERVATION BEDS	0.576619	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		9,204,306	1,945,175	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		9,204,306		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/23/2021 12:28 pm

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			22,160,907	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			9,262,864	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)			1,372,076	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			373,614	2.04
3.00	Managed Care Simulated Payments			16,514,025	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			201.64	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)			20.45	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			20.45	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			39.07	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			20.45	12.00
13.00	Total allowable FTE count for the prior year.			20.45	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.			19.48	14.00
15.00	Sum of lines 12 through 14 divided by 3.			20.13	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			20.13	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.099831	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.098098	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.098098	21.00
22.00	IME payment adjustment (see instructions)			1,638,624	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			861,140	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).			8.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			18.62	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)			8.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.039675	26.00
27.00	IME payments adjustment factor. (see instructions)			0.010483	27.00
28.00	IME add-on adjustment amount (see instructions)			329,415	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			173,117	28.01
29.00	Total IME payment (sum of lines 22 and 28)			1,968,039	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1,034,257	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.93	30.00
31.00	Percentage of Medicaid patient days (see instructions)			26.19	31.00
32.00	Sum of lines 30 and 31			30.12	32.00
33.00	Allowable disproportionate share percentage (see instructions)			14.06	33.00
34.00	Disproportionate share adjustment (see instructions)			1,104,546	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A
Date/Time Prepared:
7/23/2021 12:28 pm

		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	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)	2,280,013	2,090,186	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,706,895	526,842	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,233,737		
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)	38,475,783		
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)		39,510,040	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,637,763	
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).		1,402,638	
53.00	Nursing and Allied Health Managed Care payment		1,619,519	
54.00	Special add-on payments for new technologies		327,534	
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).		1,983,697	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		62,326	
59.00	Total (sum of amounts on lines 49 through 58)		47,543,517	
60.00	Primary payer payments		47,896	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,495,621	
62.00	Deductibles billed to program beneficiaries		2,773,628	
63.00	Coinurance billed to program beneficiaries		221,320	
64.00	Allowable bad debts (see instructions)		249,028	
65.00	Adjusted reimbursable bad debts (see instructions)		161,868	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		113,119	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		44,662,541	
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)			
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)		47,076	
70.94	HRR adjustment amount (see instructions)		-99,090	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/23/2021 12:28 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		44,610,527	71.00
71.01	Sequestration adjustment (see instructions)		294,429	71.01
71.02	Demonstration payment adjustment amount after sequestration		336,736	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		44,087,595	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-108,233	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	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)		1,745,690	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/23/2021 12:28 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,160,907	0	22,160,907		22,160,907	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,262,864	0		9,262,864	9,262,864	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,372,076	0	1,372,076		1,372,076	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	373,614	0		373,614	373,614	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	16,514,025	0	11,519,165	4,994,860	16,514,025	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.098098	0.098098	0.098098	0.098098		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,638,624	0	1,155,603	483,021	1,638,624	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	861,140	0	600,678	260,462	861,140	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.010483	0.010483	0.010483	0.010483		7.00
8.00	IME adjustment (see instructions)	28.00	329,415	0	232,312	97,103	329,415	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	173,117	0	120,756	52,361	173,117	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,968,039	0	1,387,915	580,124	1,968,039	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,034,257	0	721,434	312,823	1,034,257	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1406	0.1406	0.1406	0.1406		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,104,546	0	778,956	325,590	1,104,546	11.00
11.01	Uncompensated care payments	36.00	2,233,737	0	1,706,895	526,842	2,233,737	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,475,783	0	27,406,749	11,069,034	38,475,783	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	39,510,040	0	28,128,183	11,381,857	39,510,040	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,637,763	0	1,900,939	736,824	2,637,763	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/23/2021 12:28 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	327,534	0	47,353	280,181	327,534	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	30,076,475	12,398,862	42,475,337	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,417,217	0	1,735,838	681,379	2,417,217	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	78,172	0	62,860	15,312	78,172	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0589	0.0589	0.0589	0.0589		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	142,374	0	102,241	40,133	142,374	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,637,763	0	1,900,939	736,824	2,637,763	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/23/2021 12:28 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,160,907	22,160,907		22,160,907	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,262,864		9,262,864	9,262,864	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,372,076	1,372,076		1,372,076	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	373,614		373,614	373,614	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	16,514,025	11,519,166	4,994,860	16,514,026	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.098098	0.098098	0.098098		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,638,624	1,155,603	483,021	1,638,624	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	861,140	600,678	260,462	861,140	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.010483	0.010483	0.010483		7.00
8.00	IME adjustment (see instructions)	28.00	329,415	232,312	97,103	329,415	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	173,117	120,756	52,361	173,117	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,968,039	1,387,915	580,124	1,968,039	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,034,257	721,434	312,823	1,034,257	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1406	0.1406	0.1406		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,104,546	778,956	325,590	1,104,546	11.00
11.01	Uncompensated care payments	36.00	2,233,737	1,706,895	526,842	2,233,737	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,475,783	27,406,749	11,069,034	38,475,783	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	39,510,040	28,128,183	11,381,857	39,510,040	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,637,763	1,900,939	736,824	2,637,763	16.00
17.00	Special add-on payments for new technologies	54.00	327,534	47,353	280,181	327,534	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			30,076,475	12,398,862	42,475,337	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/23/2021 12:28 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,417,217	1,735,838	681,379	2,417,217	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	78,172	62,860	15,312	78,172	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0589	0.0589	0.0589		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	142,374	102,241	40,133	142,374	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,637,763	1,900,939	736,824	2,637,763	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	47,076	25,189	21,887	47,076	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-99,090	-59,963	-39,127	-99,090	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/23/2021 12:28 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,864	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,682,483	2.00
3.00	OPPS payments		20,639,616	3.00
4.00	Outlier payment (see instructions)		115,305	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		108,682	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,864	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		38,814	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)		38,814	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)		38,814	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		29,950	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		8,864	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)		20,863,603	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)		3,846,944	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)		17,025,523	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		600,867	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)		17,626,390	30.00
31.00	Primary payer payments		8,289	31.00
32.00	Subtotal (line 30 minus line 31)		17,618,101	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)		161,207	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		104,785	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		68,689	36.00
37.00	Subtotal (see instructions)		17,722,886	37.00
38.00	MSP-LCC reconciliation amount from PS&R		129	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)		17,722,757	40.00
40.01	Sequestration adjustment (see instructions)		116,970	40.01
40.02	Demonstration payment adjustment amount after sequestration		204,126	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		17,749,640	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)		-347,979	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)		115,305	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: 14-0209 Component CCN: 14-S209	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/23/2021 12:28 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		221	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		141	2.00
3.00	OPPS payments		295	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		221	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		968	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)		968	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		968	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		747	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)		221	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)		295	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)		24	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)		492	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)		492	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		492	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)		492	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)		492	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
40.02	Demonstration payment adjustment amount after sequestration		2	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		583	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)		-96	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: 14-0209 Component CCN: 14-T209	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/23/2021 12:28 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		257	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		63	2.00
3.00	OPPS payments		175	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		257	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,124	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)		1,124	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,124	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		867	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)		257	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)		175	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)		0	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)		432	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)		432	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		432	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)		432	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)		432	40.00
40.01	Sequestration adjustment (see instructions)		3	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		546	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)		-117	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: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/23/2021 12:28 pm

		Title XVIII		Hospital	PPS
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		44,087,595		17,749,640
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		44,087,595		17,749,640
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		108,233		347,979
7.00	Total Medicare program liability (see instructions)		43,979,362		17,401,661
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor	National Government Services, Inc.		06101	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0209

Period:

Worksheet E-1

Component CCN: 14-S209

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/23/2021 12:28 pm

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		1,723,642		583	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,723,642		583	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		139,792		96	6.02
7.00	Total Medicare program liability (see instructions)		1,583,850		487	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	National Government Services, Inc.		06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part I Date/Time Prepared: 7/23/2021 12:28 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
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		4,533,798		546
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,533,798		546
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		107,291		117
7.00	Total Medicare program liability (see instructions)		4,426,507		429
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor	National Government Services, Inc.		06101	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 7/23/2021 12:28 pm
		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)		1,742,886	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.75	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)		8.81	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)		0.75	8.00
9.00	Average Daily Census (see instructions)		37.590164	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.010226	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		17,823	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,760,709	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,760,709	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,760,709	18.00
19.00	Deductibles		198,484	19.00
20.00	Subtotal (line 18 minus line 19)		1,562,225	20.00
21.00	Coinsurance		34,496	21.00
22.00	Subtotal (line 20 minus line 21)		1,527,729	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		84,701	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		55,056	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		55,322	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,582,785	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		15,076	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)		1,597,861	31.00
31.01	Sequestration adjustment (see instructions)		10,546	31.01
31.02	Demonstration payment adjustment amount after sequestration		3,465	31.02
32.00	Interim payments		1,723,642	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)		-139,792	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0209

Period:

Worksheet E-3

Component CCN: 14-T209

From 01/01/2020
To 12/31/2020Part III
Date/Time Prepared:
7/23/2021 12:28 pm

Title XVIII

Subprovider -
IRF

PPS

1.00

PART III - MEDICARE PART A SERVICES - IRF PPS

1.00	Net Federal PPS Payment (see instructions)	4,187,981	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0152	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	69,939	3.00
4.00	Outlier Payments	281,667	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	11.997268	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)	4,539,587	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)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	4,539,587	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	4,539,587	19.00
20.00	Deductibles	36,608	20.00
21.00	Subtotal (line 19 minus line 20)	4,502,979	21.00
22.00	Coinsurance	6,336	22.00
23.00	Subtotal (line 21 minus line 22)	4,496,643	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	6,644	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	4,319	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	4,928	26.00
27.00	Subtotal (sum of lines 23 and 25)	4,500,962	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)	105	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)	4,501,067	32.00
32.01	Sequestration adjustment (see instructions)	29,707	32.01
32.02	Demonstration payment adjustment amount after sequestration	44,853	32.02
33.00	Interim payments	4,533,798	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)	-107,291	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	281,667	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: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/23/2021 12:28 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			27.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			27.33	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			37.31	6.00
7.00	Enter the lesser of line 5 or line 6			27.33	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.	28.50	8.81	37.31	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.	20.88	6.45	27.33	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	20.88	6.45		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	19.63	7.66		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	20.44	6.89		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	20.32	7.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	20.32	7.00		17.00
18.00	Per resident amount	133,937.00	126,829.00		18.00
19.00	Approved amount for resident costs	2,721,600	887,803	3,609,403	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)			5.66	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			9.98	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.66	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			103,842.00	23.00
24.00	Multiply line 22 time line 23			587,746	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,197,149	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	21,877	11,349		26.00
27.00	Total Inpatient Days (see instructions)	67,941	67,941		27.00
28.00	Ratio of inpatient days to total inpatient days	0.322000	0.167042		28.00
29.00	Program direct GME amount	1,351,482	701,100	2,052,582	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		49,077	49,077	30.00
31.00	Net Program direct GME amount			2,003,505	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/23/2021 12:28 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			2,174,433	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)			53,253,424	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)			47,896	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			53,205,528	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			22,800,711	42.00
43.00	Primary payer payments (see instructions)			8,289	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			22,792,422	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			75,997,950	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.700092	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.299908	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,003,505	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,402,638	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			600,867	50.00

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

Provider CCN: 14-0209

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

Worksheet G

Date/Time Prepared:
7/23/2021 12:28 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	7,731,702	0	0	0	1.00
2.00	Temporary investments	82,298	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	46,343,404	0	0	0	4.00
5.00	Other receivable	5,506,527	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	10,032,502	0	0	0	8.00
9.00	Other current assets	1,810,314	0	0	0	9.00
10.00	Due from other funds	68,264,447	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	139,771,194	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,458,352	0	0	0	12.00
13.00	Land improvements	8,532,420	0	0	0	13.00
14.00	Accumulated depreciation	-5,446,154	0	0	0	14.00
15.00	Buildings	172,208,040	0	0	0	15.00
16.00	Accumulated depreciation	-64,401,044	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	21,722,353	0	0	0	19.00
20.00	Accumulated depreciation	-12,076,998	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	83,888,189	0	0	0	23.00
24.00	Accumulated depreciation	-57,879,656	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)	148,005,502	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	162,624,031	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	126,187,130	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	288,811,161	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	576,587,857	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,738,051	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,191,667	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,827,117	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	64,924,607	0	0	0	43.00
44.00	Other current liabilities	11,715,486	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	110,396,928	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	12,336,420	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	251,923,168	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	264,259,588	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	374,656,516	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	201,931,341				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)	201,931,341	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	576,587,857	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0209

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

Worksheet G-1

Date/Time Prepared:
7/23/2021 12:28 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		218,313,361		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		1,168,122,487				2.00
3.00	Total (sum of line 1 and line 2)		1,386,435,848		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	CHANGE IN TEMP & PERM REST	3,465,217		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)		3,465,217		0		10.00
11.00	Subtotal (line 3 plus line 10)		1,389,901,065		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CHANGE IN UNRESTRICTED	43,619,348		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)		43,619,348		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,346,281,717		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	CHANGE IN TEMP & PERM REST		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	CHANGE IN UNRESTRICTED		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: 14-0209

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	97,931,930		97,931,930	1.00
2.00	SUBPROVIDER - IPF	33,841,054		33,841,054	2.00
3.00	SUBPROVIDER - IRF	14,452,106		14,452,106	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	146,225,090		146,225,090	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,437,804		22,437,804	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	16,763,464		16,763,464	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	39,201,268		39,201,268	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	185,426,358		185,426,358	17.00
18.00	Ancillary services	479,296,018	0	479,296,018	18.00
19.00	Outpatient services	0	661,394,651	661,394,651	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		8,602,340	8,602,340	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	5,653,914	5,653,914	26.00
27.00	PHYSICIANS	0	149,246,351	149,246,351	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	664,722,376	824,897,256	1,489,619,632	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		360,104,898		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)		360,104,898		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0209

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

Worksheet G-3

Date/Time Prepared:
7/23/2021 12:28 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,489,619,632	1.00
2.00	Less contractual allowances and discounts on patients' accounts	0	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,489,619,632	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	360,104,898	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,129,514,734	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	16,580	6.00
7.00	Income from investments	6,373,593	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	1,295,655	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.)	12,761,984	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	MISC INCOME	49,168,547	24.00
24.50	COVID-19 PHE Funding	26,742,648	24.50
25.00	Total other income (sum of lines 6-24)	96,359,007	25.00
26.00	Total (line 5 plus line 25)	1,225,873,741	26.00
27.00	PEORIA HOME OFFICE EXPENSES	57,751,254	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	57,751,254	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,168,122,487	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0209

Period:

Worksheet H

HHA CCN: 14-7259

From 01/01/2020 To 12/31/2020

Date/Time Prepared: 7/23/2021 12:28 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	1,928,684	456,030	1,677	85,749	235,513	2,707,653	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	2,015,586	474,847	0	0	366,832	2,857,265	6.00
7.00 Physical Therapy	0	0	0	1,776,693	0	1,776,693	7.00
8.00 Occupational Therapy	0	0	0	263,721	0	263,721	8.00
9.00 Speech Pathology	0	0	0	77,278	321	77,599	9.00
10.00 Medical Social Services	68,203	15,334	0	0	2,113	85,650	10.00
11.00 Home Health Aide	78,637	28,015	0	0	23,845	130,497	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00 Drugs	0	0	0	0	2,588	2,588	13.00
14.00 DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	4,091,110	974,226	1,677	2,203,441	631,212	7,901,666	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00 Capital Related - Movable Equipment	0	0	0	0			2.00
3.00 Plant Operation & Maintenance	0	0	0	0			3.00
4.00 Transportation	0	0	0	0			4.00
5.00 Administrative and General	-211,827	2,495,826	-203,901	2,291,925			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	2,857,265	0	2,857,265			6.00
7.00 Physical Therapy	0	1,776,693	0	1,776,693			7.00
8.00 Occupational Therapy	0	263,721	0	263,721			8.00
9.00 Speech Pathology	0	77,599	0	77,599			9.00
10.00 Medical Social Services	0	85,650	0	85,650			10.00
11.00 Home Health Aide	0	130,497	0	130,497			11.00
12.00 Supplies (see instructions)	0	0	0	0			12.00
13.00 Drugs	0	2,588	0	2,588			13.00
14.00 DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00 Home Dialysis Aide Services	0	0	0	0			15.00
16.00 Respiratory Therapy	0	0	0	0			16.00
17.00 Private Duty Nursing	0	0	0	0			17.00
18.00 Clinic	0	0	0	0			18.00
19.00 Health Promotion Activities	0	0	0	0			19.00
20.00 Day Care Program	0	0	0	0			20.00
21.00 Home Delivered Meals Program	0	0	0	0			21.00
22.00 Homemaker Service	0	0	0	0			22.00
23.00 All Others (specify)	0	0	0	0			23.00
23.50 Telemedicine	0	0	0	0			23.50
24.00 Total (sum of lines 1-23)	-211,827	7,689,839	-203,901	7,485,938			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0209

Period:

Worksheet H-1

HHA CCN: 14-7259

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/23/2021 12:28 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
			Bldgs & Fixtures	Movable Equipment					
		0	1.00	2.00	3.00	4.00	4A.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00	
2.00	Capital Related - Movable Equipment	0		0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0		4.00	
5.00	Administrative and General	2,291,925	0	0	0	0	2,291,925	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,857,265	0	0	0	0	2,857,265	6.00	
7.00	Physical Therapy	1,776,693	0	0	0	0	1,776,693	7.00	
8.00	Occupational Therapy	263,721	0	0	0	0	263,721	8.00	
9.00	Speech Pathology	77,599	0	0	0	0	77,599	9.00	
10.00	Medical Social Services	85,650	0	0	0	0	85,650	10.00	
11.00	Home Health Aide	130,497	0	0	0	0	130,497	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	2,588	0	0	0	0	2,588	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	7,485,938	0	0	0	0	7,485,938	24.00	
		Administrative & General	Total (cols. 4A + 5)						
		5.00	6.00						
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures							1.00	
2.00	Capital Related - Movable Equipment							2.00	
3.00	Plant Operation & Maintenance							3.00	
4.00	Transportation							4.00	
5.00	Administrative and General	2,291,925						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,260,805	4,118,070					6.00	
7.00	Physical Therapy	783,989	2,560,682					7.00	
8.00	Occupational Therapy	116,370	380,091					8.00	
9.00	Speech Pathology	34,242	111,841					9.00	
10.00	Medical Social Services	37,794	123,444					10.00	
11.00	Home Health Aide	57,583	188,080					11.00	
12.00	Supplies (see instructions)	0	0					12.00	
13.00	Drugs	1,142	3,730					13.00	
14.00	DME	0	0					14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00	
16.00	Respiratory Therapy	0	0					16.00	
17.00	Private Duty Nursing	0	0					17.00	
18.00	Clinic	0	0					18.00	
19.00	Health Promotion Activities	0	0					19.00	
20.00	Day Care Program	0	0					20.00	
21.00	Home Delivered Meals Program	0	0					21.00	
22.00	Homemaker Service	0	0					22.00	
23.00	All Others (specify)	0	0					23.00	
23.50	Telemedicine	0	0					23.50	
24.00	Total (sum of lines 1-23)		7,485,938					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet H-1

HHA CCN: 14-7259

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 12:28 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Agency 1 Reconciliation	Administrative & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-2,291,925	5,194,013	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	2,857,265	6.00	
7.00	Physical Therapy	0	0	0	0	0	1,776,693	7.00	
8.00	Occupational Therapy	0	0	0	0	0	263,721	8.00	
9.00	Speech Pathology	0	0	0	0	0	77,599	9.00	
10.00	Medical Social Services	0	0	0	0	0	85,650	10.00	
11.00	Home Health Aide	0	0	0	0	0	130,497	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0		0	2,588	13.00	
14.00	DME	0	0	0	0	0	0	14.00	
	HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,291,925	5,194,013	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,291,925	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.441263	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

7/23/2021 12:28 pm

Home Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PARKING		
			BLDG & FIXT	MVBLE EQUIP			Subtotal	
		0	1.00	2.00	4.00	4.01	4A.01	
1.00	Administrative and General	0	2,030	609	196,651	76	199,366	1.00
2.00	Skilled Nursing Care	4,118,070	0	0	0	0	4,118,070	2.00
3.00	Physical Therapy	2,560,682	0	0	0	0	2,560,682	3.00
4.00	Occupational Therapy	380,091	0	0	0	0	380,091	4.00
5.00	Speech Pathology	111,841	0	0	0	0	111,841	5.00
6.00	Medical Social Services	123,444	0	0	0	0	123,444	6.00
7.00	Home Health Aide	188,080	0	0	0	0	188,080	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	3,730	0	0	0	0	3,730	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	7,485,938	2,030	609	196,651	76	7,685,304	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	60,205	1,116	5,313	0	0	0	1.00
2.00	Skilled Nursing Care	1,243,582	0	0	0	0	0	2.00
3.00	Physical Therapy	773,280	0	0	0	0	0	3.00
4.00	Occupational Therapy	114,781	0	0	0	0	0	4.00
5.00	Speech Pathology	33,774	0	0	0	0	0	5.00
6.00	Medical Social Services	37,278	0	0	0	0	0	6.00
7.00	Home Health Aide	56,797	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	1,126	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	2,320,823	1,116	5,313	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

7/23/2021 12:28 pm

Home Health
Agency I

PPS

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	111,911	0	419,402	0	377	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	111,911	0	419,402	0	377	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	
		17.00	19.00	20.00	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	24.00	
1.00	Administrative and General	0	0	0	0	0	797,690	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	5,361,652	2.00
3.00	Physical Therapy	0	0	0	0	0	3,333,962	3.00
4.00	Occupational Therapy	0	0	0	0	0	494,872	4.00
5.00	Speech Pathology	0	0	0	0	0	145,615	5.00
6.00	Medical Social Services	0	0	0	0	0	160,722	6.00
7.00	Home Health Aide	0	0	0	0	0	244,877	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	4,856	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	10,544,246	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/23/2021 12:28 pmHome Health
Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	797,690				1.00
2.00	Skilled Nursing Care	0	5,361,652	438,817	5,800,469		2.00
3.00	Physical Therapy	0	3,333,962	272,861	3,606,823		3.00
4.00	Occupational Therapy	0	494,872	40,502	535,374		4.00
5.00	Speech Pathology	0	145,615	11,918	157,533		5.00
6.00	Medical Social Services	0	160,722	13,154	173,876		6.00
7.00	Home Health Aide	0	244,877	20,041	264,918		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	4,856	397	5,253		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	0	10,544,246	797,690	10,544,246		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.081843			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 12:28 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	4.01	5A	5.00	
1.00	Administrative and General	174	29,901	4,086,434	174	0	199,366	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	4,118,070	2.00
3.00	Physical Therapy	0	0	0	0	0	2,560,682	3.00
4.00	Occupational Therapy	0	0	0	0	0	380,091	4.00
5.00	Speech Pathology	0	0	0	0	0	111,841	5.00
6.00	Medical Social Services	0	0	0	0	0	123,444	6.00
7.00	Home Health Aide	0	0	0	0	0	188,080	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	3,730	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	174	29,901	4,086,434	174	0	7,685,304	20.00
21.00	Total cost to be allocated	2,030	609	196,651	76	0	2,320,823	21.00
22.00	Unit cost multiplier	11.666667	0.020367	0.048123	0.436782	0	0.301982	22.00
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	174	174	0	0	0	6,404	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	174	174	0	0	0	6,404	20.00
21.00	Total cost to be allocated	1,116	5,313	0	0	0	111,911	21.00
22.00	Unit cost multiplier	6.413793	30.534483	0.000000	0.000000	0.000000	17.475172	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet H-2

HHA CCN: 14-7259

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 12:28 pmHome Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	6,404	221,729	2,588	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	6,404	221,729	2,588	0	0	20.00
21.00	Total cost to be allocated	0	419,402	0	377	0	0	21.00
22.00	Unit cost multiplier	0.000000	65.490631	0.000000	0.145672	0.000000	0.000000	22.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS				
		19.00	20.00	SRVCS-SALARY & FRINGES (ASSIGNED TIME)	SRVCS-OTHER PRGM COSTS (ASSIGNED TIME)			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet H-3

HHA CCN: 14-7259

From 01/01/2020

Part I

To 12/31/2020

Date/Time Prepared:

7/23/2021 12:28 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	5,800,469		5,800,469	18,111	320.27	1.00
2.00	Physical Therapy	3.00	3,606,823	0	3,606,823	18,324	196.84	2.00
3.00	Occupational Therapy	4.00	535,374	0	535,374	4,155	128.85	3.00
4.00	Speech Pathology	5.00	157,533	0	157,533	913	172.54	4.00
5.00	Medical Social Services	6.00	173,876		173,876	130	1,337.51	5.00
6.00	Home Health Aide	7.00	264,918		264,918	1,766	150.01	6.00
7.00	Total (sum of lines 1-6)		10,538,993	0	10,538,993	43,399		7.00

7.00 Total (Sum of lines 1-6)			10,000,000	0	27,000,000	40,000	7.00
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits			
				Part B			
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
				0	1.00	2.00	3.00

Limitation Cost Computation

8.00	Skilled Nursing Care		37900	0	6,769		8.00
9.00	Physical Therapy		37900	0	6,712		9.00
10.00	Occupational Therapy		37900	0	1,653		10.00
11.00	Speech Pathology		37900	0	306		11.00
12.00	Medical Social Services		37900	0	60		12.00
13.00	Home Health Aide		37900	0	820		13.00
14.00	Total (sum of lines 8-13)			0	16,320		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	5,253	0	5,253	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services			
		Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00		8.00	9.00	10.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	0	6,769	0	2,167,908		1.00
2.00	Physical Therapy	0	6,712	0	1,321,190		2.00
3.00	Occupational Therapy	0	1,653	0	212,989		3.00
4.00	Speech Pathology	0	306	0	52,797		4.00
5.00	Medical Social Services	0	60	0	80,251		5.00
6.00	Home Health Aide	0	820	0	123,008		6.00
7.00	Total (sum of lines 1-6)	0	16,320	0	3,958,143		7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
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Limitation Cost Computation

8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet H-3

HHA CCN: 14-7259

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/23/2021 12:28 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	65,430	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,167,908						1.00
2.00	Physical Therapy	1,321,190						2.00
3.00	Occupational Therapy	212,989						3.00
4.00	Speech Pathology	52,797						4.00
5.00	Medical Social Services	80,251						5.00
6.00	Home Health Aide	123,008						6.00
7.00	Total (sum of lines 1-6)	3,958,143						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet H-3

HHA CCN: 14-7259

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.255474	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.335996	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.308530	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.024473	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.228370	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209 HHA CCN: 14-7259		Period: From 01/01/2020 To 12/31/2020		Worksheet H-4 Part I-II Date/Time Prepared: 7/23/2021 12:28 pm	
		Title XVIII		Home Health Agency I		PPS	
		Part A		Part B			
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance	
		1.00		2.00		3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES							
Reasonable Cost of Part A & Part B Services							
1.00	Reasonable cost of services (see instructions)	0	0	0	0	0	1.00
2.00	Total charges	0	0	0	0	0	2.00
Customary Charges							
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	0	0	9.00
				Part A Services		Part B Services	
				1.00		2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT							
10.00	Total reasonable cost (see instructions)	0	0	0	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	0	2,855,239	0	0	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	0	213,431	0	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	0	63,638	0	0	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	0	6,820	0	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	0	56,974	0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	0	0	0	16.00
17.00	Total Other Payments	0	0	0	0	0	17.00
18.00	DME Payments	0	0	0	0	0	18.00
19.00	Oxygen Payments	0	0	0	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	0	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	0	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	0	3,196,102	0	0	22.00
23.00	Excess reasonable cost (from line 8)	0	0	0	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	0	3,196,102	0	0	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	0	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	0	3,196,102	0	0	26.00
27.00	Reimbursable bad debts (from your records)	0	0	0	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	0	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	0	3,196,102	0	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	0	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	0	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	0	0	0	30.99
31.00	Subtotal (see instructions)	0	0	3,196,102	0	0	31.00
31.01	Sequestration adjustment (see instructions)	0	0	33,383	0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	0	0	0	31.02
32.00	Interim payments (see instructions)	0	0	3,162,718	0	0	32.00
33.00	Tentative settlement (for contractor use only)	0	0	0	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	1	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	0	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0209
HHA CCN: 14-7259Period:
From 01/01/2020
To 12/31/2020

Worksheet H-5

Date/Time Prepared:
7/23/2021 12:28 pm

		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		0			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		3,162,718	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			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			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. H-4, Part II, column as appropriate, line 32)		0		3,162,718	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,162,719	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	National Government Services, Inc.		06101		8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/23/2021 12:28 pm

				Hospice I		7/26/2022 12:10 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		890	890	0	890	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	440,215	544,323	984,538	0	984,538	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	291	291	0	291	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	170	170	0	170	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	104,275	104,275	0	104,275	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	100,006	100,006	0	100,006	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	314,051	314,051	0	314,051	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	121,712	28,183	149,895	0	149,895	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	763,203	176,725	939,928	0	939,928	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	109,023	25,245	134,268	0	134,268	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	318,146	73,668	391,814	0	391,814	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	364,326	364,326	0	364,326	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	94,396	0	94,396	0	94,396	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,846,695	1,732,153	3,578,848	0	3,578,848	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/23/2021 12:28 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	890		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	-11,781	-11,781		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	984,538		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	291		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	170		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	104,275		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	100,006		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0		13.00
14.00	PHARMACY*	0	314,051		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	149,895		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	939,928		28.00
29.00	LPN/LVN**	0	0		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	134,268		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	391,814		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	364,326		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0		42.50
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	94,396		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	-11,781	3,567,067		100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0209

Period:

Worksheet 0-2

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/23/2021 12:28 pm

				Hospice I		7/26/2022 12:10 pm	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	121,360	28,102	149,462	0	149,462	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	760,995	176,213	937,208	0	937,208	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	108,708	25,172	133,880	0	133,880	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	317,225	73,455	390,680	0	390,680	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	364,326	364,326	0	364,326	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,308,288	667,268	1,975,556	0	1,975,556	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	149,462	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	937,208	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	133,880	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	390,680	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	364,326	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,975,556	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT
RESPIRE CARE

Provider CCN: 14-0209

Period:

Worksheet 0-3

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/23/2021 12:28 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	182	42	224	0	224	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,143	265	1,408	0	1,408	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	163	38	201	0	201	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	477	110	587	0	587	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,965	455	2,420	0	2,420	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	224	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,408	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	201	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	587	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	2,420	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE

Provider CCN: 14-0209

Period:

Worksheet 0-4

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/23/2021 12:28 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	170	39	209	0	209	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,065	247	1,312	0	1,312	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	152	35	187	0	187	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	444	103	547	0	547	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,831	424	2,255	0	2,255	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	209	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,312	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	187	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	547	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	2,255	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET
EXPENSES FOR ALLOCATION

Provider CCN: 14-0209

Period:

Worksheet 0-5

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/23/2021 12:28 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	890	18	908	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	88,862	88,862	3.00
4.00	ADMINISTRATIVE & GENERAL	984,538	1,151,580	2,136,118	4.00
5.00	PLANT OPERATION & MAINTENANCE	291	0	291	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	170	0	170	8.00
9.00	NURSING ADMINISTRATION	0	178,200	178,200	9.00
10.00	ROUTINE MEDICAL SUPPLIES	104,275	0	104,275	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	100,006	0	100,006	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	314,051	45,769	359,820	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,975,556	0	1,975,556	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,420	0	2,420	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,255	0	2,255	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	94,396	0	94,396	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	-11,781	0	-11,781	99.00
100.00	TOTAL	3,567,067	1,464,429	5,031,496	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/23/2021 12:28 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0		1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0		0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	908			908			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	88,862		0	0	88,862		3.00
4.00	ADMINISTRATIVE & GENERAL	2,136,118		0	908	25,725	2,162,751	4.00
5.00	PLANT OPERATION & MAINTENANCE	291		0	0	0	291	5.00
6.00	LAUNDRY & LINEN SERVICE	0		0	0	0	0	6.00
7.00	HOUSEKEEPING	0		0	0	0	0	7.00
8.00	DIETARY	170		0	0	0	170	8.00
9.00	NURSING ADMINISTRATION	178,200		0	0	0	178,200	9.00
10.00	ROUTINE MEDICAL SUPPLIES	104,275		0	0	0	104,275	10.00
11.00	MEDICAL RECORDS	0		0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	100,006		0	0	0	100,006	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	0	0	0	13.00
14.00	PHARMACY	359,820		0	0	0	359,820	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0		0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0	0	0	0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0				0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,975,556				62,954	2,038,510	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,420		0	0	95	2,515	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	2,255		0	0	88	2,343	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	94,396		0	0	0	94,396	60.00
61.00	VOLUNTEER PROGRAM	0		0	0	0	0	61.00
62.00	FUNDRAISING	0		0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0		0	0	0	0	66.00
67.00	ADVERTISING	0		0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	0	0	0	68.00
69.00	THRIFT STORE	0		0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	-11,781		0	0	0		99.00
100.00	TOTAL	5,031,496		0	908	88,862	5,031,496	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/23/2021 12:28 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	2,162,751						4.00
5.00	PLANT OPERATION & MAINTENANCE	218	509					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	128	0			0	298	8.00
9.00	NURSING ADMINISTRATION	133,796	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	78,292	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	75,086	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	270,159	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	1,530,551						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,888	25		0	0	154	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,759	484		0	0	144	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	70,874	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	2,162,751	509		0	0	298	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/23/2021 12:28 pm

Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	311,996				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	182,567			10.00
11.00	MEDICAL RECORDS	0		0		11.00
12.00	STAFF TRANSPORTATION	0			175,092	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	311,078	182,041	0	172,819	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	459	272	0	205	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	459	254	0	2,068	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	311,996	182,567	0	175,092	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/23/2021 12:28 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	629,979					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	628,156	0	0		4,863,155	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	944	0	0	0	6,462	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	879	0	0	0	8,390	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		165,270	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	-11,781	99.00
100.00	TOTAL	629,979	0	0	0	5,031,496	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		890				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,846,695			3.00
4.00	ADMINISTRATIVE & GENERAL	0	890	534,610	-2,162,751	2,880,526	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	291	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	170	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	178,200	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	104,275	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	100,006	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	359,820	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,308,289	0	2,038,510	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	1,965	0	2,515	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	1,831	0	2,343	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	94,396	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	908	88,862		2,162,751	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.020225	0.048119		0.750818	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		100			7.00
8.00	DIETARY	0		0	85		8.00
9.00	NURSING ADMINISTRATION	0		0		2,721	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					2,713	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5	0	5	44	4	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	95	0	95	41	4	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	509	0	0	298	311,996	100.00
101.00	UNIT COST MULTIPLIER	5.090000	0.000000	0.000000	3.505882	114.662257	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	29,490					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			123,937			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	5,653,914	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	29,405	0	122,328	0	5,637,554	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	44	0	145	0	8,469	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	41	0	1,464	0	7,891	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	182,567	0	175,092	0	629,979	100.00
101.00	UNIT COST MULTIPLIER	6.190810	0.000000	1.412750	0.000000	0.111424	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0209

Period:

Worksheet 0-6

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Part II
Date/Time Prepared:
7/23/2021 12:28 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	29,375				15.00
16.00	OTHER GENERAL SERVICE		29,375			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	29,290	29,290			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	44	44	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	41	41	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY
LEVEL OF CARE

Provider CCN: 14-0209

Period:

Worksheet 0-7

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020

Date/Time Prepared:
7/23/2021 12:28 pm

			Hospice I		
Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)		
			HCHC	HRHC	HIRC
	0	1.00	2.00	3.00	4.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	66.00	0.255474	0	0	0
2.00 OCCUPATIONAL THERAPY	67.00	0.335996	0	0	0
3.00 SPEECH PATHOLOGY	68.00	0.308530	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.228370	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00				
6.00 LABORATORY	60.00	0.139438	0	0	0
6.01 NORTHSIDE LAB	60.01	0.000000	0	0	0
7.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0.024473	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00				
9.00 RADIOLOGY-THERAPEUTIC	55.00	0.119997	0	0	0
10.00 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.375147	0	0	0
10.01 GASTRO INTESTINAL SERVICES	76.01	0.071154	0	0	0
10.02 CARDIOLOGY	76.02	0.150420	0	0	0
10.03 PULMONARY FUNCTION TESTING	76.03	0.043908	0	0	0
10.97 CARDIAC REHABILITATION	76.97	0.000000	0	0	0
10.98 HYPERBARIC OXYGEN THERAPY	76.98	0.550404	0	0	0
10.99 LITHOTRIPSY	76.99	0.000000	0	0	0
11.00 Totals (sum of lines 1-11)					11.00
Cost Center Descriptions	Charges by LOC (from Provider Records)		Shared Service Costs by LOC		
	HGIP		HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)
	5.00	6.00	7.00	8.00	9.00
ANCILLARY SERVICE COST CENTERS					
1.00 PHYSICAL THERAPY	0	0	0	0	0
2.00 OCCUPATIONAL THERAPY	0	0	0	0	0
3.00 SPEECH PATHOLOGY	0	0	0	0	0
4.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0
5.00 DURABLE MEDICAL EQUIP-RENTED					
6.00 LABORATORY	0	0	0	0	0
6.01 NORTHSIDE LAB	0	0	0	0	0
7.00 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
8.00 OTHER OUTPATIENT SERVICE COST CENTER					
9.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
10.00 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
10.01 GASTRO INTESTINAL SERVICES	0	0	0	0	0
10.02 CARDIOLOGY	0	0	0	0	0
10.03 PULMONARY FUNCTION TESTING	0	0	0	0	0
10.97 CARDIAC REHABILITATION	0	0	0	0	0
10.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
10.99 LITHOTRIPSY	0	0	0	0	0
11.00 Totals (sum of lines 1-11)		0	0	0	0

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0209

Period:

Worksheet 0-8

Hospice CCN: 14-1537

From 01/01/2020
To 12/31/2020Date/Time Prepared:
7/23/2021 12:28 pm

		Hospice I		TOTAL	
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID		
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			4,863,155	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			29,405	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			165.39	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	29,405	0		9.00
10.00	Program cost (line 8 times line 9)	4,863,293	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			6,462	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			44	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			146.86	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	44	0		14.00
15.00	Program cost (line 13 times line 14)	6,462	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			8,390	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			41	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			204.63	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	41	0		19.00
20.00	Program cost (line 18 times line 19)	8,390	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			4,878,007	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			29,490	22.00
23.00	Average cost per diem (line 21 divided by line 22)			165.41	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0209	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/23/2021 12:28 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,417,217	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		78,172	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)		138.75	3.00
4.00	Number of interns & residents (see instructions)		28.13	4.00
5.00	Indirect medical education percentage (see instructions)		5.89	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)		142,374	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,637,763	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