

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: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/27/2021 12:19 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE LUTHERAN GENERAL HOSPITAL (14-0223) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

VICE PRESIDENT, REIMBURSEMENT
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	545,886	-150,900	0	0	1.00
2.00	Subprovider - IPF	0	101,830	0		0	2.00
3.00	Subprovider - IRF	0	28,706	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	676,422	-150,900	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: 14-0223		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 12:19 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1775 W. DEMPSTER STREET			PO Box:				1.00		
2.00	City: PARK RIDGE			State: IL		Zip Code: 60068-		County: COOK		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ADVOCATE LUTHERAN GENERAL HOSPITAL	140223	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16974	4	07/01/1984	N	P	O
5.00	Subprovider - IRF		ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16974	5	07/01/1984	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020	12/31/2020		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00

Worksheet S-2
Part I
Date/Time Prepared:
7/27/2021 12:19 pm

MCRIF32 - 16.10.172.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0223		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/27/2021 12:19 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		Y	Y		60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1	60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1	60.02		
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).							61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
			1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
			1.00					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
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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)		10.41	73.07	0.124701	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	9.97	26.06	0.276714	65.00
65.01		INTERNAL MEDICINE	1400	11.35	54.94	0.171217	65.01
65.02		INTERNAL MEDICINE	3900	2.17	7.43	0.226042	65.02
65.03		PEDIATRICS	2000	7.34	35.78	0.170223	65.03
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		5.02	83.96	0.056417	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	4.23	21.99	0.161327	67.00
67.01		INTERNAL MEDICINE	1400	10.60	55.20	0.161094	67.01
67.02		PEDIATRICS	2000	6.00	31.23	0.161160	67.02

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			V 1.00	XIX 2.00	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00
				1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
				1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	746,930	1,270,000	6,086,119	118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06	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

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		1.00		2.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	

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			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00	169.00
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			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: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/27/2021 12:19 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/22/2021 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N 16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/31/2021	Y 05/31/2021 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/27/2021 12:19 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ELLEN	SCHULTZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH AND HOSPITALS CORP.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(708) 606-8044	ELLEN.SCHULTZ2@AAH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part II
Date/Time Prepared:
7/27/2021 12:19 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.	SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 12:19 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	415	151,890	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)		415	151,890	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	42	15,372	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	32	11,712	0.00	0	9.00
9.01 NEONATAL CARE UNIT	32.01	54	19,764	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		543	198,738	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	55	20,130		0	16.00
17.00 SUBPROVIDER - IRF	41.00	45	16,470		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	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)		643				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)		17	6,222			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: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 12:19 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)	38,193	4,543	115,296			1.00
2.00	HMO and other (see instructions)	19,480	22,192				2.00
3.00	HMO IPF Subprovider	738	1,873				3.00
4.00	HMO IRF Subprovider	1,811	491				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)	38,193	4,543	115,296			7.00
8.00	INTENSIVE CARE UNIT	1,703	409	8,368			8.00
9.00	CORONARY CARE UNIT	3,566	206	8,680			9.00
9.01	NEONATAL CARE UNIT	0	1,124	11,059			9.01
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		872	5,209			13.00
14.00	Total (see instructions)	43,462	7,154	148,612	211.70	2,650.74	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,284	1,186	8,724	3.06	79.96	16.00
17.00	SUBPROVIDER - IRF	6,461	389	12,927	0.00	66.14	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			1,349			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	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)				214.76	2,796.84	27.00
28.00	Observation Bed Days		372	11,037			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	234	1,818			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: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
7/27/2021 12:19 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,163	816	26,642	1.00
2.00 HMO and other (see instructions)			2,887	3,948		2.00
3.00 HMO IPF Subprovider				267		3.00
4.00 HMO IRF Subprovider				29		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
9.01 NEONATAL CARE UNIT						9.01
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	7,163	816	26,642	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	123	82	1,083	16.00
17.00 SUBPROVIDER - IRF	0.00	0	419	21	822	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					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: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 12:19 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	259,918,693	0	259,918,693	6,335,950.00	41.02
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		2,873,562	0	2,873,562	19,170.00	149.90
4.01	Physicians - Part A - Teaching		7,041,750	0	7,041,750	56,306.00	125.06
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	14,331,059	0	14,331,059	515,064.00	27.82
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		12,160,346	666,455	12,826,801	433,132.00	29.61
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,068,850	0	1,068,850	12,060.74	88.62
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		383,988	0	383,988	1,994.70	192.50
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		38,662,387	0	38,662,387	553,070.49	69.90
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		62,029,116	0	62,029,116		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,479,617	0	3,479,617		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		558,019	0	558,019		
22.01	Physician Part A - Teaching		1,210,337	0	1,210,337		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		2,974,904	0	2,974,904		
25.50	Home office wage-related (core)		7,060,509	0	7,060,509		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
7/27/2021 12:19 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	2,443,097	-1,666,501	776,596	14,685.00	52.88	26.00
27.00	Administrative & General	5.00	37,172,643	-16,147,617	21,025,026	467,106.00	45.01	27.00
28.00	Administrative & General under contract (see inst.)		2,150,872	0	2,150,872	11,765.25	182.82	28.00
29.00	Maintenance & Repairs	6.00	-5,933	22,387	16,454	811.00	20.29	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,817,908	1,422,456	4,240,364	68,235.00	62.14	38.00
39.00	Central Services and Supply	14.00	1,516,492	105,967	1,622,459	79,860.00	20.32	39.00
40.00	Pharmacy	15.00	10,509,365	-492,271	10,017,094	206,788.00	48.44	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	1,941,677	82,269	2,023,946	53,511.00	37.82	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
7/27/2021 12:19 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)	240,696,756	0	240,696,756	5,776,345.25	41.67	1.00
2.00	Excluded area salaries (see instructions)	12,160,346	666,455	12,826,801	433,132.00	29.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	228,536,410	-666,455	227,869,955	5,343,213.25	42.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	40,115,225	0	40,115,225	567,125.93	70.73	4.00
5.00	Subtotal wage-related costs (see inst.)	69,647,644	0	69,647,644	0.00	30.56	5.00
6.00	Total (sum of lines 3 thru 5)	338,299,279	-666,455	337,632,824	5,910,339.18	57.13	6.00
7.00	Total overhead cost (see instructions)	58,546,121	-16,673,310	41,872,811	902,761.25	46.38	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part IV
Date/Time Prepared:
7/27/2021 12:19 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	13,933,497	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)	826,353	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	208,946	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)	18,483,352	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	5,811,424	9.00
10.00	Dental, Hearing and Vision Plan	775,456	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	186,790	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)	2,253,364	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,125,600	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	18,666,597	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	377,589	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	62,254	21.00
22.00	Day Care Cost and Allowances	597,000	22.00
23.00	Tuition Reimbursement	1,484,721	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	66,792,943	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: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
7/27/2021 12:19 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	1,068,850	66,792,943	1.00
2.00	Hospital	1,068,850	63,313,326	2.00
3.00	Subprovider - IPF	0	1,934,679	3.00
4.00	Subprovider - IRF	0	1,544,938	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 7/27/2021 12:19 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)			0.269215	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			87,969,230	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			398,301,121	6.00
7.00	Medicaid cost (line 1 times line 6)			107,228,636	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)			19,259,406	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)			19,259,406	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	49,636,866	4,284,154	53,921,020	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,362,989	4,284,154	17,647,143	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	13,362,989	4,284,154	17,647,143	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			40,895,035	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,480,476	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,277,655	27.01
28.00	Non-Medicare bad debt expense (see instructions)			38,617,380	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			11,193,557	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			28,840,700	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			48,100,106	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0223		Period: From 01/01/2020 To 12/31/2020		Worksheet A Date/Time Prepared: 7/27/2021 12:19 pm							
		Cost Center Description		Salaries		Other		Total (col. 1 + col. 2)		Reclassification ons (See A-6)		Reclassified Trial Balance (col. 3 +- col. 4)			
				1.00		2.00		3.00		4.00		5.00			
GENERAL SERVICE COST CENTERS															
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				0		0		19,567,347		19,567,347		1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				0		0		13,772,618		13,772,618		2.00	
3.00	00300	OTHER CAPITAL RELATED COSTS				0		0		0		0		3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		2,443,097		46,462,719		48,905,816		-1,666,501		47,239,315		4.00	
5.03	00560	PURCHASING RECEIVING AND STORES		0		3,491,651		3,491,651		0		3,491,651		5.03	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		589		23,482,179		23,482,768		0		23,482,768		5.05	
5.06	00590	OTHER ADMIN AND GENERAL		37,172,054		161,694,160		198,866,214		-32,675,542		166,190,672		5.06	
6.00	00600	MAINTENANCE & REPAIRS		-5,933		27,501,818		27,495,885		-135,246		27,360,639		6.00	
7.00	00700	OPERATION OF PLANT		0		0		0		0		0		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		0		0		0		3,213,121		3,213,121		8.00	
9.00	00900	HOUSEKEEPING		0		12,536,498		12,536,498		-3,299,948		9,236,550		9.00	
10.00	01000	DIETARY		0		9,518,776		9,518,776		-3,634,514		5,884,262		10.00	
11.00	01100	CAFETERIA		0		0		0		3,580,521		3,580,521		11.00	
13.00	01300	NURSING ADMINISTRATION		2,817,908		1,391,440		4,209,348		1,339,308		5,548,656		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		1,516,492		3,786,731		5,303,223		-345,091		4,958,132		14.00	
15.00	01500	PHARMACY		10,509,365		38,021,518		48,530,883		-34,883,677		13,647,206		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		0		543,109		543,109		-840		542,269		16.00	
17.00	01700	SOCIAL SERVICE		1,941,677		279,895		2,221,572		82,269		2,303,841		17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		14,331,059		3,654,653		17,985,712		0		17,985,712		21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		7,041,750		4,854,513		11,896,263		306,798		12,203,061		22.00	
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.		1,057,013		176,577		1,233,590		-934,490		299,100		23.00	
23.01	02301	PARAMED ED PRGM-PHARMACY		0		0		0		954,875		954,875		23.01	
INPATIENT ROUTINE SERVICE COST CENTERS															
30.00	03000	ADULTS & PEDIATRICS		59,861,435		7,992,120		67,853,555		2,522,115		70,375,670		30.00	
31.00	03100	INTENSIVE CARE UNIT		8,515,260		2,092,475		10,607,735		322,638		10,930,373		31.00	
32.00	03200	CORONARY CARE UNIT		7,989,099		2,528,385		10,517,484		386,148		10,903,632		32.00	
32.01	03201	NEONATAL CARE UNIT		7,889,459		1,132,875		9,022,334		459,092		9,481,426		32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		0		0		0		0		0		33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		0		0		0		0		34.00	
40.00	04000	SUBPROVIDER - IPF		6,060,721		664,932		6,725,653		252,483		6,978,136		40.00	
41.00	04100	SUBPROVIDER - IRF		4,839,790		512,819		5,352,609		171,094		5,523,703		41.00	
42.00	04200	SUBPROVIDER		0		0		0		0		0		42.00	
43.00	04300	NURSERY		0		0		0		1,113,944		1,113,944		43.00	
44.00	04400	SKILLED NURSING FACILITY		0		0		0		0		0		44.00	
ANCILLARY SERVICE COST CENTERS															
50.00	05000	OPERATING ROOM		12,848,149		6,140,540		18,988,689		-2,403,340		16,585,349		50.00	
51.00	05100	RECOVERY ROOM		1,771,972		161,329		1,933,301		153,992		2,087,293		51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM		4,592,906		702,865		5,295,771		95,015		5,390,786		52.00	
53.00	05300	ANESTHESIOLOGY		641,513		753,098		1,394,611		-90,059		1,304,552		53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC		9,896,266		3,177,786		13,074,052		-1,403,688		11,670,364		54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC		1,106,354		4,935,923		6,042,277		-556,215		5,486,062		55.00	
56.00	05600	RADIOISOTOPE		1,425,573		1,137,080		2,562,653		136,130		2,698,783		56.00	
57.00	05700	CT SCAN		2,049,371		1,521,939		3,571,310		-345,226		3,226,084		57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,525,051		801,498		2,326,549		-400,135		1,926,414		58.00	
59.00	05900	CARDIAC CATHETERIZATION		1,812,765		2,133,443		3,946,208		-887,647		3,058,561		59.00	
60.00	06000	LABORATORY		0		19,565,081		19,565,081		0		19,565,081		60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0		4,139,159		4,139,159		0		4,139,159		62.00	
65.00	06500	RESPIRATORY THERAPY		8,209,310		1,209,159		9,418,469		595,662		10,014,131		65.00	
66.00	06600	PHYSICAL THERAPY		10,652,616		1,212,657		11,865,273		1,198,750		13,064,023		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		3,156,699		704,965		3,861,664		184,988		4,046,652		69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY		1,063,342		1,127,957		2,191,299		70,524		2,261,823		70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0		55,050,055		55,050,055		511,793		55,561,848		71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0		30,126,072		30,126,072		0		30,126,072		72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS		0		0		0		34,125,192		34,125,192		73.00	
74.00	07400	RENAL DIALYSIS		851,266		271,164		1,122,430		55,426		1,177,856		74.00	
75.00	07500	ASC (NON-DISTINCT PART)		2,522,983		270,444		2,793,427		230,632		3,024,059		75.00	
76.00	03950	REHAB MEDICINE		850,245		99,360		949,605		70,269		1,019,874		76.00	
76.20	03951	DAY HOSPITAL		889,369		72,840		962,209		85,063		1,047,272		76.20	
76.45	03340	GASTRO INTESTINAL SERVICES		2,388,363		926,800		3,315,163		-199,240		3,115,923		76.45	
76.97	07697	CARDIAC REHABILITATION		433,720		53,212		486,932		126,498		613,430		76.97	
76.98	07698	CAR-T CELLS		0		1,119,000		1,119,000		0		1,119,000		76.98	
76.99	07699	LITHOTRIPER		0		592,700		592,700		0		592,700		76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0		0		0		904,130		904,130		77.00	
OUTPATIENT SERVICE COST CENTERS															
90.00	09000	CLINIC		0		0		0		0		0		90.00	
90.01	09001	DIABETES CARE CENTER		175,907		14,340		190,247		1,700		191,947		90.01	
90.02	09002	OUTPATIENT CENTER		2,982,536		419,978		3,402,514		346,824		3,749,338		90.02	
90.03	09003	PAIN CLINIC		391,377		54,525		445,902		35,565		481,467		90.03	
90.04	09007	CLINIC		0		0		0		0		0		90.04	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A

Date/Time Prepared:
7/27/2021 12:19 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	
90.05	09004	WOUND CARE CENTER	445,114	39,234	484,348	-484,348	0	90.05
90.06	09005	ANTI-COAG LAB	589,403	45,618	635,021	-68,764	566,257	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	490,228	4,842,174	5,332,402	-9,694	5,322,708	90.08
91.00	09100	EMERGENCY	11,972,638	2,412,420	14,385,058	786,293	15,171,351	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	259,715,871	498,154,258	757,870,129	3,334,612	761,204,741	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	202,822	3,654,157	3,856,979	-3,334,612	522,367	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	259,918,693	501,808,415	761,727,108	0	761,727,108	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A

Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,306,710	21,874,057	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,461,765	18,234,383	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,672,842	57,912,157	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	0	3,491,651	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	23,482,768	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-49,189,933	117,000,739	5.06
6.00	00600	MAINTENANCE & REPAIRS	-823,581	26,537,058	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,213,121	8.00
9.00	00900	HOUSEKEEPING	0	9,236,550	9.00
10.00	01000	DIETARY	0	5,884,262	10.00
11.00	01100	CAFETERIA	-1,487,335	2,093,186	11.00
13.00	01300	NURSING ADMINISTRATION	-7	5,548,649	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-85	4,958,047	14.00
15.00	01500	PHARMACY	-68,559	13,578,647	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	542,269	16.00
17.00	01700	SOCIAL SERVICE	-124,236	2,179,605	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	17,985,712	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-357,825	11,845,236	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	-21,416	277,684	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	954,875	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-925,456	69,450,214	30.00
31.00	03100	INTENSIVE CARE UNIT	-8,121	10,922,252	31.00
32.00	03200	CORONARY CARE UNIT	-13,619	10,890,013	32.00
32.01	03201	NEONATAL CARE UNIT	-16,861	9,464,565	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	-108,370	6,869,766	40.00
41.00	04100	SUBPROVIDER - IRF	-3,992	5,519,711	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,113,944	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-55,546	16,529,803	50.00
51.00	05100	RECOVERY ROOM	-52	2,087,241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-13,296	5,377,490	52.00
53.00	05300	ANESTHESIOLOGY	-166,771	1,137,781	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-110,755	11,559,609	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-36,126	5,449,936	55.00
56.00	05600	RADIOISOTOPE	0	2,698,783	56.00
57.00	05700	CT SCAN	0	3,226,084	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,926,414	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,043	3,057,518	59.00
60.00	06000	LABORATORY	0	19,565,081	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,139,159	62.00
65.00	06500	RESPIRATORY THERAPY	-290	10,013,841	65.00
66.00	06600	PHYSICAL THERAPY	-85	13,063,938	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-72,259	3,974,393	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-158	2,261,665	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	55,561,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	30,126,072	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,125,192	73.00
74.00	07400	RENAL DIALYSIS	-8	1,177,848	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,024,059	75.00
76.00	03950	REHAB MEDICINE	-40	1,019,834	76.00
76.20	03951	DAY HOSPITAL	-11,315	1,035,957	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	3,115,923	76.45
76.97	07697	CARDIAC REHABILITATION	0	613,430	76.97
76.98	07698	CAR-T CELLS	0	1,119,000	76.98
76.99	07699	LITHOTRIPER	0	592,700	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	904,130	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	191,947	90.01
90.02	09002	OUTPATIENT CENTER	-3,049	3,746,289	90.02
90.03	09003	PAIN CLINIC	0	481,467	90.03
90.04	09007	CLINIC	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	566,257	90.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A

Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	-21	5,322,687	90.08
91.00	09100	EMERGENCY	-307,223	14,864,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-36,486,116	724,718,625	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	522,367	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-36,486,116	725,240,992	200.00

RECLASSIFICATIONS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
7/27/2021 12:19 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS CHARGES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	34,125,192		1.00
	0		0	34,125,192		
	B - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	3,213,121		1.00
	0		0	3,213,121		
	C - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	62,331	9,928		1.00
2.00	RADIOISOTOPE	56.00	60,468	9,632		2.00
3.00	CT SCAN	57.00	103,946	16,557		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	80,121	12,762		4.00
	0		306,866	48,879		
	D - PARAMEDIC CHAPLAIN					
1.00	OTHER ADMIN AND GENERAL	5.06	863,101	155,546		1.00
	0		863,101	155,546		
	E - REHAB DIRECTORS					
1.00	PHYSICAL THERAPY	66.00	14,123	6,428		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	16,738	7,618		2.00
	0		30,861	14,046		
	G - NURSERY					
1.00	NURSERY	43.00	1,020,026	93,918		1.00
	0		1,020,026	93,918		
	H - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	0	3,580,521		1.00
	0		0	3,580,521		
	J - NURSING ADMIN PERSONNEL					
1.00	NURSING ADMINISTRATION	13.00	1,231,692	58,252		1.00
	0		1,231,692	58,252		
	K - PARAMEDIC PHARMACY					
1.00	PARAMED ED PRGM-PHARMACY	23.01	884,383	70,492		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		884,383	70,492		
	L - CHILD LIFE/PRENATAL					
1.00	ADULTS & PEDIATRICS	30.00	46,637	17,799		1.00
	0		46,637	17,799		
	M - WOUND CARE COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	445,114	39,234		1.00
	0		445,114	39,234		
	N - BOOK DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	15,956,423		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	13,772,618		2.00
	0		0	29,729,041		
	O - RECLASS BUILDING RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,610,924		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	3,610,924		
	P - RECLASSIFY EQUIPMENT DEPRECIATION					
1.00	OTHER ADMIN AND GENERAL	5.06	0	13,249,505		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	13,249,505	
Q - OIG FRAUD EMPLOYEES					
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	48,306	1.00
0			0	48,306	
R - LT, MGT, AND ASSOCIATE INCENTIVE					
1.00	OTHER ADMIN AND GENERAL	5.06	1,171,574	0	1.00
2.00	NURSING ADMINISTRATION	13.00	120,940	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	8,076	0	3.00
4.00	PHARMACY	15.00	27,556	0	4.00
5.00	I&R SERVICES-OTHER PRGM	22.00	7,884	0	5.00
	COSTS APPRVD				
6.00	ADULTS & PEDIATRICS	30.00	69,017	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	19,344	0	7.00
8.00	CORONARY CARE UNIT	32.00	8,797	0	8.00
9.00	NEONATAL CARE UNIT	32.01	9,658	0	9.00
10.00	SUBPROVIDER - IRF	41.00	37,118	0	10.00
11.00	OPERATING ROOM	50.00	56,293	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	9,525	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	17,305	0	13.00
14.00	RESPIRATORY THERAPY	65.00	20,761	0	14.00
15.00	PHYSICAL THERAPY	66.00	6,005	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	19,513	0	16.00
17.00	DAY HOSPITAL	76.20	3,604	0	17.00
18.00	GASTRO INTESTINAL SERVICES	76.45	9,190	0	18.00
19.00	PAIN CLINIC	90.03	6,690	0	19.00
20.00	ANTI-COAG LAB	90.06	11,907	0	20.00
21.00	EMERGENCY	91.00	25,744	0	21.00
0			1,666,501	0	
S - ALLOGENEIC BONE MARROW ACQUISITION					
1.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	904,130	1.00
0			0	904,130	
T - RECLASS COVID COSTS TO HOME CC					
1.00	MAINTENANCE & REPAIRS	6.00	22,387	0	1.00
2.00	NURSING ADMINISTRATION	13.00	69,824	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	97,891	0	3.00
4.00	PHARMACY	15.00	272,511	0	4.00
5.00	SOCIAL SERVICE	17.00	82,269	0	5.00
6.00	I&R SERVICES-OTHER PRGM	22.00	327,054	0	6.00
	COSTS APPRVD				
7.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	84,525	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	5,301,772	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	728,550	0	9.00
10.00	CORONARY CARE UNIT	32.00	695,845	0	10.00
11.00	NEONATAL CARE UNIT	32.01	548,114	0	11.00
12.00	SUBPROVIDER - IPF	40.00	256,531	0	12.00
13.00	SUBPROVIDER - IRF	41.00	241,145	0	13.00
14.00	OPERATING ROOM	50.00	856,080	0	14.00
15.00	RECOVERY ROOM	51.00	155,268	0	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	291,805	0	16.00
17.00	ANESTHESIOLOGY	53.00	77,179	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	765,572	0	18.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	85,688	0	19.00
20.00	RADIOISOTOPE	56.00	134,329	0	20.00
21.00	CT SCAN	57.00	184,740	0	21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	92,717	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	255,567	0	23.00
24.00	RESPIRATORY THERAPY	65.00	776,394	0	24.00
25.00	PHYSICAL THERAPY	66.00	1,235,589	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	319,625	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	150,397	0	27.00
28.00	RENAL DIALYSIS	74.00	75,719	0	28.00
29.00	ASC (NON-DISTINCT PART)	75.00	251,337	0	29.00
30.00	REHAB MEDICINE	76.00	71,545	0	30.00
31.00	DAY HOSPITAL	76.20	81,459	0	31.00
32.00	GASTRO INTESTINAL SERVICES	76.45	393,096	0	32.00
33.00	CARDIAC REHABILITATION	76.97	130,946	0	33.00
34.00	DIABETES CARE CENTER	90.01	1,700	0	34.00
35.00	OUTPATIENT CENTER	90.02	383,372	0	35.00
36.00	PAIN CLINIC	90.03	49,582	0	36.00
37.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	27,445	0	37.00
38.00	ANTI-COAG LAB	90.06	16,592	0	38.00
39.00	CRYSTAL LAKE INFUSION	90.08	30,916	0	39.00
40.00	EMERGENCY	91.00	1,239,659	0	40.00
41.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	39,977	0	41.00
	TOTALS		16,902,713	0	
500.00	Grand Total: Increases		23,397,894	88,958,906	500.00

RECLASSIFICATIONS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Date/Time Prepared:
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	Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
1.00	A - DRUGS CHARGES							1.00
	PHARMACY _____	15.00	0	34,125,192	0			
	0		0	34,125,192				
1.00	B - LINEN							1.00
	HOUSEKEEPING _____	9.00	0	3,213,121	0			
	0		0	3,213,121				
1.00 2.00 3.00 4.00	C - RADIOLOGY ADMIN							1.00 2.00 3.00 4.00
	RADIOLOGY-DIAGNOSTIC	54.00	306,866	48,879	0			
		0.00	0	0	0			
		0.00	0	0	0			
	0	0.00	0	0	0			
1.00	D - PARAMEDIC CHAPLAIN							1.00
	PARAMED ED PRGM-PASTORAL EDUC. _____	23.00	863,101	155,546	0			
	0		863,101	155,546				
1.00 2.00	E - REHAB DIRECTORS							1.00 2.00
	SUBPROVIDER - IRF	41.00	30,861	14,046	0			
		0.00	0	0	0			
1.00	G - NURSERY							1.00
	ADULTS & PEDIATRICS _____	30.00	1,020,026	93,918	0			
	0		1,020,026	93,918				
1.00	H - CAFETERIA COSTS							1.00
	DIETARY _____	10.00	0	3,580,521	0			
	0		0	3,580,521				
1.00	J - NURSING ADMIN PERSONNEL							1.00
	OTHER ADMIN AND GENERAL _____	5.06	1,231,692	58,252	0			
	0		1,231,692	58,252				
1.00 2.00 3.00	K - PARAMEDIC PHARMACY							1.00 2.00 3.00
	PHARMACY	15.00	792,338	63,957	0			
	ANTI-COAG LAB	90.06	90,795	6,468	0			
	OTHER ADMIN AND GENERAL _____	5.06	1,250	67	0			
1.00	L - CHILD LIFE/PRENATAL							1.00
	OTHER ADMIN AND GENERAL _____	5.06	46,637	17,799	0			
	0		46,637	17,799				
1.00	M - WOUND CARE COSTS							1.00
	WOUND CARE CENTER _____	90.05	445,114	39,234	0			
	0		445,114	39,234				
1.00 2.00	N - BOOK DEPRECIATION RECLASS							1.00 2.00
	OTHER ADMIN AND GENERAL _____	5.06	0	29,729,041	9			
	0	0.00	0	0	9			
1.00 2.00 3.00	O - RECLASS BUILDING RENT							1.00 2.00 3.00
	OTHER ADMIN AND GENERAL	5.06	0	127,817	10			
	CRYSTAL LAKE INFUSION	90.08	0	39,751	10			
	GIFT, FLOWER, COFFEE SHOP & CANTEEN _____	190.00	0	3,443,356	10			
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00	P - RECLASSIFY EQUIPMENT DEPRECIATION							1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 20.00 21.00
	MAINTENANCE & REPAIRS	6.00	0	157,633	0			
	HOUSEKEEPING	9.00	0	38,521	0			
	DIETARY	10.00	0	53,993	0			
	NURSING ADMINISTRATION	13.00	0	141,400	0			
	CENTRAL SERVICES & SUPPLY	14.00	0	451,058	0			
	PHARMACY	15.00	0	202,257	0			
	MEDICAL RECORDS & LIBRARY	16.00	0	840	0			
	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	28,140	0			
	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	368	0			
	ADULTS & PEDIATRICS	30.00	0	895,036	0			
	INTENSIVE CARE UNIT	31.00	0	425,256	0			
	CORONARY CARE UNIT	32.00	0	318,494	0			
	NEONATAL CARE UNIT	32.01	0	98,680	0			
	SUBPROVIDER - IPF	40.00	0	4,048	0			
	SUBPROVIDER - IRF	41.00	0	62,262	0			
	OPERATING ROOM	50.00	0	3,315,713	0			
	RECOVERY ROOM	51.00	0	1,276	0			
	DELIVERY ROOM & LABOR ROOM	52.00	0	206,315	0			
ANESTHESIOLOGY	53.00	0	167,238	0				
RADIOLOGY-DIAGNOSTIC	54.00	0	1,830,820	0				
RADIOLOGY-THERAPEUTIC	55.00	0	714,162	0				

RECLASSIFICATIONS

Provider CCN: 14-0223

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	
22.00	RADIOISOTOPE	56.00	0	68,299	0	22.00
23.00	CT SCAN	57.00	0	650,469	0	23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	585,735	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	1,143,214	0	25.00
26.00	RESPIRATORY THERAPY	65.00	0	201,493	0	26.00
27.00	PHYSICAL THERAPY	66.00	0	63,395	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	0	154,150	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	79,873	0	29.00
30.00	RENAL DIALYSIS	74.00	0	20,293	0	30.00
31.00	ASC (NON-DISTINCT PART)	75.00	0	20,705	0	31.00
32.00	REHAB MEDICINE	76.00	0	1,276	0	32.00
33.00	GASTRO INTESTINAL SERVICES	76.45	0	601,526	0	33.00
34.00	CARDIAC REHABILITATION	76.97	0	4,448	0	34.00
35.00	OUTPATIENT CENTER	90.02	0	36,548	0	35.00
36.00	PAIN CLINIC	90.03	0	20,707	0	36.00
37.00	CRYSTAL LAKE INFUSION	90.08	0	859	0	37.00
38.00	EMERGENCY	91.00	0	479,110	0	38.00
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,895	0	39.00
			0	13,249,505		
Q - OIG FRAUD EMPLOYEES						
1.00	HOUSEKEEPING	9.00	0	48,306	0	1.00
			0	48,306		
R - LT, MGT, AND ASSOCIATE INCENTIVE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,666,501	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
			1,666,501	0		
S - ALLOGENEIC BONE MARROW ACQUISITION						
1.00	ADULTS & PEDIATRICS	30.00	0	904,130	0	1.00
			0	904,130		
T - RECLASS COVID COSTS TO HOME CC						
1.00	OTHER ADMIN AND GENERAL	5.06	16,902,713	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
7/27/2021 12:19 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
	TOTALS		16,902,713	0			
500.00	Grand Total: Decreases		23,397,894	88,958,906			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
7/27/2021 12:19 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	838,158	0	0	0	0	1.00	
2.00	Land Improvements	19,754,091	0	0	0	2,112,119	2.00	
3.00	Buildings and Fixtures	549,401,084	16,286,786	0	16,286,786	16,089,997	3.00	
4.00	Building Improvements	4,995,287	53,300	0	53,300	2,391,411	4.00	
5.00	Fixed Equipment	133,950,495	14,742,834	0	14,742,834	6,488,694	5.00	
6.00	Movable Equipment	446,645	0	0	0	50,200	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	709,385,760	31,082,920	0	31,082,920	27,132,421	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	709,385,760	31,082,920	0	31,082,920	27,132,421	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	838,158	0				1.00	
2.00	Land Improvements	17,641,972	5,220,921				2.00	
3.00	Buildings and Fixtures	549,597,873	213,232,492				3.00	
4.00	Building Improvements	2,657,176	271,620				4.00	
5.00	Fixed Equipment	142,204,635	46,189,954				5.00	
6.00	Movable Equipment	396,445	224,004				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	713,336,259	265,138,991				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	713,336,259	265,138,991				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
7/27/2021 12:19 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	18,290,789	3,583,268	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	18,234,383	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	36,525,172	3,583,268	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	21,874,057	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	18,234,383	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	40,108,440	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 12:19 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW CAP 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	-209,378	OTHER ADMIN AND GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)	A	-241,833	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,953,231			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	15,123,656			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	1,688,495	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	111,625	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		-897,150	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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 12:19 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		
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.00
33.02	(3)		0		0.00	0	33.02
33.03	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.03
33.04	(3)		0		0.00	0	33.04
33.08	COMMUNITY RELATIONS	A	-1,070	OTHER ADMIN AND GENERAL	5.06	0	33.03
33.10	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.04
33.11	(3)		0		0.00	0	33.08
33.12	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.10
33.13	(3)		0		0.00	0	33.11
33.14	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.12
33.15	(3)		0		0.00	0	33.13
33.17	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.14
33.18	(3)		0		0.00	0	33.15
33.19	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.17
33.21	(3)		0		0.00	0	33.18
33.22	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.19
33.23	(3)		0		0.00	0	33.21
33.24	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.22
33.25	(3)		0		0.00	0	33.23
33.26	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.24
33.27	(3)		0		0.00	0	33.25
33.28	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.26
33.29	(3)		0		0.00	0	33.27
33.30	PUBLIC AID ASSESSMENT EXPENSE	A	-31,879,107	OTHER ADMIN AND GENERAL	5.06	0	33.28
33.31	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.29
33.32	(3)		0		0.00	0	33.30
33.33	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.31
33.34	(3)		0		0.00	0	33.32
33.35	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.33
33.36	(3)		0		0.00	0	33.34
33.37	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.35
33.38	(3)		0		0.00	0	33.36
33.39	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.37
33.40	(3)		0		0.00	0	33.38
33.41	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.39
33.42	(3)		0		0.00	0	33.40
33.43	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.41
33.44	(3)		0		0.00	0	33.42
33.45	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.43
33.46	(3)		0		0.00	0	33.44
33.47	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.45
33.48	(3)		0		0.00	0	33.46
33.49	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.47
33.50	(3)		0		0.00	0	33.48
33.51	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.49
33.52	(3)		0		0.00	0	33.50
33.53	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.51
33.54	(3)		0		0.00	0	33.52
33.55	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.53
33.56	(3)		0		0.00	0	33.54
33.57	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.55
33.58	(3)		0		0.00	0	33.56
33.59	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.57
33.60	(3)		0		0.00	0	33.58
33.61	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.59
33.62	(3)		0		0.00	0	33.60
33.63	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.61
33.64	(3)		0		0.00	0	33.62
33.65	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.63
33.66	(3)		0		0.00	0	33.64
33.67	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.65
33.68	(3)		0		0.00	0	33.66
33.69	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.67
33.70	(3)		0		0.00	0	33.68
33.71	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.69
33.72	(3)		0		0.00	0	33.70
33.73	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.71
33.74	(3)		0		0.00	0	33.72
33.75	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.73
33.76	(3)		0		0.00	0	33.74
33.77	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.75
33.78	(3)		0		0.00	0	33.76
33.79	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.77
33.80	(3)		0		0.00	0	33.78
33.81	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.79
33.82	(3)		0		0.00	0	33.80
33.83	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.81
33.84	(3)		0		0.00	0	33.82
33.85	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.83
33.86	(3)		0		0.00	0	33.84
33.87	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.85
33.88	(3)		0		0.00	0	33.86
33.89	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.87
33.90	(3)		0		0.00	0	33.88
33.91	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.89
33.92	(3)		0		0.00	0	33.90
33.93	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.91
33.94	(3)		0		0.00	0	33.92
33.95	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.93
33.96	(3)		0		0.00	0	33.94
33.97	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.95
33.98	(3)		0		0.00	0	33.96
33.99	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.97
34.00	(3)		0		0.00	0	33.98
34.01	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.99
34.02	(3)		0		0.00	0	34.00
34.03	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.01
34.04	(3)		0		0.00	0	34.02
34.05	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.03
34.06	(3)		0		0.00	0	34.04
34.07	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.05
34.08	(3)		0		0.00	0	34.06
34.09	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.07
34.10	(3)		0		0.00	0	34.08
34.11	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.09
34.12	(3)		0		0.00	0	34.10
34.13	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.11
34.14	(3)		0		0.00	0	34.12
34.15	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.13
34.16	(3)		0		0.00	0	34.14
34.17	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.15
34.18	(3)		0		0.00	0	34.16
34.19	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.17
34.20	(3)		0		0.00	0	34.18
34.21	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.19
34.22	(3)		0		0.00	0	34.20
34.23	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.21
34.24	(3)		0		0.00	0	34.22
34.25	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.23
34.26	(3)		0		0.00	0	34.24
34.27	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.25
34.28	(3)		0		0.00	0	34.26
34.29	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.27
34.30	(3)		0		0.00	0	34.28
34.31	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.29
34.32	(3)		0		0.00	0	34.30
34.33	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.31
34.34	(3)		0		0.00	0	34.32
34.35	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.33
34.36	(3)		0		0.00	0	34.34
34.37	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.35
34.38	(3)		0		0.00	0	34.36
34.39	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.37
34.40	(3)		0		0.00	0	34.38
34.41	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.39
34.42	(3)		0		0.00	0	34.40
34.43	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.41
34.44	(3)		0		0.00	0	34.42
34.45	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.43
34.46	(3)		0		0.00	0	34.44
34.47	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.45
34.48	(3)		0		0.00	0	34.46
34.49	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.47
34.50	(3)		0		0.00	0	34.48
34.51	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.49
34.52	(3)		0		0.00	0	34.50
34.53	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.51
34.54	(3)		0		0.00	0	34.52
34.55	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.53
34.56	(3)		0		0.00	0	34.54
34.57	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.55
34.58	(3)		0		0.00	0	34.56
34.59	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.57
34.60	(3)		0		0.00	0	34.58
34.61	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.59
34.62	(3)		0		0.00	0	34.60
34.63	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.61
34.64	(3)		0		0.00	0	34.62
34.65	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.63
34.66	(3)		0		0.00	0	34.64
34.67	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.65
34.68	(3)		0		0.00	0	34.66
34.69	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.67
34.70	(3)		0		0.00	0	34.68
34.71	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.69
34.72	(3)		0		0.00	0	34.70
34.73	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.71
34.74	(3)		0		0.00	0	34.72
34.75	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.73
34.76	(3)		0		0.00	0	34.74
34.77	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.75
34.78	(3)		0		0.00	0	34.76
34.79	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.77
34.80	(3)		0		0.00	0	34.78
34.81	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.79
34.82	(3)		0		0.00	0	34.80
34.83	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.81
34.84	(3)		0		0.00	0	34.82
34.85	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.83
34.86	(3)		0		0.00	0	34.84
34.87	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.85
34.88	(3)		0		0.00	0	34.86
34.89	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.87
34.90	(3)		0		0.00	0	34.88
34.91	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.89
34.92	(3)		0		0.00	0	34.90
34.93	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.91
34.94	(3)		0		0.00	0	34.92
34.95	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.93
34.96	(3)		0		0.00	0	34.94
34.97	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.95
34.98	(3)		0		0.00	0	34.96
34.99	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.97
35.00	(3)		0		0.00	0	34.98

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 12:19 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	
43.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.24
43.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.25
43.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.26
43.27	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.27
43.29	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.29
43.30	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.30
43.31	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.31
43.32	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.32
43.33	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.33
43.34	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.34
43.35	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.35
43.37	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.37
44.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.00
44.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.01
44.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.02
44.04	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.04
44.05	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.05
44.06	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.06
44.10	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.10
44.11	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.11
44.12	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.12
44.13	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.13
44.14	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.14
44.15	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.15
44.18	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.18
44.19	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.19
44.21	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.21
44.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.22
44.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.23
44.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.24
44.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.25
44.26	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.26
44.27	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.27
44.28	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-32,400	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.28
44.29	FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-6,546,722	OTHER ADMIN AND GENERAL	5.06	0	44.29

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
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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	
44.30	FOODBEV/NON		0		0.00	0	44.30
	ALLOW/AHPFEE/EMPLOYEE REL						
45.02	FOODBEV/NON		0		0.00	0	45.02
	ALLOW/AHPFEE/EMPLOYEE REL						
45.03	FOODBEV/NON	A	-7	NURSING ADMINISTRATION	13.00	0	45.03
	ALLOW/AHPFEE/EMPLOYEE REL						
45.04	FOODBEV/NON	A	-85	CENTRAL SERVICES & SUPPLY	14.00	0	45.04
	ALLOW/AHPFEE/EMPLOYEE REL						
45.05	FOODBEV/NON	A	-152	PHARMACY	15.00	0	45.05
	ALLOW/AHPFEE/EMPLOYEE REL						
45.06	FOODBEV/NON	A	-124,236	SOCIAL SERVICE	17.00	0	45.06
	ALLOW/AHPFEE/EMPLOYEE REL						
45.08	FOODBEV/NON	A	-93,675	I&R SERVICES-OTHER PRGM	22.00	0	45.08
	ALLOW/AHPFEE/EMPLOYEE REL			COSTS APPRVD			
45.09	FOODBEV/NON	A	-18,190	PARAMED ED PRGM-PASTORAL	23.00	0	45.09
	ALLOW/AHPFEE/EMPLOYEE REL			EDUC.			
45.10	FOODBEV/NON	A	-22,813	ADULTS & PEDIATRICS	30.00	0	45.10
	ALLOW/AHPFEE/EMPLOYEE REL						
45.11	FOODBEV/NON	A	-6,143	INTENSIVE CARE UNIT	31.00	0	45.11
	ALLOW/AHPFEE/EMPLOYEE REL						
45.12	FOODBEV/NON	A	-37	CORONARY CARE UNIT	32.00	0	45.12
	ALLOW/AHPFEE/EMPLOYEE REL						
45.13	FOODBEV/NON	A	-16,861	NEONATAL CARE UNIT	32.01	0	45.13
	ALLOW/AHPFEE/EMPLOYEE REL						
45.14	FOODBEV/NON	A	-341	SUBPROVIDER - IPF	40.00	0	45.14
	ALLOW/AHPFEE/EMPLOYEE REL						
45.15	FOODBEV/NON	A	-3,992	SUBPROVIDER - IRF	41.00	0	45.15
	ALLOW/AHPFEE/EMPLOYEE REL						
45.16	FOODBEV/NON	A	-2,347	OPERATING ROOM	50.00	0	45.16
	ALLOW/AHPFEE/EMPLOYEE REL						
45.17	FOODBEV/NON	A	0		0.00	0	45.17
	ALLOW/AHPFEE/EMPLOYEE REL						
45.18	FOODBEV/NON	A	-13,296	DELIVERY ROOM & LABOR ROOM	52.00	0	45.18
	ALLOW/AHPFEE/EMPLOYEE REL						
45.19	FOODBEV/NON	A	-4,523	RADIOLOGY-DIAGNOSTIC	54.00	0	45.19
	ALLOW/AHPFEE/EMPLOYEE REL						
45.20	FOODBEV/NON	A	-36,126	RADIOLOGY-THERAPEUTIC	55.00	0	45.20
	ALLOW/AHPFEE/EMPLOYEE REL						
45.21	FOODBEV/NON	A	-1,043	CARDIAC CATHETERIZATION	59.00	0	45.21
	ALLOW/AHPFEE/EMPLOYEE REL						
45.22	FOODBEV/NON	A	-5,696	ELECTROCARDIOLOGY	69.00	0	45.22
	ALLOW/AHPFEE/EMPLOYEE REL						
45.23	FOODBEV/NON	A	-158	ELECTROENCEPHALOGRAPHY	70.00	0	45.23
	ALLOW/AHPFEE/EMPLOYEE REL						
45.24	FOODBEV/NON	A	-8	RENAL DIALYSIS	74.00	0	45.24
	ALLOW/AHPFEE/EMPLOYEE REL						
45.25	FOODBEV/NON	A	-3,049	OUTPATIENT CENTER	90.02	0	45.25
	ALLOW/AHPFEE/EMPLOYEE REL						
45.26	FOODBEV/NON	A	-21	CRYSTAL LAKE INFUSION	90.08	0	45.26
	ALLOW/AHPFEE/EMPLOYEE REL						
45.27	FOODBEV/NON	A	-5,395	EMERGENCY	91.00	0	45.27
	ALLOW/AHPFEE/EMPLOYEE REL						
45.28	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.28
	(3)						
45.29	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.29
	(3)						
45.30	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.30
	(3)						
45.31	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.31
	(3)						
45.32	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.32
	(3)						
45.33	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.33
	(3)						
45.34	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.34
	(3)						
45.35	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.35
	(3)						
45.36	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.36
	(3)						

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 12:19 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	
45.37	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.37
	(3)						
45.38	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.38
	(3)						
45.39	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.39
	(3)						
45.40	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.40
	(3)						
45.41	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.41
	(3)						
45.42	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.42
	(3)						
45.43	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.43
	(3)						
45.44	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.44
	(3)						
45.46	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.46
	(3)						
45.47	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.47
	(3)						
45.48	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.48
	(3)						
45.49	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.49
	(3)						
45.50	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.50
	(3)						
45.51	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.51
	(3)						
45.52	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.52
	(3)						
45.53	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.53
	(3)						
45.55	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.55
	(3)						
45.56	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.56
	(3)						
45.57	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.57
	(3)						
45.58	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.58
	(3)						
45.59	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.59
	(3)						
45.60	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.60
	(3)						
45.61	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.61
	(3)						
45.63	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.63
	(3)						
45.64	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.64
	(3)						
45.65	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.65
	(3)						
45.66	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.66
	(3)						
45.67	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.67
	(3)						
45.68	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.68
	(3)						
45.69	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.69
	(3)						
45.70	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.70
	(3)						
45.71	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.71
	(3)						
45.72	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.72
	(3)						
45.73	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.73
	(3)						
45.74	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.74
	(3)						

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
7/27/2021 12:19 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	
45.75	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.75
45.76	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.76
45.77	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.77
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,486,116				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: 14-0223

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

Worksheet A-8-1

Date/Time Prepared:
7/27/2021 12:19 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	847,975	0	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL EQUIPMENT	4,350,140	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	10,618,342	0	3.00
3.01	0.00			0	0	3.01
4.00	5.00	OTHER ADMIN AND GENERAL	A&G	68,890,663	69,583,464	4.00
5.00	0		0	84,707,120	69,583,464	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:						

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

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

6.00	B	LUTHERAN GENER.	100.00	AHCS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0223

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

Worksheet A-8-1

Date/Time Prepared:
7/27/2021 12:19 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	847,975	9		1.00
2.00	4,350,140	9		2.00
3.00	10,618,342	0		3.00
3.01	0	0		3.01
4.00	-692,801	0		4.00
5.00	15,123,656			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0223

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

Worksheet A-8-2

Date/Time Prepared:
7/27/2021 12:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMIN AND GENERAL	6,435,469	154,866	6,280,603	211,500	20,641	1.00
2.00	31.00	INTENSIVE CARE UNIT	2,080	0	2,080	211,500	1	2.00
3.00	32.00	CORONARY CARE UNIT	13,684	0	13,684	211,500	1	3.00
4.00	40.00	SUBPROVIDER - IPF	100,371	0	100,371	181,300	1	4.00
5.00	50.00	OPERATING ROOM	53,318	0	53,318	246,400	1	5.00
6.00	51.00	RECOVERY ROOM	154	0	154	211,500	1	6.00
7.00	53.00	ANESTHESIOLOGY	166,886	0	166,886	239,400	1	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	92,500	0	92,500	271,900	1	8.00
9.00	69.00	ELECTROCARDIOLOGY	56,411	0	56,411	211,500	1	9.00
10.00	91.00	EMERGENCY	132,153	0	132,153	211,500	1	10.00
200.00			7,053,026	154,866	6,898,160		20,650	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMIN AND GENERAL	2,098,833	104,942	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	102	5	0	0	0	2.00
3.00	32.00	CORONARY CARE UNIT	102	5	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	87	4	0	0	0	4.00
5.00	50.00	OPERATING ROOM	119	6	0	0	0	5.00
6.00	51.00	RECOVERY ROOM	102	5	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	115	6	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	131	7	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	102	5	0	0	0	9.00
10.00	91.00	EMERGENCY	102	5	0	0	0	10.00
200.00			2,099,795	104,990	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMIN AND GENERAL	0	2,098,833	4,181,770	4,336,636		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	102	1,978	1,978		2.00
3.00	32.00	CORONARY CARE UNIT	0	102	13,582	13,582		3.00
4.00	40.00	SUBPROVIDER - IPF	0	87	100,284	100,284		4.00
5.00	50.00	OPERATING ROOM	0	119	53,199	53,199		5.00
6.00	51.00	RECOVERY ROOM	0	102	52	52		6.00
7.00	53.00	ANESTHESIOLOGY	0	115	166,771	166,771		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	131	92,369	92,369		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	102	56,309	56,309		9.00
10.00	91.00	EMERGENCY	0	102	132,051	132,051		10.00
200.00			0	2,099,795	4,798,365	4,953,231		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW MVBLE EQUIP		
			0	1.00	2.00	4.00	5.03
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	21,874,057	21,874,057			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	18,234,383		18,234,383		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	57,912,157	113,898	94,946	58,121,001	4.00
5.03	00500	PURCHASING RECEIVING AND STORES	3,491,651	463,256	386,174	0	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	23,482,768	137,979	115,020	132	5.05
5.06	00590	OTHER ADMIN AND GENERAL	117,000,739	2,591,021	2,159,896	4,715,403	5.06
6.00	00600	MAINTENANCE & REPAIRS	26,537,058	5,603,791	4,671,366	3,690	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,213,121	0	0	0	8.00
9.00	00900	HOUSEKEEPING	9,236,550	251,297	209,483	0	9.00
10.00	01000	DIETARY	5,884,262	202,957	169,186	0	10.00
11.00	01100	CAFETERIA	2,093,186	268,218	223,588	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,548,649	145,332	121,150	951,037	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,958,047	187,299	156,134	363,888	14.00
15.00	01500	PHARMACY	13,578,647	122,544	102,153	2,246,654	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	542,269	96,487	80,432	0	16.00
17.00	01700	SOCIAL SERVICE	2,179,605	21,422	17,857	453,935	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	17,985,712	0	0	3,214,199	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,845,236	633,858	528,389	1,654,458	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	277,684	9,493	7,913	62,448	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	954,875	2,006	1,672	198,351	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	69,450,214	4,183,347	3,487,270	14,412,194	30.00
31.00	03100	INTENSIVE CARE UNIT	10,922,252	349,923	291,699	2,077,559	31.00
32.00	03200	CORONARY CARE UNIT	10,890,013	410,697	342,361	1,949,850	32.00
32.01	03201	NEONATAL CARE UNIT	9,464,565	283,251	236,121	1,894,562	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,869,766	421,646	351,487	1,416,846	40.00
41.00	04100	SUBPROVIDER - IRF	5,519,711	407,533	339,723	1,140,966	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,113,944	16,490	13,746	228,773	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,529,803	720,912	600,958	3,086,237	50.00
51.00	05100	RECOVERY ROOM	2,087,241	61,740	51,467	432,245	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,377,490	330,849	275,798	1,097,689	52.00
53.00	05300	ANESTHESIOLOGY	1,137,781	26,176	21,820	161,190	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,559,609	680,787	567,509	2,326,315	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,449,936	321,445	267,959	281,333	55.00
56.00	05600	RADIOISOTOPE	2,698,783	136,211	113,546	363,420	56.00
57.00	05700	CT SCAN	3,226,084	78,200	65,188	524,384	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,926,414	160,321	133,645	380,806	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,057,518	446,217	371,970	463,890	59.00
60.00	06000	LABORATORY	19,565,081	55,991	46,674	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,139,159	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	10,013,841	42,338	35,294	2,019,988	65.00
66.00	06600	PHYSICAL THERAPY	13,063,938	161,005	134,215	2,670,825	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	3,974,393	101,419	84,544	784,053	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,261,665	35,193	29,337	272,220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	55,561,848	4,486	3,740	105,986	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	30,126,072	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,125,192	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,177,848	49,647	41,386	207,906	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,024,059	211,588	176,381	622,230	75.00
76.00	03950	REHAB MEDICINE	1,019,834	59,675	49,745	206,741	76.00
76.20	03951	DAY HOSPITAL	1,035,957	61,963	51,653	218,548	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	3,115,923	157,365	131,181	625,892	76.45
76.97	07697	CARDIAC REHABILITATION	613,430	28,151	23,467	126,644	76.97
76.98	07698	CAR-T CELLS	1,119,000	0	0	0	76.98
76.99	07699	LITHOTRIPER	592,700	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	904,130	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	191,947	7,710	6,427	39,834	90.01
90.02	09002	OUTPATIENT CENTER	3,746,289	125,812	104,878	754,913	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	5.03	
90.03	09003	PAIN CLINIC	481,467	27,795	23,170	100,400	138	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	566,257	0	0	118,221	33	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	5,322,687	0	0	116,883	995	90.08
91.00	09100	EMERGENCY	14,864,128	563,532	469,764	2,969,054	4,305	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	724,718,625	21,580,273	17,989,482	58,062,792	4,340,905	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	522,367	293,784	244,901	58,209	176	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118 through 201)	725,240,992	21,874,057	18,234,383	58,121,001	4,341,081	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5A.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	23,735,899					5.05
5.06	00590	OTHER ADMIN AND GENERAL	0	126,512,943	126,512,943			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	36,818,016	7,779,757	44,597,773		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,213,121	678,942	0	0	8.00
9.00	00900	HOUSEKEEPING	0	9,697,330	2,049,075	864,486	0	9.00
10.00	01000	DIETARY	0	6,256,405	1,321,997	698,191	0	10.00
11.00	01100	CAFETERIA	0	2,584,992	546,217	922,694	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,774,455	1,431,463	499,956	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,719,245	1,208,494	644,327	0	14.00
15.00	01500	PHARMACY	0	16,058,469	3,393,203	421,562	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	719,188	151,967	331,924	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,672,844	564,780	73,693	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	21,199,911	4,479,605	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	14,664,014	3,098,550	2,180,532	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	358,241	75,697	32,656	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,156,904	244,457	6,899	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,564,452	95,117,193	20,098,458	14,391,113	0	30.00
31.00	03100	INTENSIVE CARE UNIT	575,135	14,221,230	3,004,989	1,203,769	0	31.00
32.00	03200	CORONARY CARE UNIT	504,115	14,100,912	2,979,565	1,412,838	0	32.00
32.01	03201	NEONATAL CARE UNIT	618,674	12,512,951	2,644,024	974,412	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	225,003	9,286,563	1,962,279	1,450,502	0	40.00
41.00	04100	SUBPROVIDER - IRF	302,510	7,711,384	1,629,439	1,401,953	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	167,379	1,540,657	325,545	56,726	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,223,661	22,192,765	4,689,398	2,480,005	0	50.00
51.00	05100	RECOVERY ROOM	160,362	2,793,386	590,251	212,391	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	299,645	7,383,626	1,560,182	1,138,151	0	52.00
53.00	05300	ANESTHESIOLOGY	514,874	1,862,091	393,465	90,046	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,349,446	16,485,365	3,483,407	2,341,971	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	499,643	6,820,645	1,441,223	1,105,802	0	55.00
56.00	05600	RADIOISOTOPE	253,946	3,565,961	753,498	468,578	0	56.00
57.00	05700	CT SCAN	1,341,892	5,235,980	1,106,378	269,015	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	570,605	3,171,992	670,251	551,521	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	503,427	4,844,926	1,023,747	1,535,029	0	59.00
60.00	06000	LABORATORY	1,973,111	21,640,857	4,572,778	192,613	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	47,577	4,186,736	884,670	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	474,339	12,590,908	2,660,497	145,648	0	65.00
66.00	06600	PHYSICAL THERAPY	540,114	16,572,789	3,501,880	553,872	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	408,964	5,353,993	1,131,315	348,891	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	159,603	2,758,394	582,857	121,067	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	628,775	58,964,315	12,459,337	15,434	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	842,077	32,423,509	6,851,185	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,340,092	37,465,284	7,916,527	0	0	73.00
74.00	07400	RENAL DIALYSIS	59,579	1,536,629	324,694	170,792	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	356,494	4,391,122	927,857	727,883	0	75.00
76.00	03950	REHAB MEDICINE	29,493	1,366,364	288,717	205,287	0	76.00
76.20	03951	DAY HOSPITAL	26,130	1,394,347	294,630	213,157	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	420,502	4,452,492	940,825	541,351	0	76.45
76.97	07697	CARDIAC REHABILITATION	18,900	810,854	171,336	96,843	0	76.97
76.98	07698	CAR-T CELLS	10,588	1,129,588	238,685	0	0	76.98
76.99	07699	LITHOTRIPER	17,342	610,042	128,904	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	17,012	921,142	194,640	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	522	246,453	52,076	26,523	0	90.01
90.02	09002	OUTPATIENT CENTER	176,630	4,909,917	1,037,480	432,805	0	90.02
90.03	09003	PAIN CLINIC	36,529	669,499	141,467	95,617	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	14,074	698,585	147,613	0	0	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
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Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5A.05	5.06	6.00	7.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	277,276	5,717,841	1,208,197	0	0	90.08
91.00	09100	EMERGENCY	1,185,407	20,056,190	4,237,933	1,938,603	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,735,899	724,121,555	126,276,403	43,587,128	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,119,437	236,540	1,010,645	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,735,899	725,240,992	126,512,943	44,597,773	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,892,063					8.00
9.00	00900	HOUSEKEEPING	0	12,610,891				9.00
10.00	01000	DIETARY	0	201,330	8,477,923			10.00
11.00	01100	CAFETERIA	0	266,067	0	4,319,970		11.00
13.00	01300	NURSING ADMINISTRATION	0	144,167	0	76,933	8,926,974	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	185,798	0	29,436	44,222	14.00
15.00	01500	PHARMACY	0	121,561	0	181,740	24,891	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	95,713	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	21,250	0	36,720	30,236	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	260,008	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	628,776	0	133,835	56	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	9,417	0	5,052	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,989	0	16,045	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,635,566	4,149,806	6,273,358	1,165,961	4,028,846	30.00
31.00	03100	INTENSIVE CARE UNIT	191,285	347,118	455,310	168,061	498,315	31.00
32.00	03200	CORONARY CARE UNIT	198,417	407,405	472,286	157,731	452,463	32.00
32.01	03201	NEONATAL CARE UNIT	252,799	280,980	0	153,258	441,148	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	199,423	418,266	474,681	114,614	311,267	40.00
41.00	04100	SUBPROVIDER - IRF	295,500	404,266	703,369	92,297	305,436	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	119,073	16,357	0	18,506	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	715,132	0	249,657	684,705	50.00
51.00	05100	RECOVERY ROOM	0	61,245	0	34,966	98,182	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	328,196	98,919	88,796	284,119	52.00
53.00	05300	ANESTHESIOLOGY	0	25,966	0	13,039	39,937	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	675,329	0	188,184	120,587	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	318,868	0	22,758	0	55.00
56.00	05600	RADIOISOTOPE	0	135,119	0	29,398	0	56.00
57.00	05700	CT SCAN	0	77,573	0	42,419	1,011	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	159,036	0	30,805	58	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	442,640	0	37,526	92,699	59.00
60.00	06000	LABORATORY	0	55,542	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	41,999	0	163,404	5,275	65.00
66.00	06600	PHYSICAL THERAPY	0	159,714	0	216,053	13,071	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	100,606	0	63,425	169,679	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34,911	0	22,021	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,450	0	8,574	73	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	49,249	0	16,818	45,230	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	209,892	0	50,334	162,217	75.00
76.00	03950	REHAB MEDICINE	0	59,196	0	16,724	0	76.00
76.20	03951	DAY HOSPITAL	0	61,466	0	17,679	20,784	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	156,104	0	50,631	143,829	76.45
76.97	07697	CARDIAC REHABILITATION	0	27,926	0	10,245	25,235	76.97
76.98	07698	CAR-T CELLS	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	7,648	0	3,222	6,863	90.01
90.02	09002	OUTPATIENT CENTER	0	124,803	0	61,068	89,104	90.02
90.03	09003	PAIN CLINIC	0	27,572	0	8,122	274	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	9,563	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	9,455	13,301	90.08
91.00	09100	EMERGENCY	0	559,014	0	240,178	773,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,892,063	12,319,462	8,477,923	4,315,261	8,926,974	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	291,429	0	4,709	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,892,063	12,610,891	8,477,923	4,319,970	8,926,974	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,831,522					14.00
15.00	01500	PHARMACY	0	20,201,426				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,298,792			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,399,523		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	25,939,524	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	45	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	253,947	195,698	2,515,524	17,209,259	30.00
31.00	03100	INTENSIVE CARE UNIT	0	36,875	31,452	182,573	1,184,547	31.00
32.00	03200	CORONARY CARE UNIT	0	71,032	27,568	189,380	1,229,416	32.00
32.01	03201	NEONATAL CARE UNIT	0	25,957	33,833	0	1,565,294	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	285	12,304	190,340	392,285	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,915	16,543	282,041	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	9,153	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	83,017	66,917	0	2,592,158	50.00
51.00	05100	RECOVERY ROOM	0	4,809	8,770	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	33,396	16,386	39,665	0	52.00
53.00	05300	ANESTHESIOLOGY	0	172,145	28,156	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	50,745	73,796	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,562	27,323	0	0	55.00
56.00	05600	RADIOISOTOPE	0	436,353	13,887	0	0	56.00
57.00	05700	CT SCAN	0	168,957	73,382	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,962	31,204	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,862	27,530	0	0	59.00
60.00	06000	LABORATORY	0	0	107,901	0	251,268	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	2,602	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	14,461	25,940	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,423	29,537	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	83,042	22,365	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	8,728	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,061,610	1,834	34,385	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,769,912	0	46,050	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,060,237	182,656	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	61,572	3,258	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	20,778	19,495	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	1,613	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	1,429	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	33,543	22,996	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	1,034	0	0	76.97
76.98	07698	CAR-T CELLS	0	0	579	0	0	76.98
76.99	07699	LITHOTRIPER	0	0	948	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	930	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	29	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	32,787	9,659	0	0	90.02
90.03	09003	PAIN CLINIC	0	63	1,998	0	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	770	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	2,235,048	15,163	0	0	90.08
91.00	09100	EMERGENCY	0	268,774	64,825	0	1,515,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,831,522	20,201,426	1,298,792	3,399,523	25,939,524	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,831,522	20,201,426	1,298,792	3,399,523	25,939,524	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	20,705,808					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.		481,063				23.00
23.01	02301	PARAMED ED PRGM-PHARMACY			1,426,294			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,737,016	333,571	583,994	182,689,310	-30,946,275	30.00
31.00	03100	INTENSIVE CARE UNIT	945,545	23,930	121,764	22,616,763	-2,130,092	31.00
32.00	03200	CORONARY CARE UNIT	981,362	24,822	140,679	22,845,876	-2,210,778	32.00
32.01	03201	NEONATAL CARE UNIT	1,249,471	31,626	0	20,165,753	-2,814,765	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	313,135	24,948	0	15,150,892	-705,420	40.00
41.00	04100	SUBPROVIDER - IRF	0	36,967	0	12,883,110	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	2,086,017	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,069,148	0	0	35,822,902	-4,661,306	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,804,000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,199	0	10,976,635	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,624,845	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,419,384	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	9,738,181	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,402,794	0	56.00
57.00	05700	CT SCAN	0	0	0	6,974,715	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	4,636,829	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	8,013,959	0	59.00
60.00	06000	LABORATORY	200,570	0	72,113	27,093,642	-451,838	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	5,074,008	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	15,648,132	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,061,339	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	7,273,316	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	3,527,983	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	76,550,012	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	42,090,656	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	379,478	62,004,182	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,208,242	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	6,509,578	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	1,937,901	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	2,003,492	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	6,341,771	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,143,473	0	76.97
76.98	07698	CAR-T CELLS	0	0	0	1,368,852	0	76.98
76.99	07699	LITHOTRIPER	0	0	0	739,894	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,116,712	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	342,814	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	6,697,623	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			22.00	23.00	23.01	24.00	25.00	
90.03	09003	PAIN CLINIC	0	0	0	944,612	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	94,574	951,105	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	9,199,005	0	90.08
91.00	09100	EMERGENCY	1,209,561	0	33,692	30,897,923	-2,724,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	20,705,808	481,063	1,426,294	722,578,232	-46,645,332	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,662,760	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	20,705,808	481,063	1,426,294	725,240,992	-46,645,332	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
32.01	03201	NEONATAL CARE UNIT	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
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 CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03950	REHAB MEDICINE	76.00
76.20	03951	DAY HOSPITAL	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	76.45
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	CAR-T CELLS	76.98
76.99	07699	LITHOTRIPER	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	DIABETES CARE CENTER	90.01
90.02	09002	OUTPATIENT CENTER	90.02
90.03	09003	PAIN CLINIC	90.03
90.04	09007	CLINIC	90.04
90.05	09004	WOUND CARE CENTER	90.05
90.06	09005	ANTI-COAG LAB	90.06
90.07	09006	HEART RISK ASSESSMENT	90.07
90.08	09008	CRYSTAL LAKE INFUSION	90.08

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
91.00	09100	EMERGENCY	28,173,065	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.00	09900	CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	675,932,900	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,662,760	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	194.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	678,595,660	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	113,898	94,946	208,844	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	0	463,256	386,174	849,430	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	137,979	115,020	252,999	5.05
5.06	00590	OTHER ADMIN AND GENERAL	718,247	2,591,021	2,159,896	5,469,164	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	5,603,791	4,671,366	10,275,157	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	251,297	209,483	460,780	9.00
10.00	01000	DIETARY	0	202,957	169,186	372,143	10.00
11.00	01100	CAFETERIA	0	268,218	223,588	491,806	11.00
13.00	01300	NURSING ADMINISTRATION	797,006	145,332	121,150	1,063,488	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	187,299	156,134	343,433	14.00
15.00	01500	PHARMACY	18,104	122,544	102,153	242,801	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	122,670	96,487	80,432	299,589	16.00
17.00	01700	SOCIAL SERVICE	0	21,422	17,857	39,279	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	11,551	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	633,858	528,389	1,162,247	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	9,493	7,913	17,406	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	2,006	1,672	3,678	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26	4,183,347	3,487,270	7,670,643	30.00
31.00	03100	INTENSIVE CARE UNIT	0	349,923	291,699	641,622	31.00
32.00	03200	CORONARY CARE UNIT	0	410,697	342,361	753,058	32.00
32.01	03201	NEONATAL CARE UNIT	0	283,251	236,121	519,372	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	421,646	351,487	773,133	40.00
41.00	04100	SUBPROVIDER - IRF	46,754	407,533	339,723	794,010	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	16,490	13,746	30,236	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,423	720,912	600,958	1,366,293	50.00
51.00	05100	RECOVERY ROOM	0	61,740	51,467	113,207	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	330,849	275,798	606,647	52.00
53.00	05300	ANESTHESIOLOGY	0	26,176	21,820	47,996	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,734	680,787	567,509	1,250,030	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	321,445	267,959	589,404	55.00
56.00	05600	RADIOISOTOPE	0	136,211	113,546	249,757	56.00
57.00	05700	CT SCAN	0	78,200	65,188	143,388	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	160,321	133,645	293,966	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	446,217	371,970	818,187	59.00
60.00	06000	LABORATORY	0	55,991	46,674	102,665	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	169,764	42,338	35,294	247,396	65.00
66.00	06600	PHYSICAL THERAPY	615	161,005	134,215	295,835	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	26	101,419	84,544	185,989	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,900	35,193	29,337	103,430	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,486	3,740	8,226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	49,647	41,386	91,033	74.00
75.00	07500	ASC (NON-DISTINCT PART)	111	211,588	176,381	388,080	75.00
76.00	03950	REHAB MEDICINE	0	59,675	49,745	109,420	76.00
76.20	03951	DAY HOSPITAL	56	61,963	51,653	113,672	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	122	157,365	131,181	288,668	76.45
76.97	07697	CARDIAC REHABILITATION	0	28,151	23,467	51,618	76.97
76.98	07698	CAR-T CELLS	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	120,635	0	0	120,635	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	7,710	6,427	14,137	90.01
90.02	09002	OUTPATIENT CENTER	0	125,812	104,878	230,690	90.02
90.03	09003	PAIN CLINIC	303	27,795	23,170	51,268	90.03

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	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	425	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	85,480	0	0	85,480	420	90.08
91.00	09100	EMERGENCY	0	563,532	469,764	1,033,296	10,670	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,164,976	21,580,273	17,989,482	41,734,731	208,635	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,493,721	293,784	244,901	4,032,406	209	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				0		201.00
202.00		TOTAL (sum lines 118 through 201)	5,658,697	21,874,057	18,234,383	45,767,137	208,844	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES	849,430					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	252,999				5.05
5.06	00590	OTHER ADMIN AND GENERAL	8,978	0	5,495,088			5.06
6.00	00600	MAINTENANCE & REPAIRS	413	0	337,916	10,613,499		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	29,490	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	89,002	205,733	0	9.00
10.00	01000	DIETARY	0	0	57,421	166,157	0	10.00
11.00	01100	CAFETERIA	0	0	23,725	219,585	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,621	0	62,176	118,981	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,542	0	52,491	153,339	0	14.00
15.00	01500	PHARMACY	1,658	0	147,385	100,324	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6,601	78,992	0	16.00
17.00	01700	SOCIAL SERVICE	5	0	24,531	17,538	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	194,573	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	406	0	134,586	518,929	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	138	0	3,288	7,772	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	10,618	1,642	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,858	37,502	872,949	3,424,836	0	30.00
31.00	03100	INTENSIVE CARE UNIT	912	6,144	130,522	286,476	0	31.00
32.00	03200	CORONARY CARE UNIT	758	5,386	129,418	336,231	0	32.00
32.01	03201	NEONATAL CARE UNIT	3,087	6,609	114,844	231,893	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	355	2,404	85,232	345,194	0	40.00
41.00	04100	SUBPROVIDER - IRF	184	3,232	70,775	333,641	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	64	1,788	14,140	13,500	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,104	13,073	203,685	590,198	0	50.00
51.00	05100	RECOVERY ROOM	65	1,713	25,638	50,545	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	422	3,201	67,767	270,860	0	52.00
53.00	05300	ANESTHESIOLOGY	49	5,501	17,090	21,429	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	332	14,417	151,303	557,349	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	64	5,338	62,600	263,162	0	55.00
56.00	05600	RADIOISOTOPE	11	2,713	32,728	111,514	0	56.00
57.00	05700	CT SCAN	45	14,336	48,056	64,021	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	39	6,096	29,113	131,252	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	373	5,378	44,467	365,310	0	59.00
60.00	06000	LABORATORY	0	21,079	198,620	45,839	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	508	38,426	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	999	5,068	115,559	34,662	0	65.00
66.00	06600	PHYSICAL THERAPY	527	5,770	152,105	131,812	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	121	4,369	49,139	83,030	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74	1,705	25,317	28,812	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	520,380	6,717	541,174	3,673	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	284,782	8,996	297,583	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,683	343,856	0	0	73.00
74.00	07400	RENAL DIALYSIS	52	637	14,103	40,645	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	72	3,809	40,302	173,224	0	75.00
76.00	03950	REHAB MEDICINE	171	315	12,540	48,855	0	76.00
76.20	03951	DAY HOSPITAL	19	279	12,797	50,728	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	319	4,492	40,865	128,832	0	76.45
76.97	07697	CARDIAC REHABILITATION	51	202	7,442	23,047	0	76.97
76.98	07698	CAR-T CELLS	0	113	10,367	0	0	76.98
76.99	07699	LITHOTRIPER	0	185	5,599	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	182	8,454	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	2	6	2,262	6,312	0	90.01
90.02	09002	OUTPATIENT CENTER	273	1,887	45,063	103,000	0	90.02
90.03	09003	PAIN CLINIC	27	390	6,145	22,755	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	6	150	6,412	0	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	195	2,962	52,478	0	0	90.08
91.00	09100	EMERGENCY	842	12,664	184,076	461,354	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	849,395	252,999	5,484,814	10,372,983	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35	0	10,274	240,516	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	849,430	252,999	5,495,088	10,613,499	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	29,490					8.00
9.00	00900	HOUSEKEEPING	0	755,515				9.00
10.00	01000	DIETARY	0	12,062	607,783			10.00
11.00	01100	CAFETERIA	0	15,940	0	751,056		11.00
13.00	01300	NURSING ADMINISTRATION	0	8,637	0	13,374	1,271,695	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,131	0	5,117	6,300	14.00
15.00	01500	PHARMACY	0	7,283	0	31,594	3,546	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,734	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,273	0	6,384	4,307	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	45,200	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	37,670	0	23,266	8	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	564	0	878	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	119	0	2,789	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,971	248,617	449,737	202,759	573,930	30.00
31.00	03100	INTENSIVE CARE UNIT	1,449	20,796	32,641	29,216	70,988	31.00
32.00	03200	CORONARY CARE UNIT	1,503	24,408	33,858	27,420	64,456	32.00
32.01	03201	NEONATAL CARE UNIT	1,915	16,833	0	26,643	62,844	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,511	25,058	34,030	19,925	44,342	40.00
41.00	04100	SUBPROVIDER - IRF	2,239	24,219	50,425	16,045	43,511	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	902	980	0	3,217	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	42,843	0	43,401	97,540	50.00
51.00	05100	RECOVERY ROOM	0	3,669	0	6,079	13,987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,662	7,092	15,436	40,474	52.00
53.00	05300	ANESTHESIOLOGY	0	1,556	0	2,267	5,689	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,459	0	32,714	17,178	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,103	0	3,956	0	55.00
56.00	05600	RADIOISOTOPE	0	8,095	0	5,111	0	56.00
57.00	05700	CT SCAN	0	4,647	0	7,374	144	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,528	0	5,355	8	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,518	0	6,524	13,205	59.00
60.00	06000	LABORATORY	0	3,327	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,516	0	28,406	751	65.00
66.00	06600	PHYSICAL THERAPY	0	9,568	0	37,559	1,862	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	6,027	0	11,026	24,172	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,091	0	3,828	1	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	267	0	1,490	10	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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	2,951	0	2,924	6,443	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	12,575	0	8,750	23,109	75.00
76.00	03950	REHAB MEDICINE	0	3,546	0	2,907	0	76.00
76.20	03951	DAY HOSPITAL	0	3,682	0	3,073	2,961	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	9,352	0	8,802	20,489	76.45
76.97	07697	CARDIAC REHABILITATION	0	1,673	0	1,781	3,595	76.97
76.98	07698	CAR-T CELLS	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	458	0	560	978	90.01
90.02	09002	OUTPATIENT CENTER	0	7,477	0	10,616	12,693	90.02
90.03	09003	PAIN CLINIC	0	1,652	0	1,412	39	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	1,662	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet B
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	1,644	1,895	90.08
91.00	09100	EMERGENCY	0	33,490	0	41,753	110,240	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,490	738,056	607,783	750,237	1,271,695	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,459	0	819	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,490	755,515	607,783	751,056	1,271,695	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	583,661					14.00
15.00	01500	PHARMACY	0	542,665				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	390,916			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	94,948		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	251,324	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1	0	0		22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	6,822	58,068	70,259		30.00
31.00	03100	INTENSIVE CARE UNIT	0	991	9,490	5,099		31.00
32.00	03200	CORONARY CARE UNIT	0	1,908	8,318	5,289		32.00
32.01	03201	NEONATAL CARE UNIT	0	697	10,209	0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	8	3,713	5,316		40.00
41.00	04100	SUBPROVIDER - IRF	0	105	4,992	7,877		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	2,762	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,230	20,192	0		50.00
51.00	05100	RECOVERY ROOM	0	129	2,646	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	897	4,944	1,108		52.00
53.00	05300	ANESTHESIOLOGY	0	4,624	8,496	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,363	22,267	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	42	8,245	0		55.00
56.00	05600	RADIOISOTOPE	0	11,722	4,190	0		56.00
57.00	05700	CT SCAN	0	4,539	22,142	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	590	9,416	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	265	8,307	0		59.00
60.00	06000	LABORATORY	0	0	32,558	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	785	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	388	7,827	0		65.00
66.00	06600	PHYSICAL THERAPY	0	387	8,912	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	2,231	6,748	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,634	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	377,237	49	10,375	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	206,424	0	13,895	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	431,421	55,115	0		73.00
74.00	07400	RENAL DIALYSIS	0	1,654	983	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	558	5,882	0		75.00
76.00	03950	REHAB MEDICINE	0	0	487	0		76.00
76.20	03951	DAY HOSPITAL	0	0	431	0		76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	901	6,939	0		76.45
76.97	07697	CARDIAC REHABILITATION	0	0	312	0		76.97
76.98	07698	CAR-T CELLS	0	0	175	0		76.98
76.99	07699	LITHOTRIPER	0	0	286	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	281	0		77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	DIABETES CARE CENTER	0	0	9	0		90.01
90.02	09002	OUTPATIENT CENTER	0	881	2,915	0		90.02
90.03	09003	PAIN CLINIC	0	2	603	0		90.03
90.04	09007	CLINIC	0	0	0	0		90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0		90.05
90.06	09005	ANTI-COAG LAB	0	0	232	0		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0		90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	60,040	4,575	0		90.08
91.00	09100	EMERGENCY	0	7,220	19,560	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.00	09900	CMHC	0	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	583,661	542,665	390,916	94,948	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0		194.00
200.00		Cross Foot Adjustments					251,324	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	583,661	542,665	390,916	94,948	251,324	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,883,059					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.		30,270				23.00
23.01	02301	PARAMED ED PRGM-PHARMACY			19,559			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				13,691,722	0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,243,812	0	31.00
32.00	03200	CORONARY CARE UNIT				1,399,018	0	32.00
32.01	03201	NEONATAL CARE UNIT				1,001,754	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT				0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
40.00	04000	SUBPROVIDER - IPF				1,345,313	0	40.00
41.00	04100	SUBPROVIDER - IRF				1,355,355	0	41.00
42.00	04200	SUBPROVIDER				0	0	42.00
43.00	04300	NURSERY				68,411	0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				2,396,650	0	50.00
51.00	05100	RECOVERY ROOM				219,231	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				1,042,455	0	52.00
53.00	05300	ANESTHESIOLOGY				115,276	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,095,772	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				952,925	0	55.00
56.00	05600	RADIOISOTOPE				427,147	0	56.00
57.00	05700	CT SCAN				310,576	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				486,731	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,290,201	0	59.00
60.00	06000	LABORATORY				404,088	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				39,719	0	62.00
65.00	06500	RESPIRATORY THERAPY				450,831	0	65.00
66.00	06600	PHYSICAL THERAPY				653,935	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				375,670	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				168,870	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				1,469,979	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT				811,680	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				866,075	0	73.00
74.00	07400	RENAL DIALYSIS				162,172	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				658,597	0	75.00
76.00	03950	REHAB MEDICINE				178,984	0	76.00
76.20	03951	DAY HOSPITAL				188,427	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES				511,908	0	76.45
76.97	07697	CARDIAC REHABILITATION				90,176	0	76.97
76.98	07698	CAR-T CELLS				10,655	0	76.98
76.99	07699	LITHOTRIPER				126,705	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION				8,917	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				0	0	90.00
90.01	09001	DIABETES CARE CENTER				24,867	0	90.01
90.02	09002	OUTPATIENT CENTER				418,208	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			22.00	23.00	23.01	24.00	25.00	
90.03	09003	PAIN CLINIC				84,654	0	90.03
90.04	09007	CLINIC				0	0	90.04
90.05	09004	WOUND CARE CENTER				0	0	90.05
90.06	09005	ANTI-COAG LAB				8,887	0	90.06
90.07	09006	HEART RISK ASSESSMENT				0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION				209,689	0	90.08
91.00	09100	EMERGENCY				1,915,165	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				0	0	95.00
99.00	09900	CMHC				0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	39,281,207	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				4,301,718	0	190.00
194.00	07950	OTHER NONREIMBURSABLE				0	0	194.00
200.00		Cross Foot Adjustments	1,883,059	30,270	19,559	2,184,212	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,883,059	30,270	19,559	45,767,137	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
32.01	03201	NEONATAL CARE UNIT	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
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 CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03950	REHAB MEDICINE	76.00
76.20	03951	DAY HOSPITAL	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	76.45
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	CAR-T CELLS	76.98
76.99	07699	LITHOTRIPER	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	DIABETES CARE CENTER	90.01
90.02	09002	OUTPATIENT CENTER	90.02
90.03	09003	PAIN CLINIC	90.03
90.04	09007	CLINIC	90.04
90.05	09004	WOUND CARE CENTER	90.05
90.06	09005	ANTI-COAG LAB	90.06
90.07	09006	HEART RISK ASSESSMENT	90.07
90.08	09008	CRYSTAL LAKE INFUSION	90.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
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Cost Center Description			Total	
			26.00	
91.00	09100	EMERGENCY	1,915,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.00	09900	CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,281,207	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,301,718	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	194.00
200.00		Cross Foot Adjustments	2,184,212	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	45,767,137	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.03	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,472,447				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		1,472,447			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,667	7,667	259,142,097		4.00
5.03	00560	PURCHASING RECEIVING AND STORES	31,184	31,184	0	89,859,918	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	9,288	9,288	589	0	2,510,757,747
5.06	00590	OTHER ADMIN AND GENERAL	174,414	174,414	21,024,437	949,798	0
6.00	00600	MAINTENANCE & REPAIRS	377,218	377,218	16,454	43,704	0
7.00	00700	OPERATION OF PLANT	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	16,916	16,916	0	0	0
10.00	01000	DIETARY	13,662	13,662	0	0	0
11.00	01100	CAFETERIA	18,055	18,055	0	0	0
13.00	01300	NURSING ADMINISTRATION	9,783	9,783	4,240,364	171,532	0
14.00	01400	CENTRAL SERVICES & SUPPLY	12,608	12,608	1,622,459	1,115,254	0
15.00	01500	PHARMACY	8,249	8,249	10,017,094	175,344	0
16.00	01600	MEDICAL RECORDS & LIBRARY	6,495	6,495	0	0	0
17.00	01700	SOCIAL SERVICE	1,442	1,442	2,023,946	508	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	14,331,059	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,668	42,668	7,376,688	42,917	0
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	639	639	278,437	14,561	0
23.01	02301	PARAMED ED PRGM-PHARMACY	135	135	884,383	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	281,601	281,601	64,258,835	408,133	377,116,492
31.00	03100	INTENSIVE CARE UNIT	23,555	23,555	9,263,154	96,513	60,835,061
32.00	03200	CORONARY CARE UNIT	27,646	27,646	8,693,741	80,232	53,322,884
32.01	03201	NEONATAL CARE UNIT	19,067	19,067	8,447,231	326,600	65,440,475
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	28,383	28,383	6,317,252	37,568	23,799,724
41.00	04100	SUBPROVIDER - IRF	27,433	27,433	5,087,192	19,476	31,998,058
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,110	1,110	1,020,026	6,721	17,704,575
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	48,528	48,528	13,760,522	645,708	129,433,179
51.00	05100	RECOVERY ROOM	4,156	4,156	1,927,240	6,851	16,962,302
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,271	22,271	4,894,236	44,607	31,695,066
53.00	05300	ANESTHESIOLOGY	1,762	1,762	718,692	5,180	54,460,941
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,827	45,827	10,372,277	35,162	142,738,051
55.00	05500	RADIOLOGY-THERAPEUTIC	21,638	21,638	1,254,373	6,819	52,849,933
56.00	05600	RADIOISOTOPE	9,169	9,169	1,620,370	1,138	26,861,195
57.00	05700	CT SCAN	5,264	5,264	2,338,057	4,810	141,939,068
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,792	10,792	1,697,889	4,156	60,355,942
59.00	05900	CARDIAC CATHETERIZATION	30,037	30,037	2,068,332	39,415	53,250,147
60.00	06000	LABORATORY	3,769	3,769	0	0	208,706,455
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	5,032,491
65.00	06500	RESPIRATORY THERAPY	2,850	2,850	9,006,465	105,730	50,173,400
66.00	06600	PHYSICAL THERAPY	10,838	10,838	11,908,333	55,719	57,130,744
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	6,827	6,827	3,495,837	12,838	43,258,259
70.00	07000	ELECTROENCEPHALOGRAPHY	2,369	2,369	1,213,739	7,781	16,882,015
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302	302	472,559	55,050,694	66,508,931
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	30,126,072	89,070,924
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	353,299,337
74.00	07400	RENAL DIALYSIS	3,342	3,342	926,985	5,449	6,301,998
75.00	07500	ASC (NON-DISTINCT PART)	14,243	14,243	2,774,320	7,651	37,708,248
76.00	03950	REHAB MEDICINE	4,017	4,017	921,790	18,142	3,119,671
76.20	03951	DAY HOSPITAL	4,171	4,171	974,432	1,984	2,763,897
76.45	03340	GASTRO INTESTINAL SERVICES	10,593	10,593	2,790,649	33,720	44,478,769
76.97	07697	CARDIAC REHABILITATION	1,895	1,895	564,666	5,422	1,999,191
76.98	07698	CAR-T CELLS	0	0	0	0	1,120,000
76.99	07699	LITHOTRIPER	0	0	0	0	1,834,358
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,799,422
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CARE CENTER	519	519	177,607	264	55,183
90.02	09002	OUTPATIENT CENTER	8,469	8,469	3,365,908	28,870	18,683,062

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.03	5.05	
90.03	09003	PAIN CLINIC	1,871	1,871	447,649	2,848	3,863,886	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	527,107	682	1,488,683	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	521,144	20,591	29,328,929	90.08
91.00	09100	EMERGENCY	37,934	37,934	13,238,041	89,104	125,386,801	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,452,671	1,452,671	258,882,560	89,856,268	2,510,757,747	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,776	19,776	259,537	3,650	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	21,874,057	18,234,383	58,121,001	4,341,081	23,735,899	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.855582	12.383728	0.224282	0.048309	0.009454	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			208,844	849,430	252,999	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000806	0.009453	0.000101	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: 14-0223

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description		Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
		5A.06	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN AND GENERAL	-126,512,943	598,728,049			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	36,818,016	872,676		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	872,676	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,213,121	0	170,263	8.00
9.00	00900	HOUSEKEEPING	0	9,697,330	16,916	16,916	9.00
10.00	01000	DIETARY	0	6,256,405	13,662	13,662	10.00
11.00	01100	CAFETERIA	0	2,584,992	18,055	18,055	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,774,455	9,783	9,783	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,719,245	12,608	12,608	14.00
15.00	01500	PHARMACY	0	16,058,469	8,249	8,249	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	719,188	6,495	6,495	16.00
17.00	01700	SOCIAL SERVICE	0	2,672,844	1,442	1,442	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	21,199,911	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	14,664,014	42,668	42,668	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	358,241	639	639	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,156,904	135	135	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	95,117,193	281,601	281,601	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,221,230	23,555	23,555	31.00
32.00	03200	CORONARY CARE UNIT	0	14,100,912	27,646	27,646	32.00
32.01	03201	NEONATAL CARE UNIT	0	12,512,951	19,067	19,067	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	9,286,563	28,383	28,383	40.00
41.00	04100	SUBPROVIDER - IRF	0	7,711,384	27,433	27,433	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,540,657	1,110	1,110	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	22,192,765	48,528	48,528	50.00
51.00	05100	RECOVERY ROOM	0	2,793,386	4,156	4,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,383,626	22,271	22,271	52.00
53.00	05300	ANESTHESIOLOGY	0	1,862,091	1,762	1,762	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,485,365	45,827	45,827	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,820,645	21,638	21,638	55.00
56.00	05600	RADIOISOTOPE	0	3,565,961	9,169	9,169	56.00
57.00	05700	CT SCAN	0	5,235,980	5,264	5,264	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,171,992	10,792	10,792	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,844,926	30,037	30,037	59.00
60.00	06000	LABORATORY	0	21,640,857	3,769	3,769	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,186,736	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	12,590,908	2,850	2,850	65.00
66.00	06600	PHYSICAL THERAPY	0	16,572,789	10,838	10,838	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	5,353,993	6,827	6,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,758,394	2,369	2,369	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	58,964,315	302	302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	32,423,509	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,465,284	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,536,629	3,342	3,342	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	4,391,122	14,243	14,243	75.00
76.00	03950	REHAB MEDICINE	0	1,366,364	4,017	4,017	76.00
76.20	03951	DAY HOSPITAL	0	1,394,347	4,171	4,171	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	4,452,492	10,593	10,593	76.45
76.97	07697	CARDIAC REHABILITATION	0	810,854	1,895	1,895	76.97
76.98	07698	CAR-T CELLS	0	1,129,588	0	0	76.98
76.99	07699	LITHOTRIPER	0	610,042	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	921,142	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	246,453	519	519	90.01
90.02	09002	OUTPATIENT CENTER	0	4,909,917	8,469	8,469	90.02
90.03	09003	PAIN CLINIC	0	669,499	1,871	1,871	90.03
90.04	09007	CLINIC	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
			5A.06	5.06	6.00	7.00	8.00	
90.06	09005	ANTI-COAG LAB	0	698,585	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	5,717,841	0	0	0	90.08
91.00	09100	EMERGENCY	0	20,056,190	37,934	37,934	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-126,512,943	597,608,612	852,900	852,900	170,263	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,119,437	19,776	19,776	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		126,512,943	44,597,773	0	3,892,063	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.211303	51.104617	0.000000	22.859124	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		5,495,088	10,613,499	0	29,490	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.009178	12.162015	0.000000	0.173203	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: 14-0223

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYSADJUSTED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	855,760					9.00
10.00	01000	DIETARY	13,662	155,813				10.00
11.00	01100	CAFETERIA	18,055	0	238,100,617			11.00
13.00	01300	NURSING ADMINISTRATION	9,783	0	4,240,364	3,816,287		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,608	0	1,622,459	18,905	85,176,766	14.00
15.00	01500	PHARMACY	8,249	0	10,017,094	10,641	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,495	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,442	0	2,023,946	12,926	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	14,331,059	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,668	0	7,376,688	24	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	639	0	278,437	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	135	0	884,383	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	281,601	115,296	64,258,835	1,722,334	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,555	8,368	9,263,154	213,030	0	31.00
32.00	03200	CORONARY CARE UNIT	27,646	8,680	8,693,741	193,428	0	32.00
32.01	03201	NEONATAL CARE UNIT	19,067	0	8,447,231	188,591	0	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	28,383	8,724	6,317,252	133,067	0	40.00
41.00	04100	SUBPROVIDER - IRF	27,433	12,927	5,087,192	130,574	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,110	0	1,020,026	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,528	0	13,760,522	292,712	0	50.00
51.00	05100	RECOVERY ROOM	4,156	0	1,927,240	41,973	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,271	1,818	4,894,236	121,461	0	52.00
53.00	05300	ANESTHESIOLOGY	1,762	0	718,692	17,073	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,827	0	10,372,277	51,551	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,638	0	1,254,373	0	0	55.00
56.00	05600	RADIOISOTOPE	9,169	0	1,620,370	0	0	56.00
57.00	05700	CT SCAN	5,264	0	2,338,057	432	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,792	0	1,697,889	25	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,037	0	2,068,332	39,629	0	59.00
60.00	06000	LABORATORY	3,769	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,850	0	9,006,465	2,255	0	65.00
66.00	06600	PHYSICAL THERAPY	10,838	0	11,908,333	5,588	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	6,827	0	3,495,837	72,538	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,369	0	1,213,739	2	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302	0	472,559	31	55,050,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	30,126,072	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,342	0	926,985	19,336	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,243	0	2,774,320	69,348	0	75.00
76.00	03950	REHAB MEDICINE	4,017	0	921,790	0	0	76.00
76.20	03951	DAY HOSPITAL	4,171	0	974,432	8,885	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	10,593	0	2,790,649	61,487	0	76.45
76.97	07697	CARDIAC REHABILITATION	1,895	0	564,666	10,788	0	76.97
76.98	07698	CAR-T CELLS	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	519	0	177,607	2,934	0	90.01
90.02	09002	OUTPATIENT CENTER	8,469	0	3,365,908	38,092	0	90.02
90.03	09003	PAIN CLINIC	1,871	0	447,649	117	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYSADJUSTED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	527,107	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	521,144	5,686	0	90.08
91.00	09100	EMERGENCY	37,934	0	13,238,041	330,824	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	835,984	155,813	237,841,080	3,816,287	85,176,766	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,776	0	259,537	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,610,891	8,477,923	4,319,970	8,926,974	7,831,522	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.736481	54.410884	0.018143	2.339178	0.091944	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	755,515	607,783	751,056	1,271,695	583,661	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.882859	3.900721	0.003154	0.333228	0.006852	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: 14-0223

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYSADJUSTED)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
			15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	42,184,967					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,510,757,747				16.00
17.00	01700	SOCIAL SERVICE	0	0	155,813			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	20,234		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	93	0	0		20,234	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0			23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	530,296	377,116,492	115,296	13,424	13,424	30.00
31.00	03100	INTENSIVE CARE UNIT	77,004	60,835,061	8,368	924	924	31.00
32.00	03200	CORONARY CARE UNIT	148,331	53,322,884	8,680	959	959	32.00
32.01	03201	NEONATAL CARE UNIT	54,204	65,440,475	0	1,221	1,221	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	595	23,799,724	8,724	306	306	40.00
41.00	04100	SUBPROVIDER - IRF	8,175	31,998,058	12,927	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	17,704,575	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	173,358	129,433,179	0	2,022	2,022	50.00
51.00	05100	RECOVERY ROOM	10,043	16,962,302	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,738	31,695,066	1,818	0	0	52.00
53.00	05300	ANESTHESIOLOGY	359,476	54,460,941	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,966	142,738,051	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,261	52,849,933	0	0	0	55.00
56.00	05600	RADIOISOTOPE	911,201	26,861,195	0	0	0	56.00
57.00	05700	CT SCAN	352,820	141,939,068	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	45,862	60,355,942	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,595	53,250,147	0	0	0	59.00
60.00	06000	LABORATORY	0	208,706,455	0	196	196	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,032,491	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	30,198	50,173,400	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	30,119	57,130,744	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	173,409	43,258,259	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,882,015	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,829	66,508,931	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	89,070,924	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,537,258	353,299,337	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	128,576	6,301,998	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	43,388	37,708,248	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0	3,119,671	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0	2,763,897	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	70,046	44,478,769	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	1,999,191	0	0	0	76.97
76.98	07698	CAR-T CELLS	0	1,120,000	0	0	0	76.98
76.99	07699	LITHOTRIPER	0	1,834,358	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,799,422	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	55,183	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	68,467	18,683,062	0	0	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYSADJUSTED)	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
			15.00	16.00	17.00	21.00	22.00	
90.03	09003	PAIN CLINIC	131	3,863,886	0	0	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	1,488,683	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	4,667,269	29,328,929	0	0	0	90.08
91.00	09100	EMERGENCY	561,259	125,386,801	0	1,182	1,182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	42,184,967	2,510,757,747	155,813	20,234	20,234	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,201,426	1,298,792	3,399,523	25,939,524	20,705,808	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.478877	0.000517	21.817968	1,281.977068	1,023.317584	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	542,665	390,916	94,948	251,324	1,883,059	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012864	0.000156	0.609371	12.420876	93.064100	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: 14-0223

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description		PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	168,221	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	9,652	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	116,645	30.00
31.00	03100	INTENSIVE CARE UNIT	8,368	31.00
32.00	03200	CORONARY CARE UNIT	8,680	32.00
32.01	03201	NEONATAL CARE UNIT	11,059	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,724	40.00
41.00	04100	SUBPROVIDER - IRF	12,927	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,818	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	REHAB MEDICINE	0	76.00
76.20	03951	DAY HOSPITAL	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	CAR-T CELLS	0	76.98
76.99	07699	LITHOTRIPER	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CARE CENTER	0	90.01
90.02	09002	OUTPATIENT CENTER	0	90.02
90.03	09003	PAIN CLINIC	0	90.03
90.04	09007	CLINIC	0	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			23.00	23.01	
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	640	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	90.08
91.00	09100	EMERGENCY	0	228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	168,221	9,652	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	481,063	1,426,294	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.859708	147.771861	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	30,270	19,559	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.179942	2.026419	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 12:19 pm

			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	151,743,035		151,743,035	0	151,743,035	30.00
31.00	03100	INTENSIVE CARE UNIT	20,486,671		20,486,671	1,978	20,488,649	31.00
32.00	03200	CORONARY CARE UNIT	20,635,098		20,635,098	13,582	20,648,680	32.00
32.01	03201	NEONATAL CARE UNIT	17,350,988		17,350,988	0	17,350,988	32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	14,445,472		14,445,472	100,284	14,545,756	40.00
41.00	04100	SUBPROVIDER - IRF	12,883,110		12,883,110	0	12,883,110	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,086,017		2,086,017	0	2,086,017	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,161,596		31,161,596	53,199	31,214,795	50.00
51.00	05100	RECOVERY ROOM	3,804,000		3,804,000	52	3,804,052	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,976,635		10,976,635	0	10,976,635	52.00
53.00	05300	ANESTHESIOLOGY	2,624,845		2,624,845	166,771	2,791,616	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,419,384		23,419,384	92,369	23,511,753	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,738,181		9,738,181	0	9,738,181	55.00
56.00	05600	RADIOISOTOPE	5,402,794		5,402,794	0	5,402,794	56.00
57.00	05700	CT SCAN	6,974,715		6,974,715	0	6,974,715	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,636,829		4,636,829	0	4,636,829	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,013,959		8,013,959	0	8,013,959	59.00
60.00	06000	LABORATORY	26,641,804		26,641,804	0	26,641,804	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,074,008		5,074,008	0	5,074,008	62.00
65.00	06500	RESPIRATORY THERAPY	15,648,132	0	15,648,132	0	15,648,132	65.00
66.00	06600	PHYSICAL THERAPY	21,061,339	0	21,061,339	0	21,061,339	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	7,273,316		7,273,316	56,309	7,329,625	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,527,983		3,527,983	0	3,527,983	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,550,012		76,550,012	0	76,550,012	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,090,656		42,090,656	0	42,090,656	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,004,182		62,004,182	0	62,004,182	73.00
74.00	07400	RENAL DIALYSIS	2,208,242		2,208,242	0	2,208,242	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,509,578		6,509,578	0	6,509,578	75.00
76.00	03950	REHAB MEDICINE	1,937,901		1,937,901	0	1,937,901	76.00
76.20	03951	DAY HOSPITAL	2,003,492		2,003,492	0	2,003,492	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	6,341,771		6,341,771	0	6,341,771	76.45
76.97	07697	CARDIAC REHABILITATION	1,143,473		1,143,473	0	1,143,473	76.97
76.98	07698	CAR-T CELLS	1,368,852		1,368,852	0	1,368,852	76.98
76.99	07699	LITHOTRIPER	739,894		739,894	0	739,894	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,116,712		1,116,712	0	1,116,712	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	342,814		342,814	0	342,814	90.01
90.02	09002	OUTPATIENT CENTER	6,697,623		6,697,623	0	6,697,623	90.02
90.03	09003	PAIN CLINIC	944,612		944,612	0	944,612	90.03
90.04	09007	CLINIC	0		0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0		0	0	0	90.05
90.06	09005	ANTI-COAG LAB	951,105		951,105	0	951,105	90.06
90.07	09006	HEART RISK ASSESSMENT	0		0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	9,199,005		9,199,005	0	9,199,005	90.08
91.00	09100	EMERGENCY	28,173,065		28,173,065	132,051	28,305,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,256,982		13,256,982	0	13,256,982	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
99.00	09900	CMHC	0		0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	689,189,882	0	689,189,882	616,595	689,806,477	200.00
201.00		Less Observation Beds	13,256,982		13,256,982	0	13,256,982	201.00
202.00		Total (see instructions)	675,932,900	0	675,932,900	616,595	676,549,495	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII			Hospital		PPS	
Cost Center Description			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	340,461,211		340,461,211			30.00	
31.00	03100	INTENSIVE CARE UNIT	60,835,061		60,835,061			31.00	
32.00	03200	CORONARY CARE UNIT	53,322,884		53,322,884			32.00	
32.01	03201	NEONATAL CARE UNIT	65,440,475		65,440,475			32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
40.00	04000	SUBPROVIDER - IPF	23,799,724		23,799,724			40.00	
41.00	04100	SUBPROVIDER - IRF	31,998,058		31,998,058			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	17,704,575		17,704,575			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	76,601,763	52,831,416	129,433,179	0.240754	0.000000	50.00	
51.00	05100	RECOVERY ROOM	6,961,212	10,001,090	16,962,302	0.224262	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,339,820	1,355,246	31,695,066	0.346320	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	23,920,022	30,540,919	54,460,941	0.048197	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,444,711	88,293,340	142,738,051	0.164072	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	2,893,211	49,956,722	52,849,933	0.184261	0.000000	55.00	
56.00	05600	RADIOISOTOPE	10,557,745	16,303,450	26,861,195	0.201138	0.000000	56.00	
57.00	05700	CT SCAN	56,249,651	85,689,417	141,939,068	0.049139	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,003,445	43,352,497	60,355,942	0.076825	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	30,356,621	22,893,526	53,250,147	0.150496	0.000000	59.00	
60.00	06000	LABORATORY	150,764,272	57,942,183	208,706,455	0.127652	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,001,796	1,030,695	5,032,491	1.008250	0.000000	62.00	
65.00	06500	RESPIRATORY THERAPY	45,416,587	4,756,813	50,173,400	0.311881	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	35,027,289	22,103,455	57,130,744	0.368652	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	23,706,561	19,551,698	43,258,259	0.168137	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	9,277,746	7,604,269	16,882,015	0.208979	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	46,954,151	19,554,780	66,508,931	1.150973	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	58,621,883	30,449,041	89,070,924	0.472552	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	258,468,144	94,831,193	353,299,337	0.175500	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	6,049,430	0	6,049,430	0.365033	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	4,430,847	33,277,401	37,708,248	0.172630	0.000000	75.00	
76.00	03950	REHAB MEDICINE	835,243	2,284,428	3,119,671	0.621188	0.000000	76.00	
76.20	03951	DAY HOSPITAL	7,956	2,755,941	2,763,897	0.724879	0.000000	76.20	
76.45	03340	GASTRO INTESTINAL SERVICES	7,460,931	37,017,838	44,478,769	0.142580	0.000000	76.45	
76.97	07697	CARDIAC REHABILITATION	256,695	1,742,496	1,999,191	0.571968	0.000000	76.97	
76.98	07698	CAR-T CELLS	1,120,000	0	1,120,000	1.222189	0.000000	76.98	
76.99	07699	LITHOTRIPER	0	1,834,358	1,834,358	0.403353	0.000000	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,629,447	169,975	1,799,422	0.620595	0.000000	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	DIABETES CARE CENTER	0	55,183	55,183	6.212312	0.000000	90.01	
90.02	09002	OUTPATIENT CENTER	258,030	18,425,032	18,683,062	0.358486	0.000000	90.02	
90.03	09003	PAIN CLINIC	0	3,863,886	3,863,886	0.244472	0.000000	90.03	
90.04	09007	CLINIC	0	0	0	0.000000	0.000000	90.04	
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.05	
90.06	09005	ANTI-COAG LAB	2,758	1,485,925	1,488,683	0.638890	0.000000	90.06	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	0.000000	90.07	
90.08	09008	CRYSTAL LAKE INFUSION	0	29,328,929	29,328,929	0.313650	0.000000	90.08	
91.00	09100	EMERGENCY	54,192,865	71,446,504	125,639,369	0.224238	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,572,311	25,082,970	36,655,281	0.361666	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
99.00	09900	CMHC	0	0	0			99.00	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
200.00		Subtotal (see instructions)	1,622,945,131	887,812,616	2,510,757,747			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,622,945,131	887,812,616	2,510,757,747			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
32.01	03201	NEONATAL CARE UNIT				32.01
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.241165			50.00
51.00	05100	RECOVERY ROOM	0.224265			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346320			52.00
53.00	05300	ANESTHESIOLOGY	0.051259			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164720			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.184261			55.00
56.00	05600	RADIOISOTOPE	0.201138			56.00
57.00	05700	CT SCAN	0.049139			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076825			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150496			59.00
60.00	06000	LABORATORY	0.127652			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.008250			62.00
65.00	06500	RESPIRATORY THERAPY	0.311881			65.00
66.00	06600	PHYSICAL THERAPY	0.368652			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.169439			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.208979			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.150973			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.472552			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175500			73.00
74.00	07400	RENAL DIALYSIS	0.365033			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.172630			75.00
76.00	03950	REHAB MEDICINE	0.621188			76.00
76.20	03951	DAY HOSPITAL	0.724879			76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.142580			76.45
76.97	07697	CARDIAC REHABILITATION	0.571968			76.97
76.98	07698	CAR-T CELLS	1.222189			76.98
76.99	07699	LITHOTRIPER	0.403353			76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.620595			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CARE CENTER	6.212312			90.01
90.02	09002	OUTPATIENT CENTER	0.358486			90.02
90.03	09003	PAIN CLINIC	0.244472			90.03
90.04	09007	CLINIC	0.000000			90.04
90.05	09004	WOUND CARE CENTER	0.000000			90.05
90.06	09005	ANTI-COAG LAB	0.638890			90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000			90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.313650			90.08
91.00	09100	EMERGENCY	0.225289			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.361666			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.00	09900	CMHC				99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 12:19 pm

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	151,743,035		151,743,035	0	151,743,035
31.00	03100	INTENSIVE CARE UNIT	20,486,671		20,486,671	1,978	20,488,649
32.00	03200	CORONARY CARE UNIT	20,635,098		20,635,098	13,582	20,648,680
32.01	03201	NEONATAL CARE UNIT	17,350,988		17,350,988	0	17,350,988
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00	04000	SUBPROVIDER - IPF	14,445,472		14,445,472	100,284	14,545,756
41.00	04100	SUBPROVIDER - IRF	12,883,110		12,883,110	0	12,883,110
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	2,086,017		2,086,017	0	2,086,017
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,161,596		31,161,596	53,199	31,214,795
51.00	05100	RECOVERY ROOM	3,804,000		3,804,000	52	3,804,052
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,976,635		10,976,635	0	10,976,635
53.00	05300	ANESTHESIOLOGY	2,624,845		2,624,845	166,771	2,791,616
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,419,384		23,419,384	92,369	23,511,753
55.00	05500	RADIOLOGY-THERAPEUTIC	9,738,181		9,738,181	0	9,738,181
56.00	05600	RADIOISOTOPE	5,402,794		5,402,794	0	5,402,794
57.00	05700	CT SCAN	6,974,715		6,974,715	0	6,974,715
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,636,829		4,636,829	0	4,636,829
59.00	05900	CARDIAC CATHETERIZATION	8,013,959		8,013,959	0	8,013,959
60.00	06000	LABORATORY	26,641,804		26,641,804	0	26,641,804
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,074,008		5,074,008	0	5,074,008
65.00	06500	RESPIRATORY THERAPY	15,648,132	0	15,648,132	0	15,648,132
66.00	06600	PHYSICAL THERAPY	21,061,339	0	21,061,339	0	21,061,339
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	7,273,316		7,273,316	56,309	7,329,625
70.00	07000	ELECTROENCEPHALOGRAPHY	3,527,983		3,527,983	0	3,527,983
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,550,012		76,550,012	0	76,550,012
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	42,090,656		42,090,656	0	42,090,656
73.00	07300	DRUGS CHARGED TO PATIENTS	62,004,182		62,004,182	0	62,004,182
74.00	07400	RENAL DIALYSIS	2,208,242		2,208,242	0	2,208,242
75.00	07500	ASC (NON-DISTINCT PART)	6,509,578		6,509,578	0	6,509,578
76.00	03950	REHAB MEDICINE	1,937,901		1,937,901	0	1,937,901
76.20	03951	DAY HOSPITAL	2,003,492		2,003,492	0	2,003,492
76.45	03340	GASTRO INTESTINAL SERVICES	6,341,771		6,341,771	0	6,341,771
76.97	07697	CARDIAC REHABILITATION	1,143,473		1,143,473	0	1,143,473
76.98	07698	CAR-T CELLS	1,368,852		1,368,852	0	1,368,852
76.99	07699	LITHOTRIPER	739,894		739,894	0	739,894
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,116,712		1,116,712	0	1,116,712
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	0
90.01	09001	DIABETES CARE CENTER	342,814		342,814	0	342,814
90.02	09002	OUTPATIENT CENTER	6,697,623		6,697,623	0	6,697,623
90.03	09003	PAIN CLINIC	944,612		944,612	0	944,612
90.04	09007	CLINIC	0		0	0	0
90.05	09004	WOUND CARE CENTER	0		0	0	0
90.06	09005	ANTI-COAG LAB	951,105		951,105	0	951,105
90.07	09006	HEART RISK ASSESSMENT	0		0	0	0
90.08	09008	CRYSTAL LAKE INFUSION	9,199,005		9,199,005	0	9,199,005
91.00	09100	EMERGENCY	28,173,065		28,173,065	132,051	28,305,116
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,256,982		13,256,982	0	13,256,982
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		0	0	0
99.00	09900	CMHC	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
200.00		Subtotal (see instructions)	689,189,882	0	689,189,882	616,595	689,806,477
201.00		Less Observation Beds	13,256,982		13,256,982	0	13,256,982
202.00		Total (see instructions)	675,932,900	0	675,932,900	616,595	676,549,495

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 12:19 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	340,461,211		340,461,211		30.00
31.00	03100	INTENSIVE CARE UNIT	60,835,061		60,835,061		31.00
32.00	03200	CORONARY CARE UNIT	53,322,884		53,322,884		32.00
32.01	03201	NEONATAL CARE UNIT	65,440,475		65,440,475		32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	23,799,724		23,799,724		40.00
41.00	04100	SUBPROVIDER - IRF	31,998,058		31,998,058		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	17,704,575		17,704,575		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,601,763	52,831,416	129,433,179	0.240754	50.00
51.00	05100	RECOVERY ROOM	6,961,212	10,001,090	16,962,302	0.224262	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,339,820	1,355,246	31,695,066	0.346320	52.00
53.00	05300	ANESTHESIOLOGY	23,920,022	30,540,919	54,460,941	0.048197	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,444,711	88,293,340	142,738,051	0.164072	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,893,211	49,956,722	52,849,933	0.184261	55.00
56.00	05600	RADIOISOTOPE	10,557,745	16,303,450	26,861,195	0.201138	56.00
57.00	05700	CT SCAN	56,249,651	85,689,417	141,939,068	0.049139	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,003,445	43,352,497	60,355,942	0.076825	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,356,621	22,893,526	53,250,147	0.150496	59.00
60.00	06000	LABORATORY	150,764,272	57,942,183	208,706,455	0.127652	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,001,796	1,030,695	5,032,491	1.008250	62.00
65.00	06500	RESPIRATORY THERAPY	45,416,587	4,756,813	50,173,400	0.311881	65.00
66.00	06600	PHYSICAL THERAPY	35,027,289	22,103,455	57,130,744	0.368652	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	23,706,561	19,551,698	43,258,259	0.168137	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,277,746	7,604,269	16,882,015	0.208979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	46,954,151	19,554,780	66,508,931	1.150973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	58,621,883	30,449,041	89,070,924	0.472552	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	258,468,144	94,831,193	353,299,337	0.175500	73.00
74.00	07400	RENAL DIALYSIS	6,049,430	0	6,049,430	0.365033	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,430,847	33,277,401	37,708,248	0.172630	75.00
76.00	03950	REHAB MEDICINE	835,243	2,284,428	3,119,671	0.621188	76.00
76.20	03951	DAY HOSPITAL	7,956	2,755,941	2,763,897	0.724879	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	7,460,931	37,017,838	44,478,769	0.142580	76.45
76.97	07697	CARDIAC REHABILITATION	256,695	1,742,496	1,999,191	0.571968	76.97
76.98	07698	CAR-T CELLS	1,120,000	0	1,120,000	1.222189	76.98
76.99	07699	LITHOTRIPER	0	1,834,358	1,834,358	0.403353	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,629,447	169,975	1,799,422	0.620595	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	0	55,183	55,183	6.212312	90.01
90.02	09002	OUTPATIENT CENTER	258,030	18,425,032	18,683,062	0.358486	90.02
90.03	09003	PAIN CLINIC	0	3,863,886	3,863,886	0.244472	90.03
90.04	09007	CLINIC	0	0	0	0.000000	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	2,758	1,485,925	1,488,683	0.638890	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	29,328,929	29,328,929	0.313650	90.08
91.00	09100	EMERGENCY	54,192,865	71,446,504	125,639,369	0.224238	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,572,311	25,082,970	36,655,281	0.361666	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	1,622,945,131	887,812,616	2,510,757,747		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,622,945,131	887,812,616	2,510,757,747		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
32.01	03201	NEONATAL CARE UNIT				32.01
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
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 CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	REHAB MEDICINE	0.000000			76.00
76.20	03951	DAY HOSPITAL	0.000000			76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000			76.45
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	CAR-T CELLS	0.000000			76.98
76.99	07699	LITHOTRIPER	0.000000			76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CARE CENTER	0.000000			90.01
90.02	09002	OUTPATIENT CENTER	0.000000			90.02
90.03	09003	PAIN CLINIC	0.000000			90.03
90.04	09007	CLINIC	0.000000			90.04
90.05	09004	WOUND CARE CENTER	0.000000			90.05
90.06	09005	ANTI-COAG LAB	0.000000			90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000			90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.000000			90.08
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.00	09900	CMHC				99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
7/27/2021 12:19 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	13,691,722	0	13,691,722	126,333	108.38	30.00	
31.00	INTENSIVE CARE UNIT	1,243,812		1,243,812	8,368	148.64	31.00	
32.00	CORONARY CARE UNIT	1,399,018		1,399,018	8,680	161.18	32.00	
32.01	NEONATAL CARE UNIT	1,001,754		1,001,754	11,059	90.58	32.01	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	1,345,313	0	1,345,313	8,724	154.21	40.00	
41.00	SUBPROVIDER - IRF	1,355,355	0	1,355,355	12,927	104.85	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	68,411		68,411	5,209	13.13	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
200.00	Total (lines 30 through 199)	20,105,385		20,105,385	181,300		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	38,193	4,139,357					30.00
31.00	INTENSIVE CARE UNIT	1,703	253,134					31.00
32.00	CORONARY CARE UNIT	3,566	574,768					32.00
32.01	NEONATAL CARE UNIT	0	0					32.01
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	1,284	198,006					40.00
41.00	SUBPROVIDER - IRF	6,461	677,436					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	51,207	5,842,701					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part II
Date/Time Prepared:
7/27/2021 12:19 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,396,650	129,433,179	0.018517	23,932,664	443,161	50.00
51.00	05100 RECOVERY ROOM	219,231	16,962,302	0.012925	2,292,661	29,633	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,042,455	31,695,066	0.032890	22,683	746	52.00
53.00	05300 ANESTHESIOLOGY	115,276	54,460,941	0.002117	6,609,809	13,993	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,095,772	142,738,051	0.014683	20,237,446	297,146	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	952,925	52,849,933	0.018031	948,605	17,104	55.00
56.00	05600 RADIOISOTOPE	427,147	26,861,195	0.015902	3,909,100	62,163	56.00
57.00	05700 CT SCAN	310,576	141,939,068	0.002188	20,475,106	44,800	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	486,731	60,355,942	0.008064	5,065,310	40,847	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,290,201	53,250,147	0.024229	11,613,963	281,395	59.00
60.00	06000 LABORATORY	404,088	208,706,455	0.001936	43,274,522	83,779	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	39,719	5,032,491	0.007893	1,706,773	13,472	62.00
65.00	06500 RESPIRATORY THERAPY	450,831	50,173,400	0.008985	12,317,999	110,677	65.00
66.00	06600 PHYSICAL THERAPY	653,935	57,130,744	0.011446	6,916,458	79,166	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	375,670	43,258,259	0.008684	8,387,449	72,837	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	168,870	16,882,015	0.010003	1,531,024	15,315	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,469,979	66,508,931	0.022102	15,837,441	350,039	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	811,680	89,070,924	0.009113	22,034,187	200,798	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	866,075	353,299,337	0.002451	74,375,517	182,294	73.00
74.00	07400 RENAL DIALYSIS	162,172	6,049,430	0.026808	2,606,998	69,888	74.00
75.00	07500 ASC (NON-DISTINCT PART)	658,597	37,708,248	0.017466	101,147	1,767	75.00
76.00	03950 REHAB MEDICINE	178,984	3,119,671	0.057373	77,165	4,427	76.00
76.20	03951 DAY HOSPITAL	188,427	2,763,897	0.068174	1,222	83	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	511,908	44,478,769	0.011509	3,080,687	35,456	76.45
76.97	07697 CARDIAC REHABILITATION	90,176	1,999,191	0.045106	91,154	4,112	76.97
76.98	07698 CAR-T CELLS	10,655	1,120,000	0.009513	0	0	76.98
76.99	07699 LITHOTRIPER	126,705	1,834,358	0.069073	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	8,917	1,799,422	0.004955	403,953	2,002	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	24,867	55,183	0.450628	0	0	90.01
90.02	09002 OUTPATIENT CENTER	418,208	18,683,062	0.022384	22,316	500	90.02
90.03	09003 PAIN CLINIC	84,654	3,863,886	0.021909	0	0	90.03
90.04	09007 CLINIC	0	0	0.000000	0	0	90.04
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	8,887	1,488,683	0.005970	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	209,689	29,328,929	0.007150	0	0	90.08
91.00	09100 EMERGENCY	1,915,165	125,639,369	0.015243	17,711,410	269,975	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,196,177	36,655,281	0.032633	3,749,433	122,355	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	20,371,999	1,917,195,759		309,334,202	2,849,930	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part III
Date/Time Prepared:
7/27/2021 12:19 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	917,565	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	145,694	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	165,501	0	32.00	
32.01	03201	NEONATAL CARE UNIT	0	0	0	31,626	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	24,948	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	36,967	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	1,322,301	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	917,565	126,333	7.26	38,193	30.00	
31.00	03100	INTENSIVE CARE UNIT		145,694	8,368	17.41	1,703	31.00	
32.00	03200	CORONARY CARE UNIT		165,501	8,680	19.07	3,566	32.00	
32.01	03201	NEONATAL CARE UNIT		31,626	11,059	2.86	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	24,948	8,724	2.86	1,284	40.00	
41.00	04100	SUBPROVIDER - IRF	0	36,967	12,927	2.86	6,461	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY		0	5,209	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		1,322,301	181,300		51,207	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	277,281						30.00
31.00	03100	INTENSIVE CARE UNIT	29,649						31.00
32.00	03200	CORONARY CARE UNIT	68,004						32.00
32.01	03201	NEONATAL CARE UNIT	0						32.01
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	3,672						40.00
41.00	04100	SUBPROVIDER - IRF	18,478						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	397,084						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	5,199	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	72,113	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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 CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	379,478	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	CAR-T CELLS	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	90.03
90.04	09007	CLINIC	0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	94,574	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	0	0	33,692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	80,165	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	665,221	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part IV
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	129,433,179	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,962,302	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,199	5,199	31,695,066	0.000164	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,460,941	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	142,738,051	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	52,849,933	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	26,861,195	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	141,939,068	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	60,355,942	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	53,250,147	0.000000	59.00
60.00	06000	LABORATORY	0	72,113	72,113	208,706,455	0.000346	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	5,032,491	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	50,173,400	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	57,130,744	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	43,258,259	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	16,882,015	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	66,508,931	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	89,070,924	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	379,478	379,478	353,299,337	0.001074	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,049,430	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	37,708,248	0.000000	75.00
76.00	03950	REHAB MEDICINE	0	0	0	3,119,671	0.000000	76.00
76.20	03951	DAY HOSPITAL	0	0	0	2,763,897	0.000000	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	44,478,769	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,999,191	0.000000	76.97
76.98	07698	CAR-T CELLS	0	0	0	1,120,000	0.000000	76.98
76.99	07699	LITHOTRIPER	0	0	0	1,834,358	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,799,422	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	55,183	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	18,683,062	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	3,863,886	0.000000	90.03
90.04	09007	CLINIC	0	0	0	0	0.000000	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	0	94,574	94,574	1,488,683	0.063529	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	29,328,929	0.000000	90.08
91.00	09100	EMERGENCY	0	33,692	33,692	125,639,369	0.000268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	80,165	80,165	36,655,281	0.002187	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	665,221	665,221	1,917,195,759		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0223		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:19 pm	
				Title XVIII		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		23,932,664	0	11,904,847	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		2,292,661	0	2,293,933	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000164		22,683	4	2,118	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		6,609,809	0	6,065,056	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		20,237,446	0	16,417,876	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		948,605	0	15,971,764	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		3,909,100	0	4,922,323	0	56.00
57.00	05700	CT SCAN	0.000000		20,475,106	0	26,368,476	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		5,065,310	0	9,336,295	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		11,613,963	0	10,429,283	0	59.00
60.00	06000	LABORATORY	0.000346		43,274,522	14,973	12,520,658	4,332	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		1,706,773	0	310,506	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		12,317,999	0	1,326,668	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		6,916,458	0	1,934,677	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		8,387,449	0	4,918,058	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		1,531,024	0	1,576,517	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		15,837,441	0	6,413,928	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		22,034,187	0	11,508,715	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001074		74,375,517	79,879	25,832,065	27,744	73.00
74.00	07400	RENAL DIALYSIS	0.000000		2,606,998	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		101,147	0	3,859,909	0	75.00
76.00	03950	REHAB MEDICINE	0.000000		77,165	0	258,874	0	76.00
76.20	03951	DAY HOSPITAL	0.000000		1,222	0	288,106	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000		3,080,687	0	8,868,343	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.000000		91,154	0	634,316	0	76.97
76.98	07698	CAR-T CELLS	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0.000000		0	0	1,373,488	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		403,953	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0.000000		0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.000000		22,316	0	2,046,918	0	90.02
90.03	09003	PAIN CLINIC	0.000000		0	0	1,196,797	0	90.03
90.04	09007	CLINIC	0.000000		0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0.000000		0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.063529		0	0	890,396	56,566	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000		0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.000000		0	0	863,398	0	90.08
91.00	09100	EMERGENCY	0.000268		17,711,410	4,747	12,848,257	3,443	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.002187		3,749,433	8,200	6,627,696	14,495	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			309,334,202	107,803	209,810,261	106,580	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0223		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 7/27/2021 12:19 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	0.240754	11,904,847	0	0	2,866,140	50.00	
51.00	05100	RECOVERY ROOM	0.224262	2,293,933	0	0	514,442	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346320	2,118	0	0	734	52.00	
53.00	05300	ANESTHESIOLOGY	0.048197	6,065,056	0	0	292,318	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164072	16,417,876	0	0	2,693,714	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.184261	15,971,764	0	0	2,942,973	55.00	
56.00	05600	RADIOISOTOPE	0.201138	4,922,323	0	0	990,066	56.00	
57.00	05700	CT SCAN	0.049139	26,368,476	0	0	1,295,721	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076825	9,336,295	0	0	717,261	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.150496	10,429,283	0	0	1,569,565	59.00	
60.00	06000	LABORATORY	0.127652	12,520,658	0	0	1,598,287	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.008250	310,506	0	0	313,068	62.00	
65.00	06500	RESPIRATORY THERAPY	0.311881	1,326,668	0	0	413,763	65.00	
66.00	06600	PHYSICAL THERAPY	0.368652	1,934,677	0	0	713,223	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	0.168137	4,918,058	0	0	826,908	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.208979	1,576,517	0	0	329,459	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.150973	6,413,928	0	0	7,382,258	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.472552	11,508,715	0	0	5,438,466	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175500	25,832,065	0	118,659	4,533,527	73.00	
74.00	07400	RENAL DIALYSIS	0.365033	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.172630	3,859,909	0	0	666,336	75.00	
76.00	03950	REHAB MEDICINE	0.621188	258,874	0	0	160,809	76.00	
76.20	03951	DAY HOSPITAL	0.724879	288,106	0	0	208,842	76.20	
76.45	03340	GASTRO INTESTINAL SERVICES	0.142580	8,868,343	0	0	1,264,448	76.45	
76.97	07697	CARDIAC REHABILITATION	0.571968	634,316	0	0	362,808	76.97	
76.98	07698	CAR-T CELLS	1.222189	0	0	0	0	76.98	
76.99	07699	LITHOTRIPER	0.403353	1,373,488	0	0	554,001	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.620595	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	DIABETES CARE CENTER	6.212312	0	0	0	0	90.01	
90.02	09002	OUTPATIENT CENTER	0.358486	2,046,918	0	184	733,791	90.02	
90.03	09003	PAIN CLINIC	0.244472	1,196,797	0	0	292,583	90.03	
90.04	09007	CLINIC	0.000000	0	0	0	0	90.04	
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.05	
90.06	09005	ANTI-COAG LAB	0.638890	890,396	0	0	568,865	90.06	
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07	
90.08	09008	CRYSTAL LAKE INFUSION	0.313650	863,398	0	97	270,805	90.08	
91.00	09100	EMERGENCY	0.224238	12,848,257	0	687	2,881,067	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.361666	6,627,696	0	0	2,397,012	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
200.00		Subtotal (see instructions)		209,810,261	0	119,627	45,793,260	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		209,810,261	0	119,627	45,793,260	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 12:19 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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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 CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,825		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	REHAB MEDICINE	0	0		76.00
76.20	03951	DAY HOSPITAL	0	0		76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0		76.45
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	CAR-T CELLS	0	0		76.98
76.99	07699	LITHOTRIPER	0	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DIABETES CARE CENTER	0	0		90.01
90.02	09002	OUTPATIENT CENTER	0	66		90.02
90.03	09003	PAIN CLINIC	0	0		90.03
90.04	09007	CLINIC	0	0		90.04
90.05	09004	WOUND CARE CENTER	0	0		90.05
90.06	09005	ANTI-COAG LAB	0	0		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0		90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	30		90.08
91.00	09100	EMERGENCY	0	154		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	21,075		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	21,075		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0223

Period:

Worksheet D

Component CCN: 14-S223

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:
7/27/2021 12:19 pm

Title XVIII

Subprovider -

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	2,396,650	129,433,179	0.018517	0	0	50.00
51.00	05100 RECOVERY ROOM	219,231	16,962,302	0.012925	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,042,455	31,695,066	0.032890	0	0	52.00
53.00	05300 ANESTHESIOLOGY	115,276	54,460,941	0.002117	48,415	102	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,095,772	142,738,051	0.014683	8,680	127	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	952,925	52,849,933	0.018031	0	0	55.00
56.00	05600 RADIOISOTOPE	427,147	26,861,195	0.015902	2,893	46	56.00
57.00	05700 CT SCAN	310,576	141,939,068	0.002188	16,981	37	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	486,731	60,355,942	0.008064	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,290,201	53,250,147	0.024229	0	0	59.00
60.00	06000 LABORATORY	404,088	208,706,455	0.001936	213,918	414	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	39,719	5,032,491	0.007893	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	450,831	50,173,400	0.008985	10,465	94	65.00
66.00	06600 PHYSICAL THERAPY	653,935	57,130,744	0.011446	112,607	1,289	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	375,670	43,258,259	0.008684	31,950	277	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	168,870	16,882,015	0.010003	1,535	15	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,469,979	66,508,931	0.022102	2,826	62	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	811,680	89,070,924	0.009113	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	866,075	353,299,337	0.002451	393,769	965	73.00
74.00	07400 RENAL DIALYSIS	162,172	6,049,430	0.026808	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	658,597	37,708,248	0.017466	0	0	75.00
76.00	03950 REHAB MEDICINE	178,984	3,119,671	0.057373	8,129	466	76.00
76.20	03951 DAY HOSPITAL	188,427	2,763,897	0.068174	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	511,908	44,478,769	0.011509	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	90,176	1,999,191	0.045106	0	0	76.97
76.98	07698 CAR-T CELLS	10,655	1,120,000	0.009513	0	0	76.98
76.99	07699 LITHOTRIPER	126,705	1,834,358	0.069073	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	8,917	1,799,422	0.004955	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	24,867	55,183	0.450628	0	0	90.01
90.02	09002 OUTPATIENT CENTER	418,208	18,683,062	0.022384	0	0	90.02
90.03	09003 PAIN CLINIC	84,654	3,863,886	0.021909	0	0	90.03
90.04	09007 CLINIC	0	0	0.000000	0	0	90.04
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	8,887	1,488,683	0.005970	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	209,689	29,328,929	0.007150	0	0	90.08
91.00	09100 EMERGENCY	1,915,165	125,639,369	0.015243	185,376	2,826	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	36,655,281	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	19,175,822	1,917,195,759		1,037,544	6,720	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:19 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	5,199	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	72,113	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
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 CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	379,478	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE		0	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL		0	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	CAR-T CELLS		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPER		0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER		0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER		0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC		0	0	0	0	0	90.03
90.04	09007	CLINIC		0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER		0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB		0	0	0	0	94,574	90.06
90.07	09006	HEART RISK ASSESSMENT		0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION		0	0	0	0	0	90.08
91.00	09100	EMERGENCY		0	0	0	0	33,692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	585,056	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:19 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	0	0	129,433,179	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,962,302	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,199	5,199	31,695,066	0.000164	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,460,941	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	142,738,051	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	52,849,933	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	26,861,195	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	141,939,068	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	60,355,942	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	53,250,147	0.000000	59.00
60.00	06000	LABORATORY	0	72,113	72,113	208,706,455	0.000346	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	5,032,491	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	50,173,400	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	57,130,744	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	43,258,259	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	16,882,015	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	66,508,931	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	89,070,924	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	379,478	379,478	353,299,337	0.001074	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,049,430	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	37,708,248	0.000000	75.00
76.00	03950	REHAB MEDICINE	0	0	0	3,119,671	0.000000	76.00
76.20	03951	DAY HOSPITAL	0	0	0	2,763,897	0.000000	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	44,478,769	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,999,191	0.000000	76.97
76.98	07698	CAR-T CELLS	0	0	0	1,120,000	0.000000	76.98
76.99	07699	LITHOTRIPER	0	0	0	1,834,358	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,799,422	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	55,183	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	18,683,062	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	3,863,886	0.000000	90.03
90.04	09007	CLINIC	0	0	0	0	0.000000	90.04
90.05	09004	WOUND CARE CENTER	0	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	0	94,574	94,574	1,488,683	0.063529	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0	0	0	29,328,929	0.000000	90.08
91.00	09100	EMERGENCY	0	33,692	33,692	125,639,369	0.000268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	36,655,281	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	585,056	585,056	1,917,195,759		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:19 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		0.000000	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		0.000164	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	48,415	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	8,680	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	2,893	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	16,981	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000346	213,918	74	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	10,465	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	112,607	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	31,950	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	1,535	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	2,826	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001074	393,769	423	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE		0.000000	8,129	0	0	0	76.00
76.20	03951	DAY HOSPITAL		0.000000	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	CAR-T CELLS		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPER		0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER		0.000000	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER		0.000000	0	0	0	0	90.02
90.03	09003	PAIN CLINIC		0.000000	0	0	0	0	90.03
90.04	09007	CLINIC		0.000000	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER		0.000000	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB		0.063529	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT		0.000000	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION		0.000000	0	0	0	0	90.08
91.00	09100	EMERGENCY		0.000268	185,376	50	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		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)			1,037,544	547	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0223

Period:

Worksheet D

Component CCN: 14-T223

From 01/01/2020

Part II

To 12/31/2020

Date/Time Prepared:

7/27/2021 12:19 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	2,396,650	129,433,179	0.018517	0	0	50.00
51.00	05100 RECOVERY ROOM	219,231	16,962,302	0.012925	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,042,455	31,695,066	0.032890	0	0	52.00
53.00	05300 ANESTHESIOLOGY	115,276	54,460,941	0.002117	153	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,095,772	142,738,051	0.014683	146,147	2,146	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	952,925	52,849,933	0.018031	26,120	471	55.00
56.00	05600 RADIOISOTOPE	427,147	26,861,195	0.015902	39,939	635	56.00
57.00	05700 CT SCAN	310,576	141,939,068	0.002188	125,242	274	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	486,731	60,355,942	0.008064	38,215	308	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,290,201	53,250,147	0.024229	0	0	59.00
60.00	06000 LABORATORY	404,088	208,706,455	0.001936	870,372	1,685	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	39,719	5,032,491	0.007893	1,603	13	62.00
65.00	06500 RESPIRATORY THERAPY	450,831	50,173,400	0.008985	466,857	4,195	65.00
66.00	06600 PHYSICAL THERAPY	653,935	57,130,744	0.011446	8,342,618	95,490	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	375,670	43,258,259	0.008684	65,464	568	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	168,870	16,882,015	0.010003	4,325	43	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,469,979	66,508,931	0.022102	259,796	5,742	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	811,680	89,070,924	0.009113	1,259	11	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	866,075	353,299,337	0.002451	2,981,264	7,307	73.00
74.00	07400 RENAL DIALYSIS	162,172	6,049,430	0.026808	212,794	5,705	74.00
75.00	07500 ASC (NON-DISTINCT PART)	658,597	37,708,248	0.017466	0	0	75.00
76.00	03950 REHAB MEDICINE	178,984	3,119,671	0.057373	253,458	14,542	76.00
76.20	03951 DAY HOSPITAL	188,427	2,763,897	0.068174	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	511,908	44,478,769	0.011509	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	90,176	1,999,191	0.045106	0	0	76.97
76.98	07698 CAR-T CELLS	10,655	1,120,000	0.009513	0	0	76.98
76.99	07699 LITHOTRIPER	126,705	1,834,358	0.069073	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	8,917	1,799,422	0.004955	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	24,867	55,183	0.450628	0	0	90.01
90.02	09002 OUTPATIENT CENTER	418,208	18,683,062	0.022384	0	0	90.02
90.03	09003 PAIN CLINIC	84,654	3,863,886	0.021909	0	0	90.03
90.04	09007 CLINIC	0	0	0.000000	0	0	90.04
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	8,887	1,488,683	0.005970	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	209,689	29,328,929	0.007150	0	0	90.08
91.00	09100 EMERGENCY	1,915,165	125,639,369	0.015243	80,068	1,220	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	36,655,281	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	19,175,822	1,917,195,759		13,915,694	140,355	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:19 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	5,199	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	72,113	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	0	0	62.00
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 CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	379,478	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE		0	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL		0	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	CAR-T CELLS		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPER		0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER		0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER		0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC		0	0	0	0	0	90.03
90.04	09007	CLINIC		0	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER		0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB		0	0	0	0	94,574	90.06
90.07	09006	HEART RISK ASSESSMENT		0	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION		0	0	0	0	0	90.08
91.00	09100	EMERGENCY		0	0	0	0	33,692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)		0	0	0	0	585,056	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:19 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	129,433,179	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	16,962,302	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	5,199	5,199	31,695,066	0.000164	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	54,460,941	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	142,738,051	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	52,849,933	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	26,861,195	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	141,939,068	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	60,355,942	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	53,250,147	0.000000	59.00
60.00	06000	LABORATORY		0	72,113	72,113	208,706,455	0.000346	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	5,032,491	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	50,173,400	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	57,130,744	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	43,258,259	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	16,882,015	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	66,508,931	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0	0	0	89,070,924	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	379,478	379,478	353,299,337	0.001074	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	6,049,430	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	37,708,248	0.000000	75.00
76.00	03950	REHAB MEDICINE		0	0	0	3,119,671	0.000000	76.00
76.20	03951	DAY HOSPITAL		0	0	0	2,763,897	0.000000	76.20
76.45	03340	GASTRO INTESTINAL SERVICES		0	0	0	44,478,769	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,999,191	0.000000	76.97
76.98	07698	CAR-T CELLS		0	0	0	1,120,000	0.000000	76.98
76.99	07699	LITHOTRIPER		0	0	0	1,834,358	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0	0	0	1,799,422	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER		0	0	0	55,183	0.000000	90.01
90.02	09002	OUTPATIENT CENTER		0	0	0	18,683,062	0.000000	90.02
90.03	09003	PAIN CLINIC		0	0	0	3,863,886	0.000000	90.03
90.04	09007	CLINIC		0	0	0	0	0.000000	90.04
90.05	09004	WOUND CARE CENTER		0	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB		0	94,574	94,574	1,488,683	0.063529	90.06
90.07	09006	HEART RISK ASSESSMENT		0	0	0	0	0.000000	90.07
90.08	09008	CRYSTAL LAKE INFUSION		0	0	0	29,328,929	0.000000	90.08
91.00	09100	EMERGENCY		0	33,692	33,692	125,639,369	0.000268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	36,655,281	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	585,056	585,056	1,917,195,759		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 7/27/2021 12:19 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	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		0.000164	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	153	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	146,147	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	26,120	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	39,939	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	125,242	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.000000	38,215	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000346	870,372	301	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0.000000	1,603	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY		0.000000	466,857	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	8,342,618	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	65,464	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	4,325	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.000000	259,796	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		0.000000	1,259	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.001074	2,981,264	3,202	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	212,794	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE		0.000000	253,458	0	0	0	76.00
76.20	03951	DAY HOSPITAL		0.000000	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES		0.000000	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	CAR-T CELLS		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPER		0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION		0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER		0.000000	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER		0.000000	0	0	0	0	90.02
90.03	09003	PAIN CLINIC		0.000000	0	0	0	0	90.03
90.04	09007	CLINIC		0.000000	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER		0.000000	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB		0.063529	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT		0.000000	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION		0.000000	0	0	0	0	90.08
91.00	09100	EMERGENCY		0.000268	80,068	21	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		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)			13,915,694	3,524	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 12:19 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.240754	0	483,731	0	0	50.00
51.00	05100	RECOVERY ROOM	0.224262	0	125,260	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346320	0	52,341	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.048197	0	379,121	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164072	0	1,316,920	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.184261	0	364,356	0	0	55.00
56.00	05600	RADIOISOTOPE	0.201138	0	114,019	0	0	56.00
57.00	05700	CT SCAN	0.049139	0	957,061	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076825	0	455,461	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150496	0	22,405	0	0	59.00
60.00	06000	LABORATORY	0.127652	0	1,231,238	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.008250	0	50,715	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.311881	0	91,508	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.368652	0	578,612	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	0.168137	0	399,771	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.208979	0	78,665	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.150973	0	190,923	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.472552	0	124,193	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175500	0	2,865,338	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.365033	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.172630	0	699,177	0	0	75.00
76.00	03950	REHAB MEDICINE	0.621188	0	16,590	0	0	76.00
76.20	03951	DAY HOSPITAL	0.724879	0	79,204	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.142580	0	138,004	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.571968	0	6,200	0	0	76.97
76.98	07698	CAR-T CELLS	1.222189	0	0	0	0	76.98
76.99	07699	LITHOTRIPER	0.403353	0	36,600	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.620595	0	805	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	6.212312	0	2,672	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.358486	0	257,093	0	0	90.02
90.03	09003	PAIN CLINIC	0.244472	0	13,905	0	0	90.03
90.04	09007	CLINIC	0.000000	0	0	0	0	90.04
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.638890	0	19,844	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.313650	0	26,125	0	0	90.08
91.00	09100	EMERGENCY	0.224238	0	2,262,181	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.361666	0	1,051,654	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)		0	14,491,692	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	14,491,692	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part V
Date/Time Prepared:
7/27/2021 12:19 pm

			Title XIX		Hospital	Cost
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	116,460	0		50.00
51.00	05100	RECOVERY ROOM	28,091	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,127	0		52.00
53.00	05300	ANESTHESIOLOGY	18,272	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	216,070	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67,137	0		55.00
56.00	05600	RADIOISOTOPE	22,934	0		56.00
57.00	05700	CT SCAN	47,029	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,991	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,372	0		59.00
60.00	06000	LABORATORY	157,170	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	51,133	0		62.00
65.00	06500	RESPIRATORY THERAPY	28,540	0		65.00
66.00	06600	PHYSICAL THERAPY	213,306	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	67,216	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,439	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	219,747	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	58,688	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	502,867	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	120,699	0		75.00
76.00	03950	REHAB MEDICINE	10,306	0		76.00
76.20	03951	DAY HOSPITAL	57,413	0		76.20
76.45	03340	GASTRO INTESTINAL SERVICES	19,677	0		76.45
76.97	07697	CARDIAC REHABILITATION	3,546	0		76.97
76.98	07698	CAR-T CELLS	0	0		76.98
76.99	07699	LITHOTRIPER	14,763	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	500	0		77.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DIABETES CARE CENTER	16,599	0		90.01
90.02	09002	OUTPATIENT CENTER	92,164	0		90.02
90.03	09003	PAIN CLINIC	3,399	0		90.03
90.04	09007	CLINIC	0	0		90.04
90.05	09004	WOUND CARE CENTER	0	0		90.05
90.06	09005	ANTI-COAG LAB	12,678	0		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0		90.07
90.08	09008	CRYSTAL LAKE INFUSION	8,194	0		90.08
91.00	09100	EMERGENCY	507,267	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	380,347	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	3,135,141	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	3,135,141	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:19 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)		126,333	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		126,333	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)		115,296	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)		38,193	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)		151,743,035	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)		151,743,035	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)		151,743,035	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,201.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		45,875,140	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)		45,875,140	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0223

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

Worksheet D-1

Date/Time Prepared:
7/27/2021 12:19 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	20,488,649	8,368	2,448.45	1,703	4,169,710
44.00	CORONARY CARE UNIT	20,648,680	8,680	2,378.88	3,566	8,483,086
44.01	NEONATAL CARE UNIT	17,350,988	11,059	1,568.95	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					78,255,700
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					136,783,636
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,342,193
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,957,733
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,299,926
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					128,483,710
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					11,037
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,201.14
89.00	Observation bed cost (line 87 x line 88) (see instructions)					13,256,982

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0223

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

Worksheet D-1

Date/Time Prepared:
7/27/2021 12:19 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	13,691,722	151,743,035	0.090230	13,256,982	1,196,177	90.00
91.00 Nursing School cost	0	151,743,035	0.000000	13,256,982	0	91.00
92.00 Allied health cost	917,565	151,743,035	0.006047	13,256,982	80,165	92.00
93.00 All other Medical Education	0	151,743,035	0.000000	13,256,982	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:19 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)		8,724	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,724	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)		8,724	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,284	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)		14,545,756	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)		14,545,756	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)		14,545,756	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,667.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,140,852	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)		2,140,852	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:19 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	0	0	0.00	0	0	44.00
44.01	NEONATAL CARE UNIT	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					202,319	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,343,171	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)					201,678	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,267	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					208,945	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,134,226	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: 14-0223 Component CCN: 14-S223		Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:19 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	1,345,313	14,545,756	0.092488	0	0 90.00
91.00	Nursing School cost	0	14,545,756	0.000000	0	0 91.00
92.00	Allied health cost	24,948	14,545,756	0.001715	0	0 92.00
93.00	All other Medical Education	0	14,545,756	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:19 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)		12,927	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,927	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)		12,927	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)		6,461	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)		12,883,110	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)		12,883,110	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)		12,883,110	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)		996.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,439,033	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,439,033	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:19 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	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,467,846
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,906,879
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					695,914
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					143,879
52.00 Total Program excludable cost (sum of lines 50 and 51)					839,793
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,067,086
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: 14-0223 Component CCN: 14-T223		Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/27/2021 12:19 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	1,355,355	12,883,110	0.105204	0	0 90.00
91.00	Nursing School cost	0	12,883,110	0.000000	0	0 91.00
92.00	Allied health cost	36,967	12,883,110	0.002869	0	0 92.00
93.00	All other Medical Education	0	12,883,110	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 12:19 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		112,879,420		30.00
31.00	03100	INTENSIVE CARE UNIT		10,217,221		31.00
32.00	03200	CORONARY CARE UNIT		21,209,007		32.00
32.01	03201	NEONATAL CARE UNIT		0		32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.241165	23,932,664	5,771,721	50.00
51.00	05100	RECOVERY ROOM	0.224265	2,292,661	514,164	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346320	22,683	7,856	52.00
53.00	05300	ANESTHESIOLOGY	0.051259	6,609,809	338,812	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164720	20,237,446	3,333,512	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.184261	948,605	174,791	55.00
56.00	05600	RADIOISOTOPE	0.201138	3,909,100	786,269	56.00
57.00	05700	CT SCAN	0.049139	20,475,106	1,006,126	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076825	5,065,310	389,142	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150496	11,613,963	1,747,855	59.00
60.00	06000	LABORATORY	0.127652	43,274,522	5,524,079	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.008250	1,706,773	1,720,854	62.00
65.00	06500	RESPIRATORY THERAPY	0.311881	12,317,999	3,841,750	65.00
66.00	06600	PHYSICAL THERAPY	0.368652	6,916,458	2,549,766	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.169439	8,387,449	1,421,161	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.208979	1,531,024	319,952	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.150973	15,837,441	18,228,467	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.472552	22,034,187	10,412,299	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175500	74,375,517	13,052,903	73.00
74.00	07400	RENAL DIALYSIS	0.365033	2,606,998	951,640	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.172630	101,147	17,461	75.00
76.00	03950	REHAB MEDICINE	0.621188	77,165	47,934	76.00
76.20	03951	DAY HOSPITAL	0.724879	1,222	886	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.142580	3,080,687	439,244	76.45
76.97	07697	CARDIAC REHABILITATION	0.571968	91,154	52,137	76.97
76.98	07698	CAR-T CELLS	1.222189	0	0	76.98
76.99	07699	LITHOTRIPER	0.403353	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.620595	403,953	250,691	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	DIABETES CARE CENTER	6.212312	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.358486	22,316	8,000	90.02
90.03	09003	PAIN CLINIC	0.244472	0	0	90.03
90.04	09007	CLINIC	0.000000	0	0	90.04
90.05	09004	WOUND CARE CENTER	0.000000	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.638890	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.313650	0	0	90.08
91.00	09100	EMERGENCY	0.225289	17,711,410	3,990,186	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.361666	3,749,433	1,356,042	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)		309,334,202	78,255,700	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		309,334,202		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 12:19 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
32.00	03200 CORONARY CARE UNIT		0		32.00
32.01	03201 NEONATAL CARE UNIT		0		32.01
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		3,447,532		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.241165	0	0	50.00
51.00	05100 RECOVERY ROOM	0.224265	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.346320	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.051259	48,415	2,482	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.164720	8,680	1,430	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.184261	0	0	55.00
56.00	05600 RADIOISOTOPE	0.201138	2,893	582	56.00
57.00	05700 CT SCAN	0.049139	16,981	834	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.076825	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150496	0	0	59.00
60.00	06000 LABORATORY	0.127652	213,918	27,307	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1.008250	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.311881	10,465	3,264	65.00
66.00	06600 PHYSICAL THERAPY	0.368652	112,607	41,513	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.169439	31,950	5,414	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.208979	1,535	321	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.150973	2,826	3,253	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.472552	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.175500	393,769	69,106	73.00
74.00	07400 RENAL DIALYSIS	0.365033	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.172630	0	0	75.00
76.00	03950 REHAB MEDICINE	0.621188	8,129	5,050	76.00
76.20	03951 DAY HOSPITAL	0.724879	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	0.142580	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0.571968	0	0	76.97
76.98	07698 CAR-T CELLS	1.222189	0	0	76.98
76.99	07699 LITHOTRIPER	0.403353	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.620595	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	6.212312	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.358486	0	0	90.02
90.03	09003 PAIN CLINIC	0.244472	0	0	90.03
90.04	09007 CLINIC	0.000000	0	0	90.04
90.05	09004 WOUND CARE CENTER	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.638890	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	0.313650	0	0	90.08
91.00	09100 EMERGENCY	0.225289	185,376	41,763	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.361666	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)		1,037,544	202,319	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)		1,037,544		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 12:19 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
32.00	03200 CORONARY CARE UNIT		0		32.00
32.01	03201 NEONATAL CARE UNIT		0		32.01
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		15,963,848		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.241165	0	0	50.00
51.00	05100 RECOVERY ROOM	0.224265	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.346320	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.051259	153	8	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.164720	146,147	24,073	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.184261	26,120	4,813	55.00
56.00	05600 RADIOISOTOPE	0.201138	39,939	8,033	56.00
57.00	05700 CT SCAN	0.049139	125,242	6,154	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.076825	38,215	2,936	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150496	0	0	59.00
60.00	06000 LABORATORY	0.127652	870,372	111,105	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1.008250	1,603	1,616	62.00
65.00	06500 RESPIRATORY THERAPY	0.311881	466,857	145,604	65.00
66.00	06600 PHYSICAL THERAPY	0.368652	8,342,618	3,075,523	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.169439	65,464	11,092	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.208979	4,325	904	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.150973	259,796	299,018	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.472552	1,259	595	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.175500	2,981,264	523,212	73.00
74.00	07400 RENAL DIALYSIS	0.365033	212,794	77,677	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.172630	0	0	75.00
76.00	03950 REHAB MEDICINE	0.621188	253,458	157,445	76.00
76.20	03951 DAY HOSPITAL	0.724879	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	0.142580	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0.571968	0	0	76.97
76.98	07698 CAR-T CELLS	1.222189	0	0	76.98
76.99	07699 LITHOTRIPER	0.403353	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.620595	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	6.212312	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.358486	0	0	90.02
90.03	09003 PAIN CLINIC	0.244472	0	0	90.03
90.04	09007 CLINIC	0.000000	0	0	90.04
90.05	09004 WOUND CARE CENTER	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.638890	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	0.313650	0	0	90.08
91.00	09100 EMERGENCY	0.225289	80,068	18,038	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.361666	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)		13,915,694	4,467,846	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)		13,915,694		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 12:19 pm
			Title XIX	Hospital	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,377,752	30.00
31.00	03100	INTENSIVE CARE UNIT		4,276,106	31.00
32.00	03200	CORONARY CARE UNIT		2,423,807	32.00
32.01	03201	NEONATAL CARE UNIT		6,310,487	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		20,490	40.00
41.00	04100	SUBPROVIDER - IRF		10,395	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		925,940	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.240754	1,472,105	50.00
51.00	05100	RECOVERY ROOM	0.224262	127,722	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.346320	653,590	52.00
53.00	05300	ANESTHESIOLOGY	0.048197	602,475	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164072	2,093,976	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.184261	97,265	55.00
56.00	05600	RADIOISOTOPE	0.201138	392,429	56.00
57.00	05700	CT SCAN	0.049139	1,703,763	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076825	616,853	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150496	479,264	59.00
60.00	06000	LABORATORY	0.127652	5,223,180	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.008250	325,616	62.00
65.00	06500	RESPIRATORY THERAPY	0.311881	3,039,287	65.00
66.00	06600	PHYSICAL THERAPY	0.368652	655,575	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.168137	604,751	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.208979	348,005	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.150973	1,723,465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.472552	923,046	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.175500	9,548,159	73.00
74.00	07400	RENAL DIALYSIS	0.365033	74,090	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.172630	112,477	75.00
76.00	03950	REHAB MEDICINE	0.621188	20,631	76.00
76.20	03951	DAY HOSPITAL	0.724879	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.142580	156,819	76.45
76.97	07697	CARDIAC REHABILITATION	0.571968	4,960	76.97
76.98	07698	CAR-T CELLS	1.222189	0	76.98
76.99	07699	LITHOTRIPER	0.403353	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.620595	5,733	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	6.212312	0	90.01
90.02	09002	OUTPATIENT CENTER	0.358486	8,690	90.02
90.03	09003	PAIN CLINIC	0.244472	0	90.03
90.04	09007	CLINIC	0.000000	0	90.04
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.638890	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
90.08	09008	CRYSTAL LAKE INFUSION	0.313650	0	90.08
91.00	09100	EMERGENCY	0.224238	1,555,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.361666	218,053	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)		32,787,374	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)		32,787,374	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 12:19 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
32.01	03201 NEONATAL CARE UNIT		0		32.01
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		3,035,370		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.240754	0	0	50.00
51.00	05100 RECOVERY ROOM	0.224262	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.346320	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.048197	1,010	49	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.164072	6,980	1,145	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.184261	0	0	55.00
56.00	05600 RADIOISOTOPE	0.201138	0	0	56.00
57.00	05700 CT SCAN	0.049139	23,390	1,149	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.076825	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150496	0	0	59.00
60.00	06000 LABORATORY	0.127652	173,124	22,100	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1.008250	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.311881	846	264	65.00
66.00	06600 PHYSICAL THERAPY	0.368652	4,920	1,814	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.168137	18,350	3,085	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.208979	3,070	642	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.150973	368	424	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.472552	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.175500	253,758	44,535	73.00
74.00	07400 RENAL DIALYSIS	0.365033	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.172630	3,185	550	75.00
76.00	03950 REHAB MEDICINE	0.621188	5,280	3,280	76.00
76.20	03951 DAY HOSPITAL	0.724879	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	0.142580	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0.571968	0	0	76.97
76.98	07698 CAR-T CELLS	1.222189	0	0	76.98
76.99	07699 LITHOTRIPER	0.403353	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.620595	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	6.212312	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.358486	0	0	90.02
90.03	09003 PAIN CLINIC	0.244472	0	0	90.03
90.04	09007 CLINIC	0.000000	0	0	90.04
90.05	09004 WOUND CARE CENTER	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.638890	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	0.313650	0	0	90.08
91.00	09100 EMERGENCY	0.224238	131,251	29,431	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.361666	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)		625,532	108,468	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)		625,532		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/27/2021 12:19 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
32.01	03201 NEONATAL CARE UNIT		0		32.01
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		949,037		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.240754	18,028	4,340	50.00
51.00	05100 RECOVERY ROOM	0.224262	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.346320	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.048197	5,316	256	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.164072	14,955	2,454	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.184261	0	0	55.00
56.00	05600 RADIOISOTOPE	0.201138	2,850	573	56.00
57.00	05700 CT SCAN	0.049139	27,220	1,338	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.076825	13,551	1,041	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150496	0	0	59.00
60.00	06000 LABORATORY	0.127652	83,330	10,637	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1.008250	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.311881	52,827	16,476	65.00
66.00	06600 PHYSICAL THERAPY	0.368652	481,136	177,372	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.168137	1,055	177	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.208979	2,510	525	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.150973	10,713	12,330	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.472552	4,701	2,221	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.175500	165,888	29,113	73.00
74.00	07400 RENAL DIALYSIS	0.365033	255	93	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.172630	0	0	75.00
76.00	03950 REHAB MEDICINE	0.621188	14,749	9,162	76.00
76.20	03951 DAY HOSPITAL	0.724879	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	0.142580	9,751	1,390	76.45
76.97	07697 CARDIAC REHABILITATION	0.571968	0	0	76.97
76.98	07698 CAR-T CELLS	1.222189	0	0	76.98
76.99	07699 LITHOTRIPER	0.403353	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.620595	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	6.212312	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.358486	0	0	90.02
90.03	09003 PAIN CLINIC	0.244472	0	0	90.03
90.04	09007 CLINIC	0.000000	0	0	90.04
90.05	09004 WOUND CARE CENTER	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.638890	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	90.07
90.08	09008 CRYSTAL LAKE INFUSION	0.313650	0	0	90.08
91.00	09100 EMERGENCY	0.224238	5,150	1,155	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.361666	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)		913,985	270,653	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)		913,985		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 12:19 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)		63,429,637	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		24,275,510	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)		4,125,746	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,234,597	2.04
3.00	Managed Care Simulated Payments		37,082,432	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		526.16	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)		245.19	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)		3.55	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).		-12.31	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)		8.10	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)		237.43	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		211.70	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)		211.70	12.00
13.00	Total allowable FTE count for the prior year.		210.31	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.		209.37	14.00
15.00	Sum of lines 12 through 14 divided by 3.		210.46	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		210.46	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.399992	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.413483	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.399992	21.00
22.00	IME payment adjustment (see instructions)		17,285,544	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		7,308,465	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-25.73	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		17,285,544	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		7,308,465	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.40	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.34	31.00
32.00	Sum of lines 30 and 31		24.74	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.63	33.00
34.00	Disproportionate share adjustment (see instructions)		2,111,502	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 12:19 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.000570841	0.000531513	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,766,861	4,406,247	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,568,634	1,110,617	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,679,251		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		117,141,787		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			124,450,252	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			8,315,294	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			7,497,279	52.00
53.00	Nursing and Allied Health Managed Care payment			49,617	53.00
54.00	Special add-on payments for new technologies			599,350	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			374,934	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			107,803	58.00
59.00	Total (sum of amounts on lines 49 through 58)			141,394,529	59.00
60.00	Primary payer payments			21,175	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			141,373,354	61.00
62.00	Deductibles billed to program beneficiaries			7,245,568	62.00
63.00	Coinurance billed to program beneficiaries			776,028	63.00
64.00	Allowable bad debts (see instructions)			1,338,277	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			869,880	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,124,025	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			134,221,638	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-223,146	70.93
70.94	HRR adjustment amount (see instructions)			-266,654	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/27/2021 12:19 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)		1,328,751	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		132,403,087	71.00
71.01	Sequestration adjustment (see instructions)		873,860	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		130,983,341	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		545,886	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,355,672	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.9947214312	1.0045388438	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.9967	0.9977	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/27/2021 12:19 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	63,429,637	0	63,429,637		63,429,637	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	24,275,510	0		24,275,510	24,275,510	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	4,125,746	0	4,125,746		4,125,746	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,234,597	0		1,234,597	1,234,597	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	37,082,432	0	0	37,082,432	37,082,432	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.399992	0.399992	0.399992	0.399992		5.00
6.00	IME payment adjustment (see instructions)	22.00	17,285,544	0	12,501,157	4,784,387	17,285,544	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	7,308,465	0	0	7,308,465	7,308,465	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	17,285,544	0	12,501,157	4,784,387	17,285,544	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,308,465	0	0	7,308,465	7,308,465	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0963	0.0963	0.0963	0.0963		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,111,502	0	1,527,069	584,433	2,111,502	11.00
11.01	Uncompensated care payments	36.00	4,679,251	0	3,568,634	1,110,617	4,679,251	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	117,141,787	0	85,152,243	31,989,544	117,141,787	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	124,450,252	0	85,152,243	39,298,009	124,450,252	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,315,294	0	-2,090,182	10,405,476	8,315,294	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/27/2021 12:19 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	599,350	0	0	599,350	599,350	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	83,062,061	50,302,835	133,364,896	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	6,819,641	0	-1,714,226	8,533,867	6,819,641	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	394,281	0	-99,109	493,390	394,281	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	0.1615	0.1615	0.1615	0.1615		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,101,372	0	-276,847	1,378,219	1,101,372	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	8,315,294	0	-2,090,182	10,405,476	8,315,294	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: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/27/2021 12:19 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	63,429,637	63,429,637		63,429,637	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	24,275,510		24,275,510	24,275,510	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	4,125,746	4,125,746		4,125,746	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,234,597		1,234,597	1,234,597	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	37,082,432	0	37,082,432	37,082,432	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.399992	0.399992	0.399992		5.00
6.00	IME payment adjustment (see instructions)	22.00	17,285,544	12,501,157	4,784,387	17,285,544	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	7,308,465	0	7,308,465	7,308,465	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	17,285,544	12,501,157	4,784,387	17,285,544	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	7,308,465	0	7,308,465	7,308,465	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0963	0.0963	0.0963		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,111,502	1,527,069	584,433	2,111,502	11.00
11.01	Uncompensated care payments	36.00	4,679,251	3,568,634	1,110,617	4,679,251	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	117,141,787	85,152,243	31,989,544	117,141,787	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	124,450,252	85,152,243	39,298,009	124,450,252	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,315,294	-2,090,182	10,405,476	8,315,294	16.00
17.00	Special add-on payments for new technologies	54.00	599,350	0	599,350	599,350	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			83,062,061	50,302,835	133,364,896	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
7/27/2021 12:19 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	6,819,641	-1,714,226	8,533,867	6,819,641	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	394,281	-99,109	493,390	394,281	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	0.1615	0.1615	0.1615		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,101,372	-276,847	1,378,219	1,101,372	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	8,315,294	-2,090,182	10,405,476	8,315,294	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	-223,146	0	-223,146	-223,146	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	-266,654	0	-266,654	-266,654	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		830,621	498,130	1,328,751	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/27/2021 12:19 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21,075	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,686,680	2.00
3.00	OPPS payments		38,793,467	3.00
4.00	Outlier payment (see instructions)		96,218	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.821	5.00
6.00	Line 2 times line 5		37,508,764	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		106,580	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		21,075	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		119,627	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)		119,627	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)		119,627	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		98,552	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)		21,075	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)		38,996,265	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)		6,592,795	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)		32,424,545	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,289,576	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)		34,714,121	30.00
31.00	Primary payer payments		2,315	31.00
32.00	Subtotal (line 30 minus line 31)		34,711,806	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)		834,452	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		542,394	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		655,455	36.00
37.00	Subtotal (see instructions)		35,254,200	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		1,775	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		35,254,200	40.00
40.01	Sequestration adjustment (see instructions)		232,678	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		35,172,422	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)		-150,900	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: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part I
Date/Time Prepared:
7/27/2021 12:19 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		130,310,646		35,033,968	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/10/2020	672,695	12/10/2020	138,454	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)		672,695		138,454	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)		130,983,341		35,172,422	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		545,886		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		150,900	6.02
7.00	Total Medicare program liability (see instructions)		131,529,227		35,021,522	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0223

Period:

Worksheet E-1

Component CCN: 14-S223

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 12:19 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				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		1,178,158		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			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)		1,178,158		0	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		101,830		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,279,988		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0223

Period:

Worksheet E-1

Component CCN: 14-T223

From 01/01/2020
To 12/31/2020Part I
Date/Time Prepared:
7/27/2021 12:19 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		10,867,526		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		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			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)		10,867,526		0	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		28,706		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,896,232		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
7/27/2021 12:19 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: 14-0223 Component CCN: 14-S223	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 7/27/2021 12:19 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)		1,199,586	1.00
2.00	Net IPF PPS Outlier Payments		29,119	2.00
3.00	Net IPF PPS ECT Payments		14,585	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)		3.45	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)		3.06	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)		3.06	8.00
9.00	Average Daily Census (see instructions)		23.836066	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.064177	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		76,986	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,320,276	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,320,276	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,320,276	18.00
19.00	Deductibles		81,576	19.00
20.00	Subtotal (line 18 minus line 19)		1,238,700	20.00
21.00	Coinurance		14,432	21.00
22.00	Subtotal (line 20 minus line 21)		1,224,268	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		92,316	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		60,005	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		75,193	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,284,273	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		4,219	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)		1,288,492	31.00
31.01	Sequestration adjustment (see instructions)		8,504	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,178,158	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)		101,830	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		29,119	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: 14-0223 Component CCN: 14-T223	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/27/2021 12:19 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			10,505,310 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0208 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			325,665 3.00
4.00	Outlier Payments			240,727 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)			35.319672 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)			11,071,702 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			11,071,702 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			11,071,702 19.00
20.00	Deductibles			36,520 20.00
21.00	Subtotal (line 19 minus line 20)			11,035,182 21.00
22.00	Coinsurance			96,756 22.00
23.00	Subtotal (line 21 minus line 22)			10,938,426 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			12,610 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			8,197 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			6,688 26.00
27.00	Subtotal (sum of lines 23 and 25)			10,946,623 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)			22,002 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)			10,968,625 32.00
32.01	Sequestration adjustment (see instructions)			72,393 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			10,867,526 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)			28,706 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			240,727 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: 14-0223 Period: From 01/01/2020 To 12/31/2020 Worksheet E-4 Date/Time Prepared: 7/27/2021 12:19 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.		194.81	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		3.05	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))		17.91	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)		8.56	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)		218.23	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		218.23	6.00
7.00	Enter the lesser of line 5 or line 6		218.23	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.	143.72	58.86	202.58	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	143.72	58.86	202.58	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	143.72	58.86		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	139.68	60.76		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	136.62	61.32		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	140.01	60.31		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	140.01	60.31		17.00
18.00	Per resident amount	115,115.38	110,465.95		18.00
19.00	Approved amount for resident costs	16,117,304	6,662,201	22,779,505	19.00

					1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			22,779,505	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)	51,207	22,029		26.00
27.00	Total Inpatient Days (see instructions)	166,872	166,872		27.00
28.00	Ratio of inpatient days to total inpatient days	0.306864	0.132011		28.00
29.00	Program direct GME amount	6,990,210	3,007,145	9,997,355	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		210,500	210,500	30.00
31.00	Net Program direct GME amount			9,786,855	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/27/2021 12:19 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)		6,049,430		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)		150,033,686		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)		21,175		40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		150,012,511		41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)		45,814,335		42.00
43.00	Primary payer payments (see instructions)		2,315		43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		45,812,020		44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		195,824,531		45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.766056		46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.233944		47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)		9,786,855		48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		7,497,279		49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,289,576		50.00

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

Provider CCN: 14-0223

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

Worksheet G

Date/Time Prepared:
7/27/2021 12:19 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	959,878,000	0	0	0	1.00
2.00	Temporary investments	125,053,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,587,671,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	706,475,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	3,379,077,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	461,831,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	8,014,348,000	0	0	0	15.00
16.00	Accumulated depreciation	-5,144,704,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,520,502,000	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,851,977,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	11,107,210,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,111,379,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,218,589,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	21,449,643,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,341,619,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,207,672,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	79,934,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	690,637,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,319,862,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	3,310,401,000	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	2,419,336,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,729,737,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	9,049,599,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	12,400,044,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	12,400,044,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	21,449,643,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0223

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

Worksheet G-1

Date/Time Prepared:
7/27/2021 12:19 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		11,698,664,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		163,842,732				2.00
3.00	Total (sum of line 1 and line 2)		11,862,506,732		0		3.00
4.00	CY OTHER DIVISION NET INCOME	537,537,268		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		537,537,268		0		10.00
11.00	Subtotal (line 3 plus line 10)		12,400,044,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		12,400,044,000		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	CY OTHER DIVISION NET INCOME		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0223

Period:
From 01/01/2020
To 12/31/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
7/27/2021 12:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	358,165,781		358,165,781	1.00
2.00	SUBPROVIDER - IPF	23,799,724		23,799,724	2.00
3.00	SUBPROVIDER - IRF	31,998,058		31,998,058	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	413,963,563		413,963,563	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	60,835,061		60,835,061	11.00
12.00	CORONARY CARE UNIT	53,322,884		53,322,884	12.00
12.01	NEONATAL CARE UNIT	65,440,475		65,440,475	12.01
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	179,598,420		179,598,420	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	593,561,983		593,561,983	17.00
18.00	Ancillary services	967,069,272	738,556,374	1,705,625,646	18.00
19.00	Outpatient services	54,453,653	124,352,891	178,806,544	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	11,572,311	25,082,970	36,655,281	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,626,657,219	887,992,235	2,514,649,454	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		761,727,108		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)		761,727,108		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0223

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

Worksheet G-3

Date/Time Prepared:
7/27/2021 12:19 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,514,649,454	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,661,147,791	2.00
3.00	Net patient revenues (line 1 minus line 2)	853,501,663	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	761,727,108	4.00
5.00	Net income from service to patients (line 3 minus line 4)	91,774,555	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,652	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,490,602	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	40	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	139,241	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	1,321,487	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	3,382,543	24.00
24.50	COVID-19 PHE Funding	65,731,612	24.50
25.00	Total other income (sum of lines 6-24)	72,068,177	25.00
26.00	Total (line 5 plus line 25)	163,842,732	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	163,842,732	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0223	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/27/2021 12:19 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier	6,819,641		1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0		1.01
2.00	Capital DRG outlier payments	394,281		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)	396.78		3.00
4.00	Number of interns & residents (see instructions)	210.46		4.00
5.00	Indirect medical education percentage (see instructions)	16.15		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)	1,101,372		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)	8,315,294		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