

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: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/24/2020 4:56 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/24/2020	Time: 4:56 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by EDWARD HOSPITAL (14-0231) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) DENISE CHAMBERLAIN

Officer or Administrator of Provider(s)

CFO

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	6,725	332,776	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	6,725	332,776	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: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/24/2020 4:56 pm

1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 801 SOUTH WASHINGTON STREET			PO Box:						1.00	
2.00	City: NAPERVILLE			State: IL		Zip Code: 60540-7499		County:		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	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		EDWARD HOSPITAL	140231	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	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.					2	N			23.00	
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
			1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		3,205	0	0	0	5,564	0		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			N	N			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
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11/24/2020 4:56 pm

	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)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00 Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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Period:
From 07/01/2019
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	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)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	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)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 4:56 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 4:56 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	10,025,703118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
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	14H131	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0231		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 4:56 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: EDWARD ELMHURST HEALTH	Contractor's Name: NGS		Contractor's Number: 00131				141.00	
142.00	Street: 801 S. WASHINGTON	PO Box:						142.00	
143.00	City: NAPERVILLE	State: IL		Zip Code: 60540				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.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								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	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
						Beginning	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	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 4:56 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y			15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
			4.00		
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/19/2020	Y	10/19/2020
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)	N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/24/2020 4:56 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		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.	TONY	LEONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE, CPA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
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Date/Time Prepared:
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		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.	CONSULTANT	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: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 4:56 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	223	81,618	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)		223	81,618	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,882	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	22	8,052	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU	35.00	22	8,052	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		294	107,604	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		294			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 4:56 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)	24,167	1,637	66,003			1.00
2.00	HMO and other (see instructions)	10,639	5,564				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	24,167	1,637	66,003			7.00
8.00	INTENSIVE CARE UNIT	2,484	274	6,263			8.00
9.00	CORONARY CARE UNIT	2,683	191	5,889			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NICU	0	296	7,958			12.00
13.00	NURSERY		807	5,805			13.00
14.00	Total (see instructions)	29,334	3,205	91,918	0.00	2,406.28	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
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)				0.00	2,406.28	27.00
28.00	Observation Bed Days		0	11,850			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	1			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: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 4:56 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	6,468	348	20,861	1.00
2.00 HMO and other (see instructions)			2,222	1,253		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NICU						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,468	348	20,861	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 4:56 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	188,151,868	0	188,151,868	4,789,308.00	39.29
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		1,447,749	0	1,447,749	6,474.00	223.63
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		16,592,366	0	16,592,366	86,040.00	192.84
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	0	0	0	0.00	0.00
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		3,831,465	0	3,831,465	135,077.00	28.37
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,475,593	109	3,475,702	79,067.00	43.96
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,821,705	0	1,821,705	22,187.00	82.11
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		1,626,947	0	1,626,947	7,231.00	225.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		43,749,249	0	43,749,249	1,105,715.00	39.57
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)		40,004,169	0	40,004,169		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		743,553	0	743,553		
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		101,157	0	101,157		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		918,016	0	918,016		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		8,767,646	0	8,767,646		
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: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 4:56 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	346,287	0	346,287	8,896.00	38.93	26.00
27.00	Administrative & General	5.00	10,019,190	-280,202	9,738,988	160,119.00	60.82	27.00
28.00	Administrative & General under contract (see inst.)		2,592,901	0	2,592,901	15,727.00	164.87	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,299,777	-532,789	3,766,988	148,920.00	25.30	30.00
31.00	Laundry & Linen Service	8.00	246,557	0	246,557	15,177.00	16.25	31.00
32.00	Housekeeping	9.00	3,568,259	25	3,568,284	212,379.00	16.80	32.00
33.00	Housekeeping under contract (see instructions)		519,871	0	519,871	23,524.00	22.10	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		3,580,596	0	3,580,596	141,058.00	25.38	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	2,975,728	0	2,975,728	63,001.00	47.23	38.00
39.00	Central Services and Supply	14.00	2,675,163	39,860	2,715,023	127,610.00	21.28	39.00
40.00	Pharmacy	15.00	5,254,217	0	5,254,217	113,249.00	46.40	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/24/2020 4:56 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)	174,421,405	0	174,421,405	4,748,500.00	36.73	1.00
2.00	Excluded area salaries (see instructions)	3,475,593	109	3,475,702	79,067.00	43.96	2.00
3.00	Subtotal salaries (line 1 minus line 2)	170,945,812	-109	170,945,703	4,669,433.00	36.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	47,197,901	0	47,197,901	1,135,133.00	41.58	4.00
5.00	Subtotal wage-related costs (see inst.)	48,872,972	0	48,872,972	0.00	28.59	5.00
6.00	Total (sum of lines 3 thru 5)	267,016,685	-109	267,016,576	5,804,566.00	46.00	6.00
7.00	Total overhead cost (see instructions)	36,078,546	-773,106	35,305,440	1,029,660.00	34.29	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
11/24/2020 4:56 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	7,113,401	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)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	16,758,851	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	780,540	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	605,081	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,253,179	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,899,900	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	12,839,348	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	77,988	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	438,606	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	41,766,894	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/24/2020 4:56 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	1,821,705	41,766,894	1.00
2.00	Hospital	1,821,705	40,105,325	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	1,661,569	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0231

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

Worksheet S-5

Date/Time Prepared:
11/24/2020 4:56 pm

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	0	0	0	0	0	1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00	0.00	0.00	0.00	0.00	2.00
3.00	Average patient dialysis time including setup	0.00	0.00	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	0	0					5.00
6.00	Number of stations	0	0	0	0			6.00
7.00	Treatment capacity per day per station	0	0					7.00
8.00	Utilization (see instructions)	0.00	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00
							Y/N	
							1.00	
ESRD PPS								
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02
						Prior to 1/1	After 12/31	
						1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	4
TRANSPLANT INFORMATION								
11.00	Number of patients on transplant list						0	11.00
12.00	Number of patients transplanted during the cost reporting period						0	12.00
EPOETIN								
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00
16.00	Number of EPO units furnished relating to the home dialysis department							16.00
ARANESP								
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00
						MCP	INITIAL METHOD	
						1.00	2.00	
PHYSICIAN PAYMENT METHOD								
21.00	Enter "X" if method(s) is applicable							21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.		
		1.00	2.00	3.00	4.00	5.00		
ESAs								
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0231

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

Worksheet S-5

Date/Time Prepared:
11/24/2020 4:56 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/24/2020 4:56 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)			0.173465 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	24,198,836		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	257,959,005		6.00
7.00	Medicaid cost (line 1 times line 6)	44,746,859		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	20,548,023		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	20,548,023		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)	21,502,104	11,661,882	33,163,986 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,729,862	11,661,882	15,391,744 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)	3,729,862	11,661,882	15,391,744 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)	37,678,105		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	798,343		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,228,220		27.01
28.00	Non-Medicare bad debt expense (see instructions)	36,449,885		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	6,752,656		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	22,144,400		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	42,692,423		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,469,865	1,469,865	12,008,248	13,478,113	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,286,597	3,286,597	15,185,278	18,471,875	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	346,287	29,158,140	29,504,427	-171,972	29,332,455	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,019,190	187,824,067	197,843,257	5,102,404	202,945,661	5.00
7.00	00700	OPERATION OF PLANT	4,299,777	26,015,120	30,314,897	-17,574,189	12,740,708	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	246,557	1,857,979	2,104,536	-7,978	2,096,558	8.00
9.00	00900	HOUSEKEEPING	3,568,259	2,135,335	5,703,594	-52,794	5,650,800	9.00
10.00	01000	DIETARY	0	6,135,407	6,135,407	-3,097,919	3,037,488	10.00
11.00	01100	CAFETERIA	0	0	0	2,994,299	2,994,299	11.00
13.00	01300	NURSING ADMINISTRATION	2,975,728	460,765	3,436,493	-65,050	3,371,443	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,675,163	3,341,625	6,016,788	-1,062,095	4,954,693	14.00
15.00	01500	PHARMACY	5,254,217	17,102,288	22,356,505	-15,927,862	6,428,643	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,649	1,649	0	1,649	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,822,460	7,781,750	47,604,210	-10,057,403	37,546,807	30.00
31.00	03100	INTENSIVE CARE UNIT	5,025,403	925,248	5,950,651	-744,110	5,206,541	31.00
32.00	03200	CORONARY CARE UNIT	4,996,034	595,163	5,591,197	-531,268	5,059,929	32.00
35.00	02060	NICU	5,768,162	3,502,726	9,270,888	-2,501,695	6,769,193	35.00
43.00	04300	NURSERY	0	0	0	2,103,757	2,103,757	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,189,478	52,093,148	60,282,626	-49,227,494	11,055,132	50.00
50.02	03330	ENDOSCOPY	1,685,605	2,771,917	4,457,522	-2,672,580	1,784,942	50.02
51.00	05100	RECOVERY ROOM	2,645,261	921,878	3,567,139	-810,404	2,756,735	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,474,959	1,525,675	8,000,634	-860,159	7,140,475	52.00
53.00	05300	ANESTHESIOLOGY	602,661	2,250,268	2,852,929	-1,642,640	1,210,289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,477,481	1,534,269	5,011,750	-2,674,364	2,337,386	54.00
54.01	03630	ULTRASOUND	1,095,530	288,360	1,383,890	-62,794	1,321,096	54.01
54.02	03440	WOMENS IMAGING CENTER	675,248	810,740	1,485,988	-633,280	852,708	54.02
54.03	05401	SPECIAL PROCEDURES	888,757	1,166,532	2,055,289	-785,840	1,269,449	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	5,291,858	31,643,012	36,934,870	-850,569	36,084,301	55.00
56.00	05600	RADIOISOTOPE	591,889	1,457,921	2,049,810	-223,255	1,826,555	56.00
57.00	05700	CT SCAN	1,422,825	1,404,848	2,827,673	-268,194	2,559,479	57.00
58.00	05800	MRI	913,373	1,531,834	2,445,207	-1,181,349	1,263,858	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,831,072	15,265,908	17,096,980	-15,021,010	2,075,970	59.00
60.00	06000	LABORATORY	4,305,271	14,546,732	18,852,003	-5,271,697	13,580,306	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	394,205	1,962,806	2,357,011	-205,882	2,151,129	62.00
65.00	06500	RESPIRATORY THERAPY	3,309,930	2,142,773	5,452,703	-1,979,351	3,473,352	65.00
66.00	06600	PHYSICAL THERAPY	2,494,873	32,993	2,527,866	-15,349	2,512,517	66.00
68.00	06800	SPEECH PATHOLOGY	843,420	8,714	852,134	-3,806	848,328	68.00
69.00	06900	ELECTROCARDIOLOGY	3,427,596	3,834,030	7,261,626	-1,025,479	6,236,147	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	33,343	18,684	52,027	-18,025	34,002	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	337,820	1,410,334	1,748,154	-1,251,336	496,818	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	44,643,028	44,643,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,434,982	40,434,982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,657,809	15,657,809	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,191,378	698,550	3,889,928	-546,363	3,343,565	75.00
76.97	07697	CARDIAC REHABILITATION	795,947	53,219	849,166	-33,338	815,828	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,035,293	952,823	3,988,116	-517,689	3,470,427	90.00
90.01	09001	WOUND OSTOMY	1,281,151	714,800	1,995,951	-573,772	1,422,179	90.01
90.02	09002	PLAINFIELD CLINIC	9,404,724	13,486,897	22,891,621	-1,452,663	21,438,958	90.02
90.03	09003	OSWEGO CLINIC	1,931,855	858,339	2,790,194	-134,068	2,656,126	90.03
90.04	09004	BOLINGBROOK CLINIC	3,485,116	487,605	3,972,721	800,713	4,773,434	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	1,644,506	458,826	2,103,332	-158,509	1,944,823	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	3,537,668	3,537,668	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	3,597,590	1,961,135	5,558,725	1,004,788	6,563,513	90.07
91.00	09100	EMERGENCY	20,379,023	2,989,393	23,368,416	-1,544,436	21,823,980	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	184,676,275	452,878,687	637,554,962	32,944	637,587,906	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	140,999	261,261	402,260	-2,345	399,915	190.00
191.00	19100	RESEARCH	361,357	11,837	373,194	0	373,194	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	513,845	23,256	537,101	-3,924	533,177	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/24/2020 4:56 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	
192.02	19202	RESEARCH	26,115	44	26,159	0	26,159	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	2,433,277	4,275,323	6,708,600	-26,675	6,681,925	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	188,151,868	457,450,408	645,602,276	0	645,602,276	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	13,478,113	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,438,559	21,910,434	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,531,519	35,863,974	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-50,392,556	152,553,105	5.00
7.00	00700	OPERATION OF PLANT	-6,378,966	6,361,742	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,096,558	8.00
9.00	00900	HOUSEKEEPING	0	5,650,800	9.00
10.00	01000	DIETARY	0	3,037,488	10.00
11.00	01100	CAFETERIA	-1,645,460	1,348,839	11.00
13.00	01300	NURSING ADMINISTRATION	-48,717	3,322,726	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,954,693	14.00
15.00	01500	PHARMACY	378,006	6,806,649	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,215,107	3,216,756	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-657,790	36,889,017	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,206,541	31.00
32.00	03200	CORONARY CARE UNIT	0	5,059,929	32.00
35.00	02060	NICU	-792,943	5,976,250	35.00
43.00	04300	NURSERY	0	2,103,757	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-174,917	10,880,215	50.00
50.02	03330	ENDOSCOPY	0	1,784,942	50.02
51.00	05100	RECOVERY ROOM	0	2,756,735	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-440,629	6,699,846	52.00
53.00	05300	ANESTHESIOLOGY	0	1,210,289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-255	2,337,131	54.00
54.01	03630	ULTRASOUND	0	1,321,096	54.01
54.02	03440	WOMENS IMAGING CENTER	0	852,708	54.02
54.03	05401	SPECIAL PROCEDURES	0	1,269,449	54.03
54.04	05402	IMAGING CENTER	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	36,084,301	55.00
56.00	05600	RADIOISOTOPE	0	1,826,555	56.00
57.00	05700	CT SCAN	-172,846	2,386,633	57.00
58.00	05800	MRI	0	1,263,858	58.00
59.00	05900	CARDIAC CATHETERIZATION	-15,780	2,060,190	59.00
60.00	06000	LABORATORY	-1,351,428	12,228,878	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,151,129	62.00
65.00	06500	RESPIRATORY THERAPY	-26,754	3,446,598	65.00
66.00	06600	PHYSICAL THERAPY	0	2,512,517	66.00
68.00	06800	SPEECH PATHOLOGY	0	848,328	68.00
69.00	06900	ELECTROCARDIOLOGY	-3,437,396	2,798,751	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	69.01
69.02	03290	EMG/NCV	0	34,002	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-33,266	463,552	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,643,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,434,982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,657,809	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,343,565	75.00
76.97	07697	CARDIAC REHABILITATION	0	815,828	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-432	3,469,995	90.00
90.01	09001	WOUND OSTOMY	-21,651	1,400,528	90.01
90.02	09002	PLAINFIELD CLINIC	-2,474,734	18,964,224	90.02
90.03	09003	OSWEGO CLINIC	10	2,656,136	90.03
90.04	09004	BOLINGBROOK CLINIC	-1,824,653	2,948,781	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	-1,036,992	907,831	90.05
90.06	09006	OUTPATIENT SERVICES	0	3,537,668	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	-826	6,562,687	90.07
91.00	09100	EMERGENCY	-11,622,047	10,201,933	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-68,987,837	568,600,069	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	399,915	190.00
191.00	19100	RESEARCH	0	373,194	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1	533,178	192.00
192.02	19202	RESEARCH	0	26,159	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0231

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

Worksheet A

Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	6,681,925	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-68,987,836	576,614,440	200.00

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/24/2020 4:56 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
B - CAFETERIA					
1.00 CAFETERIA	11.00	0	2,994,299		1.00
TOTALS		0	2,994,299		
D - CHARGEABLE DRUGS					
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	15,657,809		1.00
TOTALS		0	15,657,809		
E - PATIENT TRANSPORT					
1.00 HOUSEKEEPING	9.00	25	4		1.00
2.00 CENTRAL SERVICES & SUPPLY	14.00	39,860	6,054		2.00
3.00 ADULTS & PEDIATRICS	30.00	381,420	57,927		3.00
4.00 INTENSIVE CARE UNIT	31.00	28,194	4,282		4.00
5.00 CORONARY CARE UNIT	32.00	29,939	4,547		5.00
6.00 NICU	35.00	470	71		6.00
7.00 NURSERY	43.00	948	144		7.00
8.00 OPERATING ROOM	50.00	12,403	1,884		8.00
9.00 ENDOSCOPY	50.02	13,703	2,081		9.00
10.00 RECOVERY ROOM	51.00	59,676	9,063		10.00
11.00 DELIVERY ROOM & LABOR ROOM	52.00	4,143	629		11.00
12.00 RADIOLOGY-DIAGNOSTIC	54.00	42,937	6,521		12.00
13.00 ULTRASOUND	54.01	39,843	6,051		13.00
14.00 WOMENS IMAGING CENTER	54.02	3,162	480		14.00
15.00 RADIOLOGY-THERAPEUTIC	55.00	1,275	194		15.00
16.00 RADIOISOTOPE	56.00	7,422	1,127		16.00
17.00 CT SCAN	57.00	17	3		17.00
18.00 MRI	58.00	19,858	3,016		18.00
19.00 CARDIAC CATHETERIZATION	59.00	5,476	832		19.00
20.00 ELECTROCARDIOLOGY	69.00	42	6		20.00
21.00 WOUND OSTOMY	90.01	17	3		21.00
22.00 EMERGENCY	91.00	122,052	18,536		22.00
23.00 PHYSICIANS' PRIVATE OFFICES	192.00	109	17		23.00
TOTALS		812,991	123,472		
F - RADIOLOGY DIRECTOR					
1.00 ULTRASOUND	54.01	123,578	19,642		1.00
2.00 WOMENS IMAGING CENTER	54.02	75,000	11,921		2.00
3.00 SPECIAL PROCEDURES	54.03	68,243	10,847		3.00
4.00 CT SCAN	57.00	665,812	105,828		4.00
5.00 MRI	58.00	236,820	37,642		5.00
7.00 RADIOISOTOPE	56.00	72,443	11,514		7.00
TOTALS		1,241,896	197,394		
G - NURSERY					
1.00 NURSERY	43.00	1,803,522	299,143		1.00
TOTALS		1,803,522	299,143		
H - MEDICAL SUPPLIES					
1.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	44,643,028		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
14.00	0.00	0	0		14.00
15.00	0.00	0	0		15.00
16.00	0.00	0	0		16.00
17.00	0.00	0	0		17.00
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
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

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/24/2020 4:56 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
	TOTALS			44,643,028		
	J - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	40,434,982		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
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
29.00		0.00	0	0		29.00
	TOTALS			40,434,982		
	M - OUTPATIENT SERVICES					
1.00	OUTPATIENT SERVICES	90.06	2,961,168	576,500		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		2,961,168	576,500		
	N - INTERCOMPANY RENTAL EXPENSE					
1.00	CARDIAC REHABILITATION	76.97	0	5,042		1.00
2.00	OSWEGO CLINIC	90.03	0	149,702		2.00
3.00	BOLINGBROOK CLINIC	90.04	0	1,227,840		3.00
4.00	OUTPATIENT CLINIC OTHER	90.07	0	1,563,634		4.00
	TOTALS		0	2,946,218		
	O - M/E DEPRECIATION RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,008,248		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15,185,278		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

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/24/2020 4:56 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
	TOTALS		0	27,193,526		
	P - CLINICAL ENGINEERING					
1.00	ADMINISTRATIVE & GENERAL	5.00	532,789	10,504,554		1.00
	TOTALS		532,789	10,504,554		
500.00	Grand Total: Increases		7,352,366	145,570,925		500.00

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/24/2020 4:56 pm

	Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
	6.00	7.00	8.00	9.00	10.00				
1.00	B - CAFETERIA						1.00		
	DIETARY	10.00	0	2,994,299	0				
	TOTALS		0	2,994,299					
1.00	D - CHARGEABLE DRUGS						1.00		
	PHARMACY	15.00	0	15,657,809	0				
	TOTALS		0	15,657,809					
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 22.00 23.00	E - PATIENT TRANSPORT						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 22.00 23.00		
	ADMINISTRATIVE & GENERAL	5.00	812,991	123,472	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		TOTALS		812,991	123,472				
	1.00 2.00 3.00 4.00 5.00 7.00	F - RADIOLOGY DIRECTOR						1.00 2.00 3.00 4.00 5.00 7.00	
		RADIOLOGY-DIAGNOSTIC	54.00	1,241,896	197,394	0			
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
		0.00	0	0	0				
	TOTALS		1,241,896	197,394					
1.00	G - NURSERY						1.00		
	ADULTS & PEDIATRICS	30.00	1,803,522	299,143	0				
	TOTALS		1,803,522	299,143					
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 22.00 23.00 24.00 25.00 26.00 27.00 28.00 29.00 30.00	H - MEDICAL SUPPLIES						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 22.00 23.00 24.00 25.00 26.00 27.00 28.00 29.00 30.00		
	ADMINISTRATIVE & GENERAL	5.00		371,230	0				
	CENTRAL SERVICES & SUPPLY	14.00		640,170	0				
	PHARMACY	15.00		137,698	0				
	ADULTS & PEDIATRICS	30.00		2,765,623	0				
	INTENSIVE CARE UNIT	31.00		628,479	0				
	CORONARY CARE UNIT	32.00		467,695	0				
	NICU	35.00		429,844	0				
	OPERATING ROOM	50.00		14,119,793	0				
	ENDOSCOPY	50.02		1,713,751	0				
	RECOVERY ROOM	51.00		188,872	0				
	DELIVERY ROOM & LABOR ROOM	52.00		705,184	0				
	ANESTHESIOLOGY	53.00		1,488,687	0				
	RADIOLOGY-DIAGNOSTIC	54.00		83,978	0				
	ULTRASOUND	54.01		129,835	0				
	WOMENS IMAGING CENTER	54.02		433,557	0				
	SPECIAL PROCEDURES	54.03		686,424	0				
	RADIOLOGY-THERAPEUTIC	55.00		108,136	0				
	RADIOISOTOPE	56.00		18,925	0				
	CT SCAN	57.00		544,094	0				
	MRI	58.00		264,695	0				
	CARDIAC CATHETERIZATION	59.00		6,302,054	0				
	LABORATORY	60.00		4,634,713	0				
	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00		187,289	0				
	RESPIRATORY THERAPY	65.00		1,931,085	0				
	PHYSICAL THERAPY	66.00		8,649	0				
	SPEECH PATHOLOGY	68.00		3,806	0				
	ELECTROCARDIOLOGY	69.00		674,338	0				
	ELECTROENCEPHALOGRAPHY	70.00		696,306	0				
	ASC (NON-DISTINCT PART)	75.00		522,639	0				
CARDIAC REHABILITATION	76.97		6,224	0					

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
11/24/2020 4:56 pm

		Decreases					11/27/2020 4:00 pm	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
31.00	CLINIC	90.00		467,746	0		31.00	
32.00	WOUND OSTOMY	90.01		409,700	0		32.00	
33.00	PLAINFIELD CLINIC	90.02		925,846	0		33.00	
34.00	OSWEGO CLINIC	90.03		156,212	0		34.00	
35.00	BOLINGBROOK CLINIC	90.04		318,234	0		35.00	
36.00	NAPERVILLE NORTH CLINIC	90.05		99,760	0		36.00	
37.00	OUTPATIENT CLINIC OTHER	90.07		151,021	0		37.00	
38.00	EMERGENCY	91.00		1,220,736	0		38.00	
39.00	OUTPATIENT CLINIC OTHER				0		39.00	
40.00	OUTPATIENT CLINIC OTHER				0		40.00	
41.00	OUTPATIENT CLINIC OTHER				0		41.00	
42.00	OUTPATIENT CLINIC OTHER				0		42.00	
43.00	OUTPATIENT CLINIC OTHER				0		43.00	
44.00	OUTPATIENT CLINIC OTHER				0		44.00	
45.00	OUTPATIENT CLINIC OTHER				0		45.00	
46.00	OUTPATIENT CLINIC OTHER				0		46.00	
47.00	EMERGENCY				0		47.00	
TOTALS			0	44,643,028				
J - IMPLANTS								
1.00	ADULTS & PEDIATRICS	30.00	0	13,618	0		1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,324	0		2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	3,542	0		3.00	
4.00	CORONARY CARE UNIT	32.00	0	23,423	0		4.00	
5.00	NICU	35.00	0	1,284	0		5.00	
6.00	OPERATING ROOM	50.00	0	32,598,941	0		6.00	
7.00	ENDOSCOPY	50.02	0	94,881	0		7.00	
8.00	RECOVERY ROOM	51.00	0	342	0		8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,714	0		9.00	
10.00	ANESTHESIOLOGY	53.00	0	11,290	0		10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,478	0		11.00	
12.00	ULTRASOUND	54.01	0	313	0		12.00	
13.00	WOMENS IMAGING CENTER	54.02	0	3,234	0		13.00	
14.00	SPECIAL PROCEDURES	54.03	0	58,428	0		14.00	
15.00	CT SCAN	57.00	0	58	0		15.00	
16.00	MRI	58.00	0	50	0		16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	7,350,929	0		17.00	
18.00	PHYSICAL THERAPY	66.00	0	119	0		18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	170	0		19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	232,713	0		20.00	
21.00	ASC (NON-DISTINCT PART)	75.00	0	854	0		21.00	
22.00	WOUND OSTOMY	90.01	0	1,036	0		22.00	
23.00	PLAINFIELD CLINIC	90.02	0	7,037	0		23.00	
24.00	OSWEGO CLINIC	90.03	0	1,423	0		24.00	
25.00	BOLINGBROOK CLINIC	90.04	0	2,348	0		25.00	
26.00	NAPERVILLE NORTH CLINIC	90.05	0	1,198	0		26.00	
27.00	EMERGENCY	91.00	0	16,235	0		27.00	
29.00	EMERGENCY		0		0		29.00	
TOTALS			0	40,434,982				
M - OUTPATIENT SERVICES								
1.00	ADULTS & PEDIATRICS	30.00	2,917,367	570,086	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	18,394	3,387	0		2.00	
3.00	CORONARY CARE UNIT	32.00	25,407	3,027	0		3.00	
TOTALS			2,961,168	576,500				
N - INTERCOMPANY RENTAL EXPENSE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,946,218	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
TOTALS			0	2,946,218				
O - M/E DEPRECIATION RECLASS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	171,972	9		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,681,028	9		2.00	
3.00	OPERATION OF PLANT	7.00	0	6,536,846	0		3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	7,978	0		4.00	
5.00	HOUSEKEEPING	9.00	0	52,823	0		5.00	
6.00	DIETARY	10.00	0	103,620	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	65,050	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	461,515	0		8.00	
9.00	PHARMACY	15.00	0	132,355	0		9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	2,127,391	0		10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	122,784	0		11.00	
12.00	CORONARY CARE UNIT	32.00	0	46,202	0		12.00	
13.00	NICU	35.00	0	2,071,108	0		13.00	
14.00	OPERATING ROOM	50.00	0	2,523,047	0		14.00	

RECLASSIFICATIONS

Provider CCN: 14-0231

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

Worksheet A-6

Date/Time Prepared:
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	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
15.00	ENDOSCOPY	50.02	0	879,732	0	15.00
16.00	RECOVERY ROOM	51.00	0	689,929	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	156,033	0	17.00
18.00	ANESTHESIOLOGY	53.00	0	142,663	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,199,076	0	19.00
20.00	ULTRASOUND	54.01	0	121,760	0	20.00
21.00	WOMENS IMAGING CENTER	54.02	0	287,052	0	21.00
22.00	SPECIAL PROCEDURES	54.03	0	120,078	0	22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	743,902	0	23.00
24.00	RADIOISOTOPE	56.00	0	296,836	0	24.00
25.00	CT SCAN	57.00	0	495,702	0	25.00
26.00	MRI	58.00	0	1,213,940	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	1,374,335	0	27.00
28.00	LABORATORY	60.00	0	636,984	0	28.00
29.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	18,593	0	29.00
30.00	RESPIRATORY THERAPY	65.00	0	48,266	0	30.00
31.00	PHYSICAL THERAPY	66.00	0	6,581	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	351,019	0	32.00
33.00	EMG/NCV	69.02	0	18,025	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	322,317	0	34.00
35.00	ASC (NON-DISTINCT PART)	75.00	0	22,870	0	35.00
36.00	CARDIAC REHABILITATION	76.97	0	32,156	0	36.00
37.00	CLINIC	90.00	0	49,943	0	37.00
38.00	WOUND OSTOMY	90.01	0	163,056	0	38.00
39.00	PLAINFIELD CLINIC	90.02	0	519,780	0	39.00
40.00	OSWEGO CLINIC	90.03	0	126,135	0	40.00
41.00	BOLINGBROOK CLINIC	90.04	0	106,545	0	41.00
42.00	NAPERVILLE NORTH CLINIC	90.05	0	57,551	0	42.00
43.00	OUTPATIENT CLINIC OTHER	90.07	0	407,825	0	43.00
44.00	EMERGENCY	91.00	0	448,053	0	44.00
45.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,345	0	45.00
46.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,050	0	46.00
47.00	OTHER NONREIMBURSABLE COST CENTERS	194.01	0	26,675	0	47.00
	TOTALS		0	27,193,526		
P - CLINICAL ENGINEERING						
1.00	OPERATION OF PLANT	7.00	532,789	10,504,554	0	1.00
	TOTALS		532,789	10,504,554		
500.00	Grand Total: Decreases		7,352,366	145,570,925		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/24/2020 4:56 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	10,673,576	23,421	0	23,421	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	547,021,484	12,320,358	0	12,320,358	605,602	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	317,434,852	11,103,307	0	11,103,307	4,935,217	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	875,129,912	23,447,086	0	23,447,086	5,540,819	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	875,129,912	23,447,086	0	23,447,086	5,540,819	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	10,696,997	0					1.00
2.00	Land Improvements	0	0					2.00
3.00	Buildings and Fixtures	558,736,240	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	323,602,942	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	893,036,179	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	893,036,179	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,469,865	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,286,597	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,756,462	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	1,469,865				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,286,597				2.00
3.00	Total (sum of lines 1-2)	0	4,756,462				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	569,433,238	0	569,433,238	0.637637	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	323,602,941	0	323,602,941	0.362363	0	2.00
3.00	Total (sum of lines 1-2)	893,036,179	0	893,036,179	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	13,478,113	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	21,910,434	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	35,388,547	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	13,478,113	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	21,910,434	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	35,388,547	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0231

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

Worksheet A-8

Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-132,781	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-22,815,329			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	-10,183,591			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,645,460	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEVISION	A	-13,735	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0231

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

Worksheet A-8

Date/Time Prepared:
11/24/2020 4:56 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
33.01 PAT TELEPHONE CAPITAL	A	-5,723	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.01
33.02 MISC REVENUE	B	-358,625	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 MISC REVENUE	B	-1,496,947	OPERATION OF PLANT	7.00	0	33.03
33.04 MISC REVENUE	B	-48,717	NURSING ADMINISTRATION	13.00	0	33.04
33.05 MISC REVENUE	B	-272,919	ADULTS & PEDIATRICS	30.00	0	33.05
33.06 MISC REVENUE	B	-255	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.07 MISC REVENUE	B	1,462	LABORATORY	60.00	0	33.07
33.08 MISC REVENUE	B	40	RESPIRATORY THERAPY	65.00	0	33.08
33.10 MISC REVENUE	B	-793,813	ELECTROCARDIOLOGY	69.00	0	33.10
33.11 MISC REVENUE	B	-400	CLINIC	90.00	0	33.11
33.12 MISC REVENUE	B	-4,960	WOUND OSTOMY	90.01	0	33.12
33.13 MISC REVENUE	B	10	OSWEGO CLINIC	90.03	0	33.13
33.14 MISC REVENUE	B	52	WOUND OSTOMY	90.01	0	33.14
33.15 MISC REVENUE	B	-13,975	EMERGENCY	91.00	0	33.15
33.16 MISC REVENUE EMS TUITION	B	-121,257	EMERGENCY	91.00	0	33.16
33.17 MISC REVENUE		0		0.00	0	33.17
33.18 MISC REVENUE		0		0.00	0	33.18
33.19 MISC REVENUE		0		0.00	0	33.19
33.20 MISC REVENUE		0		0.00	0	33.20
33.21 MISC REVENUE		0		0.00	0	33.21
33.22 MISC REVENUE		0		0.00	0	33.22
33.23 MISC REVENUE		0		0.00	0	33.23
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.24
33.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.25
34.00 GOODWILL IMPAIREMENT	A	-28,239,795	ADMINISTRATIVE & GENERAL	5.00	0	34.00
37.00 REAL ESTATE TAXES	A	-100,029	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 IMPUTED COST OF VOLUNTEERS	A	-875,208	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00 COMMUNITY SPONSORSHIP	A	-718,793	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00 CONTRIBUTIONS	A	-204,689	ADMINISTRATIVE & GENERAL	5.00	0	40.00
40.01 CONTRIBUTIONS	A	-61,253	EMERGENCY	91.00	0	40.01
40.02 CONTRIBUTIONS	A	-2,700	BOLINGBROOK CLINIC	90.04	0	40.02
41.00 HEALTH PROMOTIONS	A	-104,796	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 IRB	A	-32	CLINIC	90.00	0	42.00
42.01 NRCC PROFESSIONAL COMPONENT	A	1	PHYSICIANS' PRIVATE OFFICES	192.00	0	42.01
43.00 INCOME TAXES	A	-773,619	ADMINISTRATIVE & GENERAL	5.00	0	43.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-68,987,836				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: 14-0231

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

Worksheet A-8-1

Date/Time Prepared:
11/24/2020 4:56 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		2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	3,458,017	0 1.00
2.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	6,531,519	0 2.00
3.00		5.00	ADMINISTRATIVE & GENERAL	A & G	73,023,732	101,072,348 3.00
3.01		5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	6,355,492	0 3.01
3.02		5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCESS	4,234,604	0 3.02
3.03		7.00	OPERATION OF PLANT	PLANT OPERATIONS	18,041,430	22,923,449 3.03
3.04		15.00	PHARMACY	PHARMACY	378,006	0 3.04
3.05		16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	3,215,107	0 3.05
3.06		5.00	ADMINISTRATIVE & GENERAL	LINDEN OAKS- MEDICAL STAFF	0	801 3.06
3.07		5.00	ADMINISTRATIVE & GENERAL	INTERCOMPANY RENT	5,937,618	7,362,518 3.07
3.08		13.00	NURSING ADMINISTRATION	LINDEN OAKS CRISIS FEE	506,760	506,760 3.08
3.09		91.00	EMERGENCY	LINDEN OAKS CRISIS FEE	281,892	281,892 3.09
3.10		0.00			0	0 3.10
3.11		0.00			0	0 3.11
3.12		0.00			0	0 3.12
3.13		0.00			0	0 3.13
3.14		0.00			0	0 3.14
4.00		0.00			0	0 4.00
5.00			TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		121,964,177	132,147,768 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B	EDWARD ELMHURST HEALTH	100.00		0.00	6.00
7.00	B	LINDEN OAKS HOS	100.00		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: 14-0231

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

Worksheet A-8-1

Date/Time Prepared:
11/24/2020 4:56 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	3,458,017	9		1.00
2.00	6,531,519	0		2.00
3.00	-28,048,616	0		3.00
3.01	6,355,492	0		3.01
3.02	4,234,604	0		3.02
3.03	-4,882,019	0		3.03
3.04	378,006	0		3.04
3.05	3,215,107	0		3.05
3.06	-801	0		3.06
3.07	-1,424,900	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
4.00	0	0		4.00
5.00	-10,183,591			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			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: 14-0231

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

Worksheet A-8-2

Date/Time Prepared:
11/24/2020 4:56 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	384,871	384,871	0	0	0	1.00
2.00	35.00	NICU	792,943	792,943	0	0	0	2.00
3.00	50.00	OPERATING ROOM	174,917	174,917	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	513,363	369,963	143,400	237,500	637	4.00
5.00	57.00	CT SCAN	172,846	172,846	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	15,780	15,780	0	0	0	6.00
7.00	60.00	LABORATORY	1,352,890	1,352,890	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	48,961	0	48,961	211,500	218	8.00
9.00	69.00	ELECTROCARDIOLOGY	2,643,583	2,643,583	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	60,720	0	60,720	211,500	270	10.00
11.00	90.01	WOUND OSTOMY	16,743	16,743	0	0	0	11.00
12.00	90.02	PLAINFIELD CLINIC	2,590,042	2,334,493	255,549	211,500	1,134	12.00
13.00	90.04	BOLINGBROOK CLINIC	1,821,953	1,821,953	0	0	0	13.00
14.00	90.05	NAPERVILLE NORTH CLINIC	1,036,992	1,036,992	0	0	0	14.00
15.00	90.07	OUTPATIENT CLINIC OTHER	826	826	0	0	0	15.00
16.00	91.00	EMERGENCY	11,852,833	10,813,036	1,039,797	211,500	4,202	16.00
200.00			23,480,263	21,931,836	1,548,427		6,461	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	35.00	NICU	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	72,734	3,637	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	22,167	1,108	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	27,454	1,373	0	0	0	10.00
11.00	90.01	WOUND OSTOMY	0	0	0	0	0	11.00
12.00	90.02	PLAINFIELD CLINIC	115,308	5,765	0	0	0	12.00
13.00	90.04	BOLINGBROOK CLINIC	0	0	0	0	0	13.00
14.00	90.05	NAPERVILLE NORTH CLINIC	0	0	0	0	0	14.00
15.00	90.07	OUTPATIENT CLINIC OTHER	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	427,271	21,364	0	0	0	16.00
200.00			664,934	33,247	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	30.00	ADULTS & PEDIATRICS	0	0	0	384,871		1.00
2.00	35.00	NICU	0	0	0	792,943		2.00
3.00	50.00	OPERATING ROOM	0	0	0	174,917		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	72,734	70,666	440,629		4.00
5.00	57.00	CT SCAN	0	0	0	172,846		5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	0	0	15,780		6.00
7.00	60.00	LABORATORY	0	0	0	1,352,890		7.00
8.00	65.00	RESPIRATORY THERAPY	0	22,167	26,794	26,794		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,643,583		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	27,454	33,266	33,266		10.00
11.00	90.01	WOUND OSTOMY	0	0	0	16,743		11.00
12.00	90.02	PLAINFIELD CLINIC	0	115,308	140,241	2,474,734		12.00
13.00	90.04	BOLINGBROOK CLINIC	0	0	0	1,821,953		13.00
14.00	90.05	NAPERVILLE NORTH CLINIC	0	0	0	1,036,992		14.00
15.00	90.07	OUTPATIENT CLINIC OTHER	0	0	0	826		15.00
16.00	91.00	EMERGENCY	0	427,271	612,526	11,425,562		16.00
200.00			0	664,934	883,493	22,815,329		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	13,478,113	13,478,113			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	21,910,434		21,910,434		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	35,863,974	90,969	147,882	36,102,825	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	152,553,105	732,985	1,191,562	1,872,174	5.00
7.00	00700	OPERATION OF PLANT	6,361,742	3,604,942	5,860,309	724,147	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,096,558	23,826	38,733	47,397	8.00
9.00	00900	HOUSEKEEPING	5,650,800	74,693	121,423	685,949	9.00
10.00	01000	DIETARY	3,037,488	335,432	545,288	0	10.00
11.00	01100	CAFETERIA	1,348,839	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,322,726	18,612	30,256	572,039	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,954,693	225,711	366,922	521,922	14.00
15.00	01500	PHARMACY	6,806,649	104,858	170,460	1,010,044	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,216,756	5,250	8,534	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,889,017	2,679,188	4,355,370	6,821,092	30.00
31.00	03100	INTENSIVE CARE UNIT	5,206,541	483,395	785,821	967,942	31.00
32.00	03200	CORONARY CARE UNIT	5,059,929	504,693	820,444	961,284	32.00
35.00	02060	NICU	5,976,250	237,545	386,160	1,108,933	35.00
43.00	04300	NURSERY	2,103,757	0	0	346,882	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,880,215	996,358	1,619,709	1,576,689	50.00
50.02	03330	ENDOSCOPY	1,784,942	196,318	319,141	326,666	50.02
51.00	05100	RECOVERY ROOM	2,756,735	0	0	519,984	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,699,846	419,272	681,582	1,245,510	52.00
53.00	05300	ANESTHESIOLOGY	1,210,289	11,817	19,210	115,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,337,131	186,644	303,414	438,012	54.00
54.01	03630	ULTRASOUND	1,321,096	18,261	29,685	242,014	54.01
54.02	03440	WOMENS IMAGING CENTER	852,708	0	0	144,832	54.02
54.03	05401	SPECIAL PROCEDURES	1,269,449	12,940	21,036	183,969	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	36,084,301	0	0	1,017,525	55.00
56.00	05600	RADIOISOTOPE	1,826,555	50,146	81,519	129,135	56.00
57.00	05700	CT SCAN	2,386,633	78,239	127,188	401,512	57.00
58.00	05800	MRI	1,263,858	124,417	202,257	224,925	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,060,190	146,049	237,422	353,049	59.00
60.00	06000	LABORATORY	12,228,878	143,837	233,825	827,624	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,151,129	12,027	19,552	75,780	62.00
65.00	06500	RESPIRATORY THERAPY	3,446,598	48,847	79,407	636,284	65.00
66.00	06600	PHYSICAL THERAPY	2,512,517	3,424	5,566	479,602	66.00
68.00	06800	SPEECH PATHOLOGY	848,328	0	0	162,135	68.00
69.00	06900	ELECTROCARDIOLOGY	2,798,751	285,479	464,083	658,912	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	34,002	0	0	6,410	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	463,552	0	0	64,941	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,643,028	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,434,982	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,657,809	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	3,343,565	248,659	404,228	613,495	75.00
76.97	07697	CARDIAC REHABILITATION	815,828	52,043	84,602	153,009	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,469,995	0	0	583,490	90.00
90.01	09001	WOUND OSTOMY	1,400,528	84,911	138,035	246,285	90.01
90.02	09002	PLAINFIELD CLINIC	18,964,224	0	0	1,807,917	90.02
90.03	09003	OSWEGO CLINIC	2,656,136	0	0	371,370	90.03
90.04	09004	BOLINGBROOK CLINIC	2,948,781	0	0	669,961	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	907,831	0	0	316,132	90.05
90.06	09006	OUTPATIENT SERVICES	3,537,668	216,141	351,366	569,240	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	6,562,687	0	0	691,583	90.07
91.00	09100	EMERGENCY	10,201,933	634,308	1,031,150	3,941,024	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	568,600,069	13,092,236	21,283,141	35,434,674	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	399,915	40,068	65,135	27,105	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
191.00	19100	RESEARCH	373,194	0	0	69,465	442,659	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	533,178	324,739	527,906	98,800	1,484,623	192.00
192.02	19202	RESEARCH	26,159	0	0	5,020	31,179	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	6,681,925	21,070	34,252	467,761	7,205,008	194.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	576,614,440	13,478,113	21,910,434	36,102,825	576,614,440	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	156,349,826					5.00
7.00	00700	OPERATION OF PLANT	6,157,471	22,708,611				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	820,883	59,792	3,087,189			8.00
9.00	00900	HOUSEKEEPING	2,430,402	187,438	0	9,150,705		9.00
10.00	01000	DIETARY	1,457,679	841,752	0	318,730	6,536,369	10.00
11.00	01100	CAFETERIA	501,805	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,467,138	46,705	0	17,685	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,257,924	566,411	5,527	214,472	0	14.00
15.00	01500	PHARMACY	3,010,447	263,135	0	99,637	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,201,848	13,174	0	4,989	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,878,426	6,723,307	962,723	2,545,791	4,693,531	30.00
31.00	03100	INTENSIVE CARE UNIT	2,769,257	1,213,058	83,908	459,326	445,367	31.00
32.00	03200	CORONARY CARE UNIT	2,733,041	1,266,505	126,770	479,564	418,772	32.00
35.00	02060	NICU	2,867,914	596,109	92,557	225,717	565,900	35.00
43.00	04300	NURSERY	911,704	0	239,954	0	412,799	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,607,552	2,500,316	185,293	946,748	0	50.00
50.02	03330	ENDOSCOPY	977,340	492,652	47,571	186,543	0	50.02
51.00	05100	RECOVERY ROOM	1,219,028	0	66,200	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,365,434	1,052,145	188,212	398,396	0	52.00
53.00	05300	ANESTHESIOLOGY	504,904	29,653	0	11,228	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,214,743	468,374	52,586	177,351	0	54.00
54.01	03630	ULTRASOUND	599,356	45,824	48,006	17,351	0	54.01
54.02	03440	WOMENS IMAGING CENTER	371,112	0	7,754	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	553,351	32,473	8,189	12,296	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	13,802,881	0	28,327	0	0	55.00
56.00	05600	RADIOISOTOPE	776,552	125,840	45,856	47,649	0	56.00
57.00	05700	CT SCAN	1,113,690	196,338	43,144	74,344	0	57.00
58.00	05800	MRI	675,399	312,220	45,754	118,223	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,040,452	366,504	7,882	138,777	0	59.00
60.00	06000	LABORATORY	4,997,872	360,952	0	136,675	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	840,219	30,182	0	11,429	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,566,656	122,579	0	46,415	0	65.00
66.00	06600	PHYSICAL THERAPY	1,116,494	8,592	63,718	3,253	0	66.00
68.00	06800	SPEECH PATHOLOGY	375,920	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,565,201	716,397	998	271,265	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	15,034	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	196,614	0	139	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,608,412	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,042,905	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,825,128	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,715,025	623,999	72,571	236,278	0	75.00
76.97	07697	CARDIAC REHABILITATION	411,269	130,598	4,683	49,451	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,508,006	0	4,299	0	0	90.00
90.01	09001	WOUND OSTOMY	695,601	213,082	13,204	80,684	0	90.01
90.02	09002	PLAINFIELD CLINIC	7,727,797	0	219,531	0	0	90.02
90.03	09003	OSWEGO CLINIC	1,126,314	0	16,787	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	1,346,270	0	7,728	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	455,347	0	20,113	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	1,739,009	542,398	105,215	205,380	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	2,698,784	0	52,049	0	0	90.07
91.00	09100	EMERGENCY	5,881,157	1,591,767	216,486	602,725	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	152,742,767	21,740,271	3,083,734	8,138,372	6,536,369	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	198,001	100,548	0	38,073	0	190.00
191.00	19100	RESEARCH	164,681	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	552,320	814,918	3,455	308,570	0	192.00
192.02	19202	RESEARCH	11,599	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	645,669	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	2,680,458	52,874	0	20,021	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
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)	156,349,826	22,708,611	3,087,189	9,150,705	6,536,369	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,850,644					11.00
13.00	01300	NURSING ADMINISTRATION	27,473	5,502,634				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	55,648	0	9,169,230			14.00
15.00	01500	PHARMACY	49,386	0	0	11,514,616		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23	0	0	0	4,450,574	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	456,660	2,314,488	0	36,984	226,114	30.00
31.00	03100	INTENSIVE CARE UNIT	56,602	286,875	0	6,148	33,623	31.00
32.00	03200	CORONARY CARE UNIT	53,747	272,407	0	5,450	35,403	32.00
35.00	02060	NICU	58,778	297,906	0	56	34,895	35.00
43.00	04300	NURSERY	21,135	107,121	0	0	17,940	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	102,514	519,570	0	7,377	224,682	50.00
50.02	03330	ENDOSCOPY	19,057	96,587	0	3,738	45,026	50.02
51.00	05100	RECOVERY ROOM	26,950	136,589	0	4,004	46,846	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,617	342,704	0	915	60,541	52.00
53.00	05300	ANESTHESIOLOGY	9,542	48,361	0	98,272	155,246	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,169	0	0	483	56,142	54.00
54.01	03630	ULTRASOUND	14,009	0	0	33	45,743	54.01
54.02	03440	WOMENS IMAGING CENTER	7,413	0	0	700	27,090	54.02
54.03	05401	SPECIAL PROCEDURES	9,529	0	0	416	22,088	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	59,485	0	0	5,522,025	404,165	55.00
56.00	05600	RADIOISOTOPE	6,461	0	0	200,440	26,508	56.00
57.00	05700	CT SCAN	22,997	0	0	4,598	246,335	57.00
58.00	05800	MRI	13,795	0	0	415	87,749	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,698	0	0	3,764	155,680	59.00
60.00	06000	LABORATORY	64,468	0	0	100	435,104	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,597	0	0	56	28,616	62.00
65.00	06500	RESPIRATORY THERAPY	42,419	0	0	73	90,208	65.00
66.00	06600	PHYSICAL THERAPY	28,233	0	0	0	33,670	66.00
68.00	06800	SPEECH PATHOLOGY	8,388	0	0	0	9,266	68.00
69.00	06900	ELECTROCARDIOLOGY	40,620	0	0	60	88,434	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	696	0	0	0	3,253	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,854	0	0	0	22,553	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,809,782	0	136,770	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,356,384	0	240,426	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,902,139	296,207	73.00
75.00	07500	ASC (NON-DISTINCT PART)	34,875	0	0	5,874	22,383	75.00
76.97	07697	CARDIAC REHABILITATION	8,974	0	0	2	12,836	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	45,035	228,250	0	27	25,148	90.00
90.01	09001	WOUND OSTOMY	16,682	0	0	7,020	17,556	90.01
90.02	09002	PLAINFIELD CLINIC	75,980	0	0	2,065,558	455,552	90.02
90.03	09003	OSWEGO CLINIC	11,458	0	0	1,171	28,163	90.03
90.04	09004	BOLINGBROOK CLINIC	25,295	0	0	1,711	66,206	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	8,402	0	0	798	10,493	90.05
90.06	09006	OUTPATIENT SERVICES	37,194	188,511	0	0	19,106	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	41,840	0	0	0	87,983	90.07
91.00	09100	EMERGENCY	130,865	663,265	0	21,343	368,825	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,817,563	5,502,634	9,166,166	10,901,750	4,450,574	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,217	0	0	0	0	190.00
191.00	19100	RESEARCH	3,599	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,699	0	3,064	0	0	192.00
192.02	19202	RESEARCH	334	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	23,232	0	0	612,866	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,850,644	5,502,634	9,169,230	11,514,616	4,450,574	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
23.00	02300	PARAMED ED PRGM-EMS	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	87,582,691	0	87,582,691	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,797,863	0	12,797,863	31.00
32.00	03200	CORONARY CARE UNIT	0	12,738,009	0	12,738,009	32.00
35.00	02060	NICU	0	12,448,720	0	12,448,720	35.00
43.00	04300	NURSERY	0	4,161,292	0	4,161,292	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	25,167,023	0	25,167,023	50.00
50.02	03330	ENDOSCOPY	0	4,495,581	0	4,495,581	50.02
51.00	05100	RECOVERY ROOM	0	4,776,336	0	4,776,336	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,522,174	0	14,522,174	52.00
53.00	05300	ANESTHESIOLOGY	0	2,214,375	0	2,214,375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,264,049	0	5,264,049	54.00
54.01	03630	ULTRASOUND	0	2,381,378	0	2,381,378	54.01
54.02	03440	WOMENS IMAGING CENTER	0	1,411,609	0	1,411,609	54.02
54.03	05401	SPECIAL PROCEDURES	0	2,125,736	0	2,125,736	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	56,918,709	0	56,918,709	55.00
56.00	05600	RADIOISOTOPE	0	3,316,661	0	3,316,661	56.00
57.00	05700	CT SCAN	0	4,695,018	0	4,695,018	57.00
58.00	05800	MRI	0	3,069,012	0	3,069,012	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,528,467	0	4,528,467	59.00
60.00	06000	LABORATORY	0	19,429,335	0	19,429,335	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,173,587	0	3,173,587	62.00
65.00	06500	RESPIRATORY THERAPY	0	6,079,486	0	6,079,486	65.00
66.00	06600	PHYSICAL THERAPY	0	4,255,069	0	4,255,069	66.00
68.00	06800	SPEECH PATHOLOGY	0	1,404,037	0	1,404,037	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,890,200	0	6,890,200	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	59,395	0	59,395	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	752,653	0	752,653	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	66,197,992	0	66,197,992	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	60,074,697	0	60,074,697	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,681,283	0	24,681,283	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	7,320,952	0	7,320,952	75.00
76.97	07697	CARDIAC REHABILITATION	0	1,723,295	0	1,723,295	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	5,864,250	0	5,864,250	90.00
90.01	09001	WOUND OSTOMY	0	2,913,588	0	2,913,588	90.01
90.02	09002	PLAINFIELD CLINIC	0	31,316,559	0	31,316,559	90.02
90.03	09003	OSWEGO CLINIC	0	4,211,399	0	4,211,399	90.03
90.04	09004	BOLINGBROOK CLINIC	0	5,065,952	0	5,065,952	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	1,719,116	0	1,719,116	90.05
90.06	09006	OUTPATIENT SERVICES	0	7,511,228	0	7,511,228	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	10,134,926	0	10,134,926	90.07
91.00	09100	EMERGENCY	0	25,284,848	0	25,284,848	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	560,678,550	0	560,678,550	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	871,062	0	871,062	190.00
191.00	19100	RESEARCH	0	610,939	0	610,939	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,170,649	0	3,170,649	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
192.02	19202	RESEARCH	0	43,112	0	43,112		192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	645,669	0	645,669		194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	10,594,459	0	10,594,459		194.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	576,614,440	0	576,614,440		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	90,969	147,882	238,851	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,214,873	732,985	1,191,562	8,139,420	5.00
7.00	00700	OPERATION OF PLANT	1,032,287	3,604,942	5,860,309	10,497,538	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,826	38,733	62,559	8.00
9.00	00900	HOUSEKEEPING	40,464	74,693	121,423	236,580	9.00
10.00	01000	DIETARY	7,827	335,432	545,288	888,547	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,029	18,612	30,256	51,897	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	957,010	225,711	366,922	1,549,643	14.00
15.00	01500	PHARMACY	918,611	104,858	170,460	1,193,929	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,250	8,534	13,784	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	141,857	2,679,188	4,355,370	7,176,415	30.00
31.00	03100	INTENSIVE CARE UNIT	13,910	483,395	785,821	1,283,126	31.00
32.00	03200	CORONARY CARE UNIT	4,959	504,693	820,444	1,330,096	32.00
35.00	02060	NICU	12,122	237,545	386,160	635,827	35.00
43.00	04300	NURSERY	0	0	0	2,295	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	656,778	996,358	1,619,709	3,272,845	50.00
50.02	03330	ENDOSCOPY	13,285	196,318	319,141	528,744	50.02
51.00	05100	RECOVERY ROOM	1,132	0	0	1,132	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,261	419,272	681,582	1,121,115	52.00
53.00	05300	ANESTHESIOLOGY	20,755	11,817	19,210	51,782	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,147	186,644	303,414	495,205	54.00
54.01	03630	ULTRASOUND	4,090	18,261	29,685	52,036	54.01
54.02	03440	WOMENS IMAGING CENTER	375	0	0	375	54.02
54.03	05401	SPECIAL PROCEDURES	2,279	12,940	21,036	36,255	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	17,201	0	0	17,201	55.00
56.00	05600	RADIOISOTOPE	2,152	50,146	81,519	133,817	56.00
57.00	05700	CT SCAN	5,035	78,239	127,188	210,462	57.00
58.00	05800	MRI	4,349	124,417	202,257	331,023	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,544	146,049	237,422	393,015	59.00
60.00	06000	LABORATORY	29,948	143,837	233,825	407,610	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,246	12,027	19,552	32,825	62.00
65.00	06500	RESPIRATORY THERAPY	88,847	48,847	79,407	217,101	65.00
66.00	06600	PHYSICAL THERAPY	6,500	3,424	5,566	15,490	66.00
68.00	06800	SPEECH PATHOLOGY	1,297	0	0	1,297	68.00
69.00	06900	ELECTROCARDIOLOGY	47,501	285,479	464,083	797,063	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,300	0	0	4,300	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	60,044	248,659	404,228	712,931	75.00
76.97	07697	CARDIAC REHABILITATION	6,117	52,043	84,602	142,762	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	293,036	0	0	293,036	90.00
90.01	09001	WOUND OSTOMY	5,206	84,911	138,035	228,152	90.01
90.02	09002	PLAINFIELD CLINIC	349,466	0	0	349,466	90.02
90.03	09003	OSWEGO CLINIC	694,115	0	0	694,115	90.03
90.04	09004	BOLINGBROOK CLINIC	1,228,496	0	0	1,228,496	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	230,477	0	0	230,477	90.05
90.06	09006	OUTPATIENT SERVICES	0	216,141	351,366	567,507	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	2,625,885	0	0	2,625,885	90.07
91.00	09100	EMERGENCY	35,249	634,308	1,031,150	1,700,707	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,817,062	13,092,236	21,283,141	50,192,439	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	252	40,068	65,135	105,455	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	324	324,739	527,906	852,969	654	192.00
192.02	19202	RESEARCH	0	0	0	0	33	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	90	21,070	34,252	55,412	3,095	194.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,817,728	13,478,113	21,910,434	51,206,275	238,851	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,151,808					5.00
7.00	00700	OPERATION OF PLANT	321,042	10,823,372				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	42,800	28,498	134,171			8.00
9.00	00900	HOUSEKEEPING	126,718	89,337	0	457,174		9.00
10.00	01000	DIETARY	76,001	401,195	0	15,924	1,381,667	10.00
11.00	01100	CAFETERIA	26,163	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	76,495	22,261	0	884	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	117,725	269,963	240	10,715	0	14.00
15.00	01500	PHARMACY	156,961	125,416	0	4,978	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	62,663	6,279	0	249	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	984,231	3,204,460	41,841	127,189	992,125	30.00
31.00	03100	INTENSIVE CARE UNIT	144,385	578,167	3,647	22,948	94,142	31.00
32.00	03200	CORONARY CARE UNIT	142,497	603,641	5,509	23,959	88,521	32.00
35.00	02060	NICU	149,529	284,117	4,023	11,277	119,621	35.00
43.00	04300	NURSERY	47,535	0	10,428	0	87,258	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	292,370	1,191,700	8,053	47,300	0	50.00
50.02	03330	ENDOSCOPY	50,957	234,808	2,067	9,320	0	50.02
51.00	05100	RECOVERY ROOM	63,559	0	2,877	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,469	501,473	8,180	19,904	0	52.00
53.00	05300	ANESTHESIOLOGY	26,325	14,133	0	561	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,335	223,236	2,285	8,861	0	54.00
54.01	03630	ULTRASOUND	31,250	21,841	2,086	867	0	54.01
54.02	03440	WOMENS IMAGING CENTER	19,349	0	337	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	28,851	15,477	356	614	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	719,664	0	1,231	0	0	55.00
56.00	05600	RADIOISOTOPE	40,488	59,978	1,993	2,381	0	56.00
57.00	05700	CT SCAN	58,066	93,579	1,875	3,714	0	57.00
58.00	05800	MRI	35,214	148,810	1,988	5,906	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,248	174,683	343	6,933	0	59.00
60.00	06000	LABORATORY	260,582	172,037	0	6,828	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	43,808	14,385	0	571	0	62.00
65.00	06500	RESPIRATORY THERAPY	81,683	58,424	0	2,319	0	65.00
66.00	06600	PHYSICAL THERAPY	58,213	4,095	2,769	163	0	66.00
68.00	06800	SPEECH PATHOLOGY	19,600	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	81,608	341,449	43	13,553	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	784	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	10,251	0	6	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	865,941	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	784,317	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	303,715	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	89,419	297,410	3,154	11,805	0	75.00
76.97	07697	CARDIAC REHABILITATION	21,443	62,246	204	2,471	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	78,625	0	187	0	0	90.00
90.01	09001	WOUND OSTOMY	36,268	101,559	574	4,031	0	90.01
90.02	09002	PLAINFIELD CLINIC	402,917	0	9,541	0	0	90.02
90.03	09003	OSWEGO CLINIC	58,725	0	730	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	70,193	0	336	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	23,741	0	874	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	90,670	258,517	4,573	10,261	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	140,711	0	2,262	0	0	90.07
91.00	09100	EMERGENCY	306,636	758,668	9,409	30,112	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,963,740	10,361,842	134,021	406,598	1,381,667	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,324	47,923	0	1,902	0	190.00
191.00	19100	RESEARCH	8,586	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,797	388,406	150	15,416	0	192.00
192.02	19202	RESEARCH	605	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	32,258	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	139,756	25,201	0	1,000	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
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)	8,151,808	10,823,372	134,171	457,174	1,381,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	26,163					11.00
13.00	01300	NURSING ADMINISTRATION	388	155,710				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	787	0	1,952,527			14.00
15.00	01500	PHARMACY	698	0	0	1,488,665		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	82,975	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,456	65,495	0	4,781	4,269	30.00
31.00	03100	INTENSIVE CARE UNIT	800	8,118	0	795	635	31.00
32.00	03200	CORONARY CARE UNIT	760	7,708	0	705	668	32.00
35.00	02060	NICU	831	8,430	0	7	659	35.00
43.00	04300	NURSERY	299	3,031	0	0	339	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,449	14,702	0	954	4,242	50.00
50.02	03330	ENDOSCOPY	269	2,733	0	483	850	50.02
51.00	05100	RECOVERY ROOM	381	3,865	0	518	885	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	956	9,698	0	118	1,143	52.00
53.00	05300	ANESTHESIOLOGY	135	1,368	0	12,705	2,931	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	412	0	0	62	1,060	54.00
54.01	03630	ULTRASOUND	198	0	0	4	864	54.01
54.02	03440	WOMENS IMAGING CENTER	105	0	0	90	511	54.02
54.03	05401	SPECIAL PROCEDURES	135	0	0	54	417	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	841	0	0	713,930	7,631	55.00
56.00	05600	RADIOISOTOPE	91	0	0	25,913	501	56.00
57.00	05700	CT SCAN	325	0	0	594	4,651	57.00
58.00	05800	MRI	195	0	0	54	1,657	58.00
59.00	05900	CARDIAC CATHETERIZATION	264	0	0	487	2,939	59.00
60.00	06000	LABORATORY	911	0	0	13	8,215	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	65	0	0	7	540	62.00
65.00	06500	RESPIRATORY THERAPY	600	0	0	9	1,703	65.00
66.00	06600	PHYSICAL THERAPY	399	0	0	0	636	66.00
68.00	06800	SPEECH PATHOLOGY	119	0	0	0	175	68.00
69.00	06900	ELECTROCARDIOLOGY	574	0	0	8	1,670	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	10	0	0	0	61	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	69	0	0	0	426	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,024,216	0	2,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	927,659	0	4,540	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	375,196	5,593	73.00
75.00	07500	ASC (NON-DISTINCT PART)	493	0	0	759	423	75.00
76.97	07697	CARDIAC REHABILITATION	127	0	0	0	242	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	637	6,459	0	3	475	90.00
90.01	09001	WOUND OSTOMY	236	0	0	908	331	90.01
90.02	09002	PLAINFIELD CLINIC	1,074	0	0	267,041	7,545	90.02
90.03	09003	OSWEGO CLINIC	162	0	0	151	532	90.03
90.04	09004	BOLINGBROOK CLINIC	358	0	0	221	1,250	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	119	0	0	103	198	90.05
90.06	09006	OUTPATIENT SERVICES	526	5,334	0	0	361	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	592	0	0	0	1,661	90.07
91.00	09100	EMERGENCY	1,850	18,769	0	2,759	6,964	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,696	155,710	1,951,875	1,409,432	82,975	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31	0	0	0	0	190.00
191.00	19100	RESEARCH	51	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	52	0	652	0	0	192.00
192.02	19202	RESEARCH	5	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	328	0	0	79,233	0	194.01
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)	26,163	155,710	1,952,527	1,488,665	82,975	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
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Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
23.00	02300	PARAMED ED PRGM-EMS	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		12,652,360	0	12,652,360	30.00
31.00	03100	INTENSIVE CARE UNIT		2,143,168	0	2,143,168	31.00
32.00	03200	CORONARY CARE UNIT		2,210,425	0	2,210,425	32.00
35.00	02060	NICU		1,221,659	0	1,221,659	35.00
43.00	04300	NURSERY		151,185	0	151,185	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		4,844,048	0	4,844,048	50.00
50.02	03330	ENDOSCOPY		832,393	0	832,393	50.02
51.00	05100	RECOVERY ROOM		76,658	0	76,658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,846,297	0	1,846,297	52.00
53.00	05300	ANESTHESIOLOGY		110,707	0	110,707	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		797,354	0	797,354	54.00
54.01	03630	ULTRASOUND		110,747	0	110,747	54.01
54.02	03440	WOMENS IMAGING CENTER		21,725	0	21,725	54.02
54.03	05401	SPECIAL PROCEDURES		83,376	0	83,376	54.03
54.04	05402	IMAGING CENTER		0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC		1,467,231	0	1,467,231	55.00
56.00	05600	RADIOISOTOPE		266,016	0	266,016	56.00
57.00	05700	CT SCAN		375,923	0	375,923	57.00
58.00	05800	MRI		526,335	0	526,335	58.00
59.00	05900	CARDIAC CATHETERIZATION		635,248	0	635,248	59.00
60.00	06000	LABORATORY		861,672	0	861,672	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		92,702	0	92,702	62.00
65.00	06500	RESPIRATORY THERAPY		366,049	0	366,049	65.00
66.00	06600	PHYSICAL THERAPY		84,938	0	84,938	66.00
68.00	06800	SPEECH PATHOLOGY		22,264	0	22,264	68.00
69.00	06900	ELECTROCARDIOLOGY		1,240,328	0	1,240,328	69.00
69.01	03140	CARDIOLOGY OUTREACH		0	0	0	69.01
69.02	03290	EMG/NCV		897	0	897	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		15,482	0	15,482	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,892,739	0	1,892,739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,716,516	0	1,716,516	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		684,504	0	684,504	73.00
75.00	07500	ASC (NON-DISTINCT PART)		1,120,453	0	1,120,453	75.00
76.97	07697	CARDIAC REHABILITATION		230,507	0	230,507	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		383,283	0	383,283	90.00
90.01	09001	WOUND OSTOMY		373,689	0	373,689	90.01
90.02	09002	PLAINFIELD CLINIC		1,049,547	0	1,049,547	90.02
90.03	09003	OSWEGO CLINIC		756,872	0	756,872	90.03
90.04	09004	BOLINGBROOK CLINIC		1,305,287	0	1,305,287	90.04
90.05	09005	NAPERVILLE NORTH CLINIC		257,604	0	257,604	90.05
90.06	09006	OUTPATIENT SERVICES		941,516	0	941,516	90.06
90.07	09007	OUTPATIENT CLINIC OTHER		2,775,687	0	2,775,687	90.07
91.00	09100	EMERGENCY		2,861,951	0	2,861,951	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	49,407,342	0	49,407,342	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		165,814	0	165,814	190.00
191.00	19100	RESEARCH		9,097	0	9,097	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		1,287,096	0	1,287,096	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0231

Period:
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Cost Center Description			PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
192.02	19202	RESEARCH		643	0	643		192.02
194.00	07950	LINDEN OAKS HOSPITAL		32,258	0	32,258		194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS		304,025	0	304,025		194.01
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	51,206,275	0	51,206,275		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	767,625					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		767,625				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,181	5,181	187,805,581			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	41,746	41,746	9,738,988	-156,349,826	420,264,614	5.00
7.00	00700	OPERATION OF PLANT	205,314	205,314	3,766,988	0	16,551,140	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,357	1,357	246,557	0	2,206,514	8.00
9.00	00900	HOUSEKEEPING	4,254	4,254	3,568,284	0	6,532,865	9.00
10.00	01000	DIETARY	19,104	19,104	0	0	3,918,208	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,348,839	11.00
13.00	01300	NURSING ADMINISTRATION	1,060	1,060	2,975,728	0	3,943,633	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,855	12,855	2,715,023	0	6,069,248	14.00
15.00	01500	PHARMACY	5,972	5,972	5,254,217	0	8,092,011	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	299	299	0	0	3,230,540	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	152,589	152,589	35,482,991	0	50,744,667	30.00
31.00	03100	INTENSIVE CARE UNIT	27,531	27,531	5,035,203	0	7,443,699	31.00
32.00	03200	CORONARY CARE UNIT	28,744	28,744	5,000,566	0	7,346,350	32.00
35.00	02060	NICU	13,529	13,529	5,768,632	0	7,708,888	35.00
43.00	04300	NURSERY	0	0	1,804,470	0	2,450,639	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	56,746	56,746	8,201,881	0	15,072,971	50.00
50.02	03330	ENDOSCOPY	11,181	11,181	1,699,308	0	2,627,067	50.02
51.00	05100	RECOVERY ROOM	0	0	2,704,937	0	3,276,719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,879	23,879	6,479,102	0	9,046,210	52.00
53.00	05300	ANESTHESIOLOGY	673	673	602,661	0	1,357,169	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,630	10,630	2,278,522	0	3,265,201	54.00
54.01	03630	ULTRASOUND	1,040	1,040	1,258,951	0	1,611,056	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	753,410	0	997,540	54.02
54.03	05401	SPECIAL PROCEDURES	737	737	957,000	0	1,487,394	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,293,133	0	37,101,826	55.00
56.00	05600	RADIOISOTOPE	2,856	2,856	671,754	0	2,087,355	56.00
57.00	05700	CT SCAN	4,456	4,456	2,088,654	0	2,993,572	57.00
58.00	05800	MRI	7,086	7,086	1,170,051	0	1,815,457	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,318	8,318	1,836,548	0	2,796,710	59.00
60.00	06000	LABORATORY	8,192	8,192	4,305,271	0	13,434,164	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	685	685	394,205	0	2,258,488	62.00
65.00	06500	RESPIRATORY THERAPY	2,782	2,782	3,309,930	0	4,211,136	65.00
66.00	06600	PHYSICAL THERAPY	195	195	2,494,873	0	3,001,109	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	843,420	0	1,010,463	68.00
69.00	06900	ELECTROCARDIOLOGY	16,259	16,259	3,427,638	0	4,207,225	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	33,343	0	40,412	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	337,820	0	528,493	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	44,643,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	40,434,982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,657,809	73.00
75.00	07500	ASC (NON-DISTINCT PART)	14,162	14,162	3,191,378	0	4,609,947	75.00
76.97	07697	CARDIAC REHABILITATION	2,964	2,964	795,947	0	1,105,482	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	3,035,293	0	4,053,485	90.00
90.01	09001	WOUND OSTOMY	4,836	4,836	1,281,168	0	1,869,759	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	9,404,724	0	20,772,141	90.02
90.03	09003	OSWEGO CLINIC	0	0	1,931,855	0	3,027,506	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	3,485,116	0	3,618,742	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	1,644,506	0	1,223,963	90.05
90.06	09006	OUTPATIENT SERVICES	12,310	12,310	2,961,168	0	4,674,415	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	3,597,590	0	7,254,270	90.07
91.00	09100	EMERGENCY	36,126	36,126	20,501,075	0	15,808,415	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	745,648	745,648	184,329,879	-156,349,826	410,568,922	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,282	2,282	140,999	0	532,223	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
191.00	19100	RESEARCH	0	0	361,357	0	442,659	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,495	18,495	513,954	0	1,484,623	192.00
192.02	19202	RESEARCH	0	0	26,115	0	31,179	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	1,200	1,200	2,433,277	0	7,205,008	194.01
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)	13,478,113	21,910,434	36,102,825		156,349,826	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.558200	28.543148	0.192235		0.372027	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			238,851		8,151,808	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001272		0.019397	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: 14-0231

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (HOURS WORK ED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	515,384				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,357	1,447,721			8.00
9.00	00900	HOUSEKEEPING	4,254	0	548,473		9.00
10.00	01000	DIETARY	19,104	0	19,104	91,918	10.00
11.00	01100	CAFETERIA	0	0	0	4,243,819	11.00
13.00	01300	NURSING ADMINISTRATION	1,060	0	1,060	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,855	2,592	12,855	0	14.00
15.00	01500	PHARMACY	5,972	0	5,972	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	299	0	299	0	16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	152,589	451,466	152,589	66,003	30.00
31.00	03100	INTENSIVE CARE UNIT	27,531	39,348	27,531	6,263	31.00
32.00	03200	CORONARY CARE UNIT	28,744	59,448	28,744	5,889	32.00
35.00	02060	NICU	13,529	43,404	13,529	7,958	35.00
43.00	04300	NURSERY	0	112,525	0	5,805	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	56,746	86,892	56,746	0	50.00
50.02	03330	ENDOSCOPY	11,181	22,308	11,181	0	50.02
51.00	05100	RECOVERY ROOM	0	31,044	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,879	88,261	23,879	0	52.00
53.00	05300	ANESTHESIOLOGY	673	0	673	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,630	24,660	10,630	0	54.00
54.01	03630	ULTRASOUND	1,040	22,512	1,040	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	3,636	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	737	3,840	737	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,284	0	0	55.00
56.00	05600	RADIOISOTOPE	2,856	21,504	2,856	0	56.00
57.00	05700	CT SCAN	4,456	20,232	4,456	0	57.00
58.00	05800	MRI	7,086	21,456	7,086	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,318	3,696	8,318	0	59.00
60.00	06000	LABORATORY	8,192	0	8,192	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	685	0	685	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,782	0	2,782	0	65.00
66.00	06600	PHYSICAL THERAPY	195	29,880	195	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,259	468	16,259	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	65	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	14,162	34,032	14,162	0	75.00
76.97	07697	CARDIAC REHABILITATION	2,964	2,196	2,964	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,016	0	0	90.00
90.01	09001	WOUND OSTOMY	4,836	6,192	4,836	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	102,948	0	0	90.02
90.03	09003	OSWEGO CLINIC	0	7,872	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	3,624	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	9,432	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	12,310	49,340	12,310	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	24,408	0	0	90.07
91.00	09100	EMERGENCY	36,126	101,520	36,126	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	493,407	1,446,101	487,796	91,918	4,167,959
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,282	0	2,282	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,495	1,620	18,495	0	192.00
192.02	19202	RESEARCH	0	0	0	0	192.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (HOURS WORK ED)	
			7.00	8.00	9.00	10.00	11.00	
194.00	07950	LINDEN OAKS HOSPITAL	0	0	38,700	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	1,200	0	1,200	0	53,275	194.01
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)	22,708,611	3,087,189	9,150,705	6,536,369	1,850,644	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	44.061537	2.132447	16.683966	71.110871	0.436080	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,823,372	134,171	457,174	1,381,667	26,163	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	21.000598	0.092677	0.833540	15.031517	0.006165	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: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	2,489,675					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	85,106,452				14.00
15.00	01500	PHARMACY	0	0	63,413,658			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,232,233,765		16.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,047,194	0	203,678	164,207,961	0	30.00
31.00	03100	INTENSIVE CARE UNIT	129,797	0	33,857	24,417,317	0	31.00
32.00	03200	CORONARY CARE UNIT	123,251	0	30,015	25,710,248	0	32.00
35.00	02060	NICU	134,788	0	310	25,341,318	0	35.00
43.00	04300	NURSERY	48,467	0	0	13,028,231	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	235,080	0	40,628	163,167,937	0	50.00
50.02	03330	ENDOSCOPY	43,701	0	20,587	32,698,451	0	50.02
51.00	05100	RECOVERY ROOM	61,800	0	22,052	34,020,116	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	155,057	0	5,037	43,965,666	0	52.00
53.00	05300	ANESTHESIOLOGY	21,881	0	541,206	112,742,051	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,661	40,770,909	0	54.00
54.01	03630	ULTRASOUND	0	0	180	33,219,120	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	3,853	19,672,976	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	2,291	16,040,963	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	30,411,002	293,511,447	0	55.00
56.00	05600	RADIOISOTOPE	0	0	1,103,873	19,250,669	0	56.00
57.00	05700	CT SCAN	0	0	25,323	178,892,403	0	57.00
58.00	05800	MRI	0	0	2,286	63,724,977	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	20,731	113,057,378	0	59.00
60.00	06000	LABORATORY	0	0	553	315,979,533	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	306	20,781,162	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	401	65,510,398	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	24,451,614	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,729,484	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	332	64,221,936	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	2,362,201	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	16,378,158	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,643,027	0	99,324,367	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,434,984	0	174,601,430	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	15,982,788	215,110,564	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	32,349	16,254,904	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	9	9,321,957	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	103,272	0	146	18,262,733	0	90.00
90.01	09001	WOUND OSTOMY	0	0	38,659	12,749,479	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	11,375,532	330,984,558	0	90.02
90.03	09003	OSWEGO CLINIC	0	0	6,449	20,452,614	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	9,423	48,079,830	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	4,397	7,620,053	0	90.05
90.06	09006	OUTPATIENT SERVICES	85,292	0	0	13,875,324	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	0	63,894,838	0	90.07
91.00	09100	EMERGENCY	300,095	0	117,542	267,846,490	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,489,675	85,078,011	60,038,456	3,232,233,765	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	28,441	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0231

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	PARAMED ED PRGM-EMS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
192.02	19202	RESEARCH	0	0	0	0	0	192.02
194.00	07950	LINDEN OAKS HOSPITAL	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,375,202	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,502,634	9,169,230	11,514,616	4,450,574	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.210182	0.107738	0.181579	0.001377	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	155,710	1,952,527	1,488,665	82,975	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.062542	0.022942	0.023475	0.000026	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 4:56 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	87,582,691		87,582,691	0	87,582,691	30.00	
31.00	03100	INTENSIVE CARE UNIT	12,797,863		12,797,863	0	12,797,863	31.00	
32.00	03200	CORONARY CARE UNIT	12,738,009		12,738,009	0	12,738,009	32.00	
35.00	02060	NICU	12,448,720		12,448,720	0	12,448,720	35.00	
43.00	04300	NURSERY	4,161,292		4,161,292	0	4,161,292	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,167,023		25,167,023	0	25,167,023	50.00	
50.02	03330	ENDOSCOPY	4,495,581		4,495,581	0	4,495,581	50.02	
51.00	05100	RECOVERY ROOM	4,776,336		4,776,336	0	4,776,336	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,522,174		14,522,174	70,666	14,592,840	52.00	
53.00	05300	ANESTHESIOLOGY	2,214,375		2,214,375	0	2,214,375	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,264,049		5,264,049	0	5,264,049	54.00	
54.01	03630	ULTRASOUND	2,381,378		2,381,378	0	2,381,378	54.01	
54.02	03440	WOMENS IMAGING CENTER	1,411,609		1,411,609	0	1,411,609	54.02	
54.03	05401	SPECIAL PROCEDURES	2,125,736		2,125,736	0	2,125,736	54.03	
54.04	05402	IMAGING CENTER	0		0	0	0	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	56,918,709		56,918,709	0	56,918,709	55.00	
56.00	05600	RADIOISOTOPE	3,316,661		3,316,661	0	3,316,661	56.00	
57.00	05700	CT SCAN	4,695,018		4,695,018	0	4,695,018	57.00	
58.00	05800	MRI	3,069,012		3,069,012	0	3,069,012	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,528,467		4,528,467	0	4,528,467	59.00	
60.00	06000	LABORATORY	19,429,335		19,429,335	0	19,429,335	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,173,587		3,173,587	0	3,173,587	62.00	
65.00	06500	RESPIRATORY THERAPY	6,079,486	0	6,079,486	26,794	6,106,280	65.00	
66.00	06600	PHYSICAL THERAPY	4,255,069	0	4,255,069	0	4,255,069	66.00	
68.00	06800	SPEECH PATHOLOGY	1,404,037	0	1,404,037	0	1,404,037	68.00	
69.00	06900	ELECTROCARDIOLOGY	6,890,200		6,890,200	0	6,890,200	69.00	
69.01	03140	CARDIOLOGY OUTREACH	0		0	0	0	69.01	
69.02	03290	EMG/NCV	59,395		59,395	0	59,395	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	752,653		752,653	33,266	785,919	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,197,992		66,197,992	0	66,197,992	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,074,697		60,074,697	0	60,074,697	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	24,681,283		24,681,283	0	24,681,283	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	7,320,952		7,320,952	0	7,320,952	75.00	
76.97	07697	CARDIAC REHABILITATION	1,723,295		1,723,295	0	1,723,295	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	5,864,250		5,864,250	0	5,864,250	90.00	
90.01	09001	WOUND OSTOMY	2,913,588		2,913,588	0	2,913,588	90.01	
90.02	09002	PLAINFIELD CLINIC	31,316,559		31,316,559	140,241	31,456,800	90.02	
90.03	09003	OSWEGO CLINIC	4,211,399		4,211,399	0	4,211,399	90.03	
90.04	09004	BOLINGBROOK CLINIC	5,065,952		5,065,952	0	5,065,952	90.04	
90.05	09005	NAPERVILLE NORTH CLINIC	1,719,116		1,719,116	0	1,719,116	90.05	
90.06	09006	OUTPATIENT SERVICES	7,511,228		7,511,228	0	7,511,228	90.06	
90.07	09007	OUTPATIENT CLINIC OTHER	10,134,926		10,134,926	0	10,134,926	90.07	
91.00	09100	EMERGENCY	25,284,848		25,284,848	612,526	25,897,374	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	13,331,013		13,331,013	0	13,331,013	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	574,009,563	0	574,009,563	883,493	574,893,056	200.00	
201.00		Less Observation Beds	13,331,013		13,331,013		13,331,013	201.00	
202.00		Total (see instructions)	560,678,550	0	560,678,550	883,493	561,562,043	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 4:56 pm

			Title XVIII		Hospital	PPS			
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	126,134,382		126,134,382			30.00	
31.00	03100	INTENSIVE CARE UNIT	24,417,317		24,417,317			31.00	
32.00	03200	CORONARY CARE UNIT	25,710,248		25,710,248			32.00	
35.00	02060	NICU	25,341,318		25,341,318			35.00	
43.00	04300	NURSERY	13,028,231		13,028,231			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88,956,444	74,211,493	163,167,937	0.154240	0.000000	50.00	
50.02	03330	ENDOSCOPY	7,783,269	24,915,182	32,698,451	0.137486	0.000000	50.02	
51.00	05100	RECOVERY ROOM	12,436,099	21,584,017	34,020,116	0.140397	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,358,296	17,607,370	43,965,666	0.330307	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	46,553,871	66,188,180	112,742,051	0.019641	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,521,562	24,249,347	40,770,909	0.129113	0.000000	54.00	
54.01	03630	ULTRASOUND	10,308,114	22,911,006	33,219,120	0.071687	0.000000	54.01	
54.02	03440	WOMENS IMAGING CENTER	5,538	19,667,438	19,672,976	0.071754	0.000000	54.02	
54.03	05401	SPECIAL PROCEDURES	8,122,599	7,918,364	16,040,963	0.132519	0.000000	54.03	
54.04	05402	IMAGING CENTER	0	0	0	0.000000	0.000000	54.04	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,000,929	292,510,518	293,511,447	0.193923	0.000000	55.00	
56.00	05600	RADIOISOTOPE	1,764,625	17,486,044	19,250,669	0.172288	0.000000	56.00	
57.00	05700	CT SCAN	56,520,347	122,372,056	178,892,403	0.026245	0.000000	57.00	
58.00	05800	MRI	14,580,923	49,144,054	63,724,977	0.048160	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	46,009,473	67,047,905	113,057,378	0.040055	0.000000	59.00	
60.00	06000	LABORATORY	87,527,210	228,452,323	315,979,533	0.061489	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	13,551,031	7,230,131	20,781,162	0.152715	0.000000	62.00	
65.00	06500	RESPIRATORY THERAPY	59,425,442	6,084,956	65,510,398	0.092802	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	17,765,876	6,685,738	24,451,614	0.174020	0.000000	66.00	
68.00	06800	SPEECH PATHOLOGY	4,120,375	2,609,109	6,729,484	0.208640	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	16,435,728	47,786,208	64,221,936	0.107287	0.000000	69.00	
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0.000000	0.000000	69.01	
69.02	03290	EMG/NCV	93,735	2,268,466	2,362,201	0.025144	0.000000	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	10,520,934	5,857,224	16,378,158	0.045955	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,573,536	43,750,831	99,324,367	0.666483	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	116,464,536	58,136,894	174,601,430	0.344068	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	160,744,986	54,365,578	215,110,564	0.114738	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	4,445,149	11,809,755	16,254,904	0.450384	0.000000	75.00	
76.97	07697	CARDIAC REHABILITATION	200,246	9,121,711	9,321,957	0.184864	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	91,065	18,171,668	18,262,733	0.321105	0.000000	90.00	
90.01	09001	WOUND OSTOMY	400,032	12,349,447	12,749,479	0.228526	0.000000	90.01	
90.02	09002	PLAINFIELD CLINIC	14,049,210	316,935,348	330,984,558	0.094616	0.000000	90.02	
90.03	09003	OSWEGO CLINIC	57,031	20,395,583	20,452,614	0.205910	0.000000	90.03	
90.04	09004	BOLINGBROOK CLINIC	250,907	47,828,923	48,079,830	0.105365	0.000000	90.04	
90.05	09005	NAPERVILLE NORTH CLINIC	53,452	7,566,601	7,620,053	0.225604	0.000000	90.05	
90.06	09006	OUTPATIENT SERVICES	0	13,875,324	13,875,324	0.541337	0.000000	90.06	
90.07	09007	OUTPATIENT CLINIC OTHER	31,062	63,863,776	63,894,838	0.158619	0.000000	90.07	
91.00	09100	EMERGENCY	73,058,390	194,788,100	267,846,490	0.094401	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,606,972	32,466,607	38,073,579	0.350138	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	1,192,020,490	2,040,213,275	3,232,233,765			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	1,192,020,490	2,040,213,275	3,232,233,765			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 4:56 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
35.00	02060	NICU			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.154240		50.00
50.02	03330	ENDOSCOPY	0.137486		50.02
51.00	05100	RECOVERY ROOM	0.140397		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331914		52.00
53.00	05300	ANESTHESIOLOGY	0.019641		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129113		54.00
54.01	03630	ULTRASOUND	0.071687		54.01
54.02	03440	WOMENS IMAGING CENTER	0.071754		54.02
54.03	05401	SPECIAL PROCEDURES	0.132519		54.03
54.04	05402	IMAGING CENTER	0.000000		54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.193923		55.00
56.00	05600	RADIOISOTOPE	0.172288		56.00
57.00	05700	CT SCAN	0.026245		57.00
58.00	05800	MRI	0.048160		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.040055		59.00
60.00	06000	LABORATORY	0.061489		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.152715		62.00
65.00	06500	RESPIRATORY THERAPY	0.093211		65.00
66.00	06600	PHYSICAL THERAPY	0.174020		66.00
68.00	06800	SPEECH PATHOLOGY	0.208640		68.00
69.00	06900	ELECTROCARDIOLOGY	0.107287		69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000		69.01
69.02	03290	EMG/NCV	0.025144		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.047986		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.666483		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344068		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.114738		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.450384		75.00
76.97	07697	CARDIAC REHABILITATION	0.184864		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.321105		90.00
90.01	09001	WOUND OSTOMY	0.228526		90.01
90.02	09002	PLAINFIELD CLINIC	0.095040		90.02
90.03	09003	OSWEGO CLINIC	0.205910		90.03
90.04	09004	BOLINGBROOK CLINIC	0.105365		90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.225604		90.05
90.06	09006	OUTPATIENT SERVICES	0.541337		90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.158619		90.07
91.00	09100	EMERGENCY	0.096687		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.350138		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 4:56 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	87,582,691		87,582,691	0	87,582,691
31.00	03100	INTENSIVE CARE UNIT	12,797,863		12,797,863	0	12,797,863
32.00	03200	CORONARY CARE UNIT	12,738,009		12,738,009	0	12,738,009
35.00	02060	NICU	12,448,720		12,448,720	0	12,448,720
43.00	04300	NURSERY	4,161,292		4,161,292	0	4,161,292
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,167,023		25,167,023	0	25,167,023
50.02	03330	ENDOSCOPY	4,495,581		4,495,581	0	4,495,581
51.00	05100	RECOVERY ROOM	4,776,336		4,776,336	0	4,776,336
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,522,174		14,522,174	70,666	14,592,840
53.00	05300	ANESTHESIOLOGY	2,214,375		2,214,375	0	2,214,375
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,264,049		5,264,049	0	5,264,049
54.01	03630	ULTRASOUND	2,381,378		2,381,378	0	2,381,378
54.02	03440	WOMENS IMAGING CENTER	1,411,609		1,411,609	0	1,411,609
54.03	05401	SPECIAL PROCEDURES	2,125,736		2,125,736	0	2,125,736
54.04	05402	IMAGING CENTER	0		0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	56,918,709		56,918,709	0	56,918,709
56.00	05600	RADIOISOTOPE	3,316,661		3,316,661	0	3,316,661
57.00	05700	CT SCAN	4,695,018		4,695,018	0	4,695,018
58.00	05800	MRI	3,069,012		3,069,012	0	3,069,012
59.00	05900	CARDIAC CATHETERIZATION	4,528,467		4,528,467	0	4,528,467
60.00	06000	LABORATORY	19,429,335		19,429,335	0	19,429,335
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,173,587		3,173,587	0	3,173,587
65.00	06500	RESPIRATORY THERAPY	6,079,486	0	6,079,486	26,794	6,106,280
66.00	06600	PHYSICAL THERAPY	4,255,069	0	4,255,069	0	4,255,069
68.00	06800	SPEECH PATHOLOGY	1,404,037	0	1,404,037	0	1,404,037
69.00	06900	ELECTROCARDIOLOGY	6,890,200		6,890,200	0	6,890,200
69.01	03140	CARDIOLOGY OUTREACH	0		0	0	0
69.02	03290	EMG/NCV	59,395		59,395	0	59,395
70.00	07000	ELECTROENCEPHALOGRAPHY	752,653		752,653	33,266	785,919
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,197,992		66,197,992	0	66,197,992
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	60,074,697		60,074,697	0	60,074,697
73.00	07300	DRUGS CHARGED TO PATIENTS	24,681,283		24,681,283	0	24,681,283
75.00	07500	ASC (NON-DISTINCT PART)	7,320,952		7,320,952	0	7,320,952
76.97	07697	CARDIAC REHABILITATION	1,723,295		1,723,295	0	1,723,295
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,864,250		5,864,250	0	5,864,250
90.01	09001	WOUND OSTOMY	2,913,588		2,913,588	0	2,913,588
90.02	09002	PLAINFIELD CLINIC	31,316,559		31,316,559	140,241	31,456,800
90.03	09003	OSWEGO CLINIC	4,211,399		4,211,399	0	4,211,399
90.04	09004	BOLINGBROOK CLINIC	5,065,952		5,065,952	0	5,065,952
90.05	09005	NAPERVILLE NORTH CLINIC	1,719,116		1,719,116	0	1,719,116
90.06	09006	OUTPATIENT SERVICES	7,511,228		7,511,228	0	7,511,228
90.07	09007	OUTPATIENT CLINIC OTHER	10,134,926		10,134,926	0	10,134,926
91.00	09100	EMERGENCY	25,284,848		25,284,848	612,526	25,897,374
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	13,331,013		13,331,013	0	13,331,013
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	574,009,563	0	574,009,563	883,493	574,893,056
201.00		Less Observation Beds	13,331,013		13,331,013		13,331,013
202.00		Total (see instructions)	560,678,550	0	560,678,550	883,493	561,562,043

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 4:56 pm

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	126,134,382		126,134,382		30.00
31.00	03100	INTENSIVE CARE UNIT	24,417,317		24,417,317		31.00
32.00	03200	CORONARY CARE UNIT	25,710,248		25,710,248		32.00
35.00	02060	NICU	25,341,318		25,341,318		35.00
43.00	04300	NURSERY	13,028,231		13,028,231		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,956,444	74,211,493	163,167,937	0.154240	0.000000
50.02	03330	ENDOSCOPY	7,783,269	24,915,182	32,698,451	0.137486	0.000000
51.00	05100	RECOVERY ROOM	12,436,099	21,584,017	34,020,116	0.140397	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,358,296	17,607,370	43,965,666	0.330307	0.000000
53.00	05300	ANESTHESIOLOGY	46,553,871	66,188,180	112,742,051	0.019641	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,521,562	24,249,347	40,770,909	0.129113	0.000000
54.01	03630	ULTRASOUND	10,308,114	22,911,006	33,219,120	0.071687	0.000000
54.02	03440	WOMENS IMAGING CENTER	5,538	19,667,438	19,672,976	0.071754	0.000000
54.03	05401	SPECIAL PROCEDURES	8,122,599	7,918,364	16,040,963	0.132519	0.000000
54.04	05402	IMAGING CENTER	0	0	0	0.000000	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	1,000,929	292,510,518	293,511,447	0.193923	0.000000
56.00	05600	RADIOISOTOPE	1,764,625	17,486,044	19,250,669	0.172288	0.000000
57.00	05700	CT SCAN	56,520,347	122,372,056	178,892,403	0.026245	0.000000
58.00	05800	MRI	14,580,923	49,144,054	63,724,977	0.048160	0.000000
59.00	05900	CARDIAC CATHETERIZATION	46,009,473	67,047,905	113,057,378	0.040055	0.000000
60.00	06000	LABORATORY	87,527,210	228,452,323	315,979,533	0.061489	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	13,551,031	7,230,131	20,781,162	0.152715	0.000000
65.00	06500	RESPIRATORY THERAPY	59,425,442	6,084,956	65,510,398	0.092802	0.000000
66.00	06600	PHYSICAL THERAPY	17,765,876	6,685,738	24,451,614	0.174020	0.000000
68.00	06800	SPEECH PATHOLOGY	4,120,375	2,609,109	6,729,484	0.208640	0.000000
69.00	06900	ELECTROCARDIOLOGY	16,435,728	47,786,208	64,221,936	0.107287	0.000000
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0.000000	0.000000
69.02	03290	EMG/NCV	93,735	2,268,466	2,362,201	0.025144	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	10,520,934	5,857,224	16,378,158	0.045955	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,573,536	43,750,831	99,324,367	0.666483	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	116,464,536	58,136,894	174,601,430	0.344068	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	160,744,986	54,365,578	215,110,564	0.114738	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	4,445,149	11,809,755	16,254,904	0.450384	0.000000
76.97	07697	CARDIAC REHABILITATION	200,246	9,121,711	9,321,957	0.184864	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	91,065	18,171,668	18,262,733	0.321105	0.000000
90.01	09001	WOUND OSTOMY	400,032	12,349,447	12,749,479	0.228526	0.000000
90.02	09002	PLAINFIELD CLINIC	14,049,210	316,935,348	330,984,558	0.094616	0.000000
90.03	09003	OSWEGO CLINIC	57,031	20,395,583	20,452,614	0.205910	0.000000
90.04	09004	BOLINGBROOK CLINIC	250,907	47,828,923	48,079,830	0.105365	0.000000
90.05	09005	NAPERVILLE NORTH CLINIC	53,452	7,566,601	7,620,053	0.225604	0.000000
90.06	09006	OUTPATIENT SERVICES	0	13,875,324	13,875,324	0.541337	0.000000
90.07	09007	OUTPATIENT CLINIC OTHER	31,062	63,863,776	63,894,838	0.158619	0.000000
91.00	09100	EMERGENCY	73,058,390	194,788,100	267,846,490	0.094401	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,606,972	32,466,607	38,073,579	0.350138	0.000000
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,192,020,490	2,040,213,275	3,232,233,765		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,192,020,490	2,040,213,275	3,232,233,765		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 4:56 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
35.00	02060	NICU				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.02	03330	ENDOSCOPY	0.000000			50.02
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
54.01	03630	ULTRASOUND	0.000000			54.01
54.02	03440	WOMENS IMAGING CENTER	0.000000			54.02
54.03	05401	SPECIAL PROCEDURES	0.000000			54.03
54.04	05402	IMAGING CENTER	0.000000			54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000			69.01
69.02	03290	EMG/NCV	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOUND OSTOMY	0.000000			90.01
90.02	09002	PLAINFIELD CLINIC	0.000000			90.02
90.03	09003	OSWEGO CLINIC	0.000000			90.03
90.04	09004	BOLINGBROOK CLINIC	0.000000			90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.000000			90.05
90.06	09006	OUTPATIENT SERVICES	0.000000			90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/24/2020 4:56 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	12,652,360	0	12,652,360	77,853	162.52	30.00	
31.00	INTENSIVE CARE UNIT	2,143,168		2,143,168	6,263	342.20	31.00	
32.00	CORONARY CARE UNIT	2,210,425		2,210,425	5,889	375.35	32.00	
35.00	NICU	1,221,659		1,221,659	7,958	153.51	35.00	
43.00	NURSERY	151,185		151,185	5,805	26.04	43.00	
200.00	Total (lines 30 through 199)	18,378,797		18,378,797	103,768		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	24,167	3,927,621					30.00
31.00	INTENSIVE CARE UNIT	2,484	850,025					31.00
32.00	CORONARY CARE UNIT	2,683	1,007,064					32.00
35.00	NICU	0	0					35.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	29,334	5,784,710					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/24/2020 4:56 pm

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,844,048	163,167,937	0.029687	32,321,752	959,536	50.00
50.02	03330	ENDOSCOPY	832,393	32,698,451	0.025457	3,373,730	85,885	50.02
51.00	05100	RECOVERY ROOM	76,658	34,020,116	0.002253	4,178,164	9,413	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,846,297	43,965,666	0.041994	45,541	1,912	52.00
53.00	05300	ANESTHESIOLOGY	110,707	112,742,051	0.000982	15,108,953	14,837	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	797,354	40,770,909	0.019557	7,003,585	136,969	54.00
54.01	03630	ULTRASOUND	110,747	33,219,120	0.003334	4,071,699	13,575	54.01
54.02	03440	WOMENS IMAGING CENTER	21,725	19,672,976	0.001104	2,098	2	54.02
54.03	05401	SPECIAL PROCEDURES	83,376	16,040,963	0.005198	3,448,020	17,923	54.03
54.04	05402	IMAGING CENTER	0	0	0.000000	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	1,467,231	293,511,447	0.004999	309,737	1,548	55.00
56.00	05600	RADIOISOTOPE	266,016	19,250,669	0.013819	907,531	12,541	56.00
57.00	05700	CT SCAN	375,923	178,892,403	0.002101	20,689,271	43,468	57.00
58.00	05800	MRI	526,335	63,724,977	0.008259	4,857,185	40,115	58.00
59.00	05900	CARDIAC CATHETERIZATION	635,248	113,057,378	0.005619	19,320,584	108,562	59.00
60.00	06000	LABORATORY	861,672	315,979,533	0.002727	30,103,761	82,093	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	92,702	20,781,162	0.004461	4,631,840	20,663	62.00
65.00	06500	RESPIRATORY THERAPY	366,049	65,510,398	0.005588	21,689,461	121,201	65.00
66.00	06600	PHYSICAL THERAPY	84,938	24,451,614	0.003474	8,711,686	30,264	66.00
68.00	06800	SPEECH PATHOLOGY	22,264	6,729,484	0.003308	1,759,965	5,822	68.00
69.00	06900	ELECTROCARDIOLOGY	1,240,328	64,221,936	0.019313	6,192,442	119,595	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0.000000	0	0	69.01
69.02	03290	EMG/NCV	897	2,362,201	0.000380	30,981	12	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	15,482	16,378,158	0.000945	2,265,874	2,141	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,892,739	99,324,367	0.019056	20,819,799	396,742	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,716,516	174,601,430	0.009831	52,069,033	511,891	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	684,504	215,110,564	0.003182	65,603,984	208,752	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,120,453	16,254,904	0.068930	2,105,954	145,163	75.00
76.97	07697	CARDIAC REHABILITATION	230,507	9,321,957	0.024727	96,120	2,377	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	383,283	18,262,733	0.020987	40,835	857	90.00
90.01	09001	WOUND OSTOMY	373,689	12,749,479	0.029310	236,677	6,937	90.01
90.02	09002	PLAINFIELD CLINIC	1,049,547	330,984,558	0.003171	3,601,306	11,420	90.02
90.03	09003	OSWEGO CLINIC	756,872	20,452,614	0.037006	40,318	1,492	90.03
90.04	09004	BOLINGBROOK CLINIC	1,305,287	48,079,830	0.027148	143,190	3,887	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	257,604	7,620,053	0.033806	30,856	1,043	90.05
90.06	09006	OUTPATIENT SERVICES	941,516	13,875,324	0.067855	0	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	2,775,687	63,894,838	0.043441	14,106	613	90.07
91.00	09100	EMERGENCY	2,861,951	267,846,490	0.010685	29,752,160	317,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,925,825	38,073,579	0.050582	2,605,357	131,784	92.00
200.00	Total (lines 50 through 199)		32,954,370	3,017,602,269		368,183,555	3,568,937	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0231		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/24/2020 4:56 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
35.00	02060	NICU	0	0	0	0	0	0	35.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	77,853	0.00	24,167		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	6,263	0.00	2,484		31.00		
32.00	03200	CORONARY CARE UNIT	0	0	5,889	0.00	2,683		32.00		
35.00	02060	NICU	0	0	7,958	0.00	0		35.00		
43.00	04300	NURSERY	0	0	5,805	0.00	0		43.00		
200.00		Total (lines 30 through 199)	0	0	103,768		29,334		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
32.00	03200	CORONARY CARE UNIT	0								32.00
35.00	02060	NICU	0								35.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 4:56 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
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	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
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND OSTOMY	0	0	0	0	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	0	0	0	90.02
90.03	09003	OSWEGO CLINIC	0	0	0	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	0	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	0	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	0	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 11/24/2020 4:56 pm
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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	163,167,937	0.000000	50.00
50.02	03330 ENDOSCOPY	0	0	0	32,698,451	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	34,020,116	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	43,965,666	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	112,742,051	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	40,770,909	0.000000	54.00
54.01	03630 ULTRASOUND	0	0	0	33,219,120	0.000000	54.01
54.02	03440 WOMENS IMAGING CENTER	0	0	0	19,672,976	0.000000	54.02
54.03	05401 SPECIAL PROCEDURES	0	0	0	16,040,963	0.000000	54.03
54.04	05402 IMAGING CENTER	0	0	0	0	0.000000	54.04
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	293,511,447	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	19,250,669	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	178,892,403	0.000000	57.00
58.00	05800 MRI	0	0	0	63,724,977	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	113,057,378	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	315,979,533	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	20,781,162	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65,510,398	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	24,451,614	0.000000	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	6,729,484	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	64,221,936	0.000000	69.00
69.01	03140 CARDIOLOGY OUTREACH	0	0	0	0	0.000000	69.01
69.02	03290 EMG/NCV	0	0	0	2,362,201	0.000000	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	16,378,158	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	99,324,367	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	174,601,430	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	215,110,564	0.000000	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	16,254,904	0.000000	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	9,321,957	0.000000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	18,262,733	0.000000	90.00
90.01	09001 WOUND OSTOMY	0	0	0	12,749,479	0.000000	90.01
90.02	09002 PLAINFIELD CLINIC	0	0	0	330,984,558	0.000000	90.02
90.03	09003 OSWEGO CLINIC	0	0	0	20,452,614	0.000000	90.03
90.04	09004 BOLINGBROOK CLINIC	0	0	0	48,079,830	0.000000	90.04
90.05	09005 NAPERVILLE NORTH CLINIC	0	0	0	7,620,053	0.000000	90.05
90.06	09006 OUTPATIENT SERVICES	0	0	0	13,875,324	0.000000	90.06
90.07	09007 OUTPATIENT CLINIC OTHER	0	0	0	63,894,838	0.000000	90.07
91.00	09100 EMERGENCY	0	0	0	267,846,490	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	38,073,579	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	3,017,602,269		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	32,321,752	0	11,479,449	0	50.00
50.02	03330	ENDOSCOPY	0.000000	3,373,730	0	7,455,483	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	4,178,164	0	3,727,744	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	45,541	0	134,473	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	15,108,953	0	12,507,717	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	7,003,585	0	5,244,636	0	54.00
54.01	03630	ULTRASOUND	0.000000	4,071,699	0	4,481,136	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0.000000	2,098	0	1,523,174	0	54.02
54.03	05401	SPECIAL PROCEDURES	0.000000	3,448,020	0	2,509,526	0	54.03
54.04	05402	IMAGING CENTER	0.000000	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	309,737	0	113,874,490	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	907,531	0	6,448,243	0	56.00
57.00	05700	CT SCAN	0.000000	20,689,271	0	33,120,224	0	57.00
58.00	05800	MRI	0.000000	4,857,185	0	11,561,785	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	19,320,584	0	28,557,543	0	59.00
60.00	06000	LABORATORY	0.000000	30,103,761	0	32,104,624	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,631,840	0	1,671,451	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	21,689,461	0	1,555,202	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	8,711,686	0	165,313	0	66.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,759,965	0	119,911	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,192,442	0	16,039,301	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000	0	0	0	0	69.01
69.02	03290	EMG/NCV	0.000000	30,981	0	513,432	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,265,874	0	293,523	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	20,819,799	0	11,518,254	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	52,069,033	0	17,186,161	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	65,603,984	0	9,764,422	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	2,105,954	0	4,210,446	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	96,120	0	3,638,915	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	40,835	0	2,269,980	0	90.00
90.01	09001	WOUND OSTOMY	0.000000	236,677	0	5,011,590	0	90.01
90.02	09002	PLAINFIELD CLINIC	0.000000	3,601,306	0	70,057,819	0	90.02
90.03	09003	OSWEGO CLINIC	0.000000	40,318	0	2,139,015	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0.000000	143,190	0	6,187,909	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.000000	30,856	0	605,221	0	90.05
90.06	09006	OUTPATIENT SERVICES	0.000000	0	0	462,450	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.000000	14,106	0	5,572,860	0	90.07
91.00	09100	EMERGENCY	0.000000	29,752,160	0	38,396,919	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	2,605,357	0	9,419,146	0	92.00
200.00		Total (lines 50 through 199)		368,183,555	0	481,529,487	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0231		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/24/2020 4:56 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		0.154240	11,479,449	0	319	1,770,590	50.00
50.02	03330	ENDOSCOPY		0.137486	7,455,483	0	1	1,025,025	50.02
51.00	05100	RECOVERY ROOM		0.140397	3,727,744	0	0	523,364	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.330307	134,473	0	1	44,417	52.00
53.00	05300	ANESTHESIOLOGY		0.019641	12,507,717	0	15	245,664	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.129113	5,244,636	0	54	677,151	54.00
54.01	03630	ULTRASOUND		0.071687	4,481,136	0	0	321,239	54.01
54.02	03440	WOMENS IMAGING CENTER		0.071754	1,523,174	0	0	109,294	54.02
54.03	05401	SPECIAL PROCEDURES		0.132519	2,509,526	0	142	332,560	54.03
54.04	05402	IMAGING CENTER		0.000000	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC		0.193923	113,874,490	0	164,981	22,082,883	55.00
56.00	05600	RADIOISOTOPE		0.172288	6,448,243	0	18	1,110,955	56.00
57.00	05700	CT SCAN		0.026245	33,120,224	0	4,348	869,240	57.00
58.00	05800	MRI		0.048160	11,561,785	0	1,582	556,816	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.040055	28,557,543	0	1,390	1,143,872	59.00
60.00	06000	LABORATORY		0.061489	32,104,624	0	0	1,974,081	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.152715	1,671,451	0	0	255,256	62.00
65.00	06500	RESPIRATORY THERAPY		0.092802	1,555,202	0	4	144,326	65.00
66.00	06600	PHYSICAL THERAPY		0.174020	165,313	0	0	28,768	66.00
68.00	06800	SPEECH PATHOLOGY		0.208640	119,911	0	0	25,018	68.00
69.00	06900	ELECTROCARDIOLOGY		0.107287	16,039,301	0	607	1,720,808	69.00
69.01	03140	CARDIOLOGY OUTREACH		0.000000	0	0	0	0	69.01
69.02	03290	EMG/NCV		0.025144	513,432	0	0	12,910	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		0.045955	293,523	0	15	13,489	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.666483	11,518,254	0	0	7,676,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.344068	17,186,161	0	0	5,913,208	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.114738	9,764,422	0	13,474	1,120,350	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.450384	4,210,446	0	0	1,896,318	75.00
76.97	07697	CARDIAC REHABILITATION		0.184864	3,638,915	0	0	672,704	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.321105	2,269,980	0	0	728,902	90.00
90.01	09001	WOUND OSTOMY		0.228526	5,011,590	0	1,862	1,145,279	90.01
90.02	09002	PLAINFIELD CLINIC		0.094616	70,057,819	0	66,928	6,628,591	90.02
90.03	09003	OSWEGO CLINIC		0.205910	2,139,015	0	178	440,445	90.03
90.04	09004	BOLINGBROOK CLINIC		0.105365	6,187,909	0	504	651,989	90.04
90.05	09005	NAPERVILLE NORTH CLINIC		0.225604	605,221	0	19	136,540	90.05
90.06	09006	OUTPATIENT SERVICES		0.541337	462,450	0	58	250,341	90.06
90.07	09007	OUTPATIENT CLINIC OTHER		0.158619	5,572,860	0	207	883,961	90.07
91.00	09100	EMERGENCY		0.094401	38,396,919	0	173	3,624,708	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.350138	9,419,146	0	0	3,298,001	92.00
200.00		Subtotal (see instructions)			481,529,487	0	256,880	70,055,783	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			481,529,487	0	256,880	70,055,783	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0231		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/24/2020 4:56 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	49					
50.02	03330	ENDOSCOPY	0	0					
51.00	05100	RECOVERY ROOM	0	0					
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					
53.00	05300	ANESTHESIOLOGY	0	0					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7					
54.01	03630	ULTRASOUND	0	0					
54.02	03440	WOMENS IMAGING CENTER	0	0					
54.03	05401	SPECIAL PROCEDURES	0	19					
54.04	05402	IMAGING CENTER	0	0					
55.00	05500	RADIOLOGY-THERAPEUTIC	0	31,994					
56.00	05600	RADIOISOTOPE	0	3					
57.00	05700	CT SCAN	0	114					
58.00	05800	MRI	0	76					
59.00	05900	CARDIAC CATHETERIZATION	0	56					
60.00	06000	LABORATORY	0	0					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					
65.00	06500	RESPIRATORY THERAPY	0	0					
66.00	06600	PHYSICAL THERAPY	0	0					
68.00	06800	SPEECH PATHOLOGY	0	0					
69.00	06900	ELECTROCARDIOLOGY	0	65					
69.01	03140	CARDIOLOGY OUTREACH	0	0					
69.02	03290	EMG/NCV	0	0					
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1					
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,546					
75.00	07500	ASC (NON-DISTINCT PART)	0	0					
76.97	07697	CARDIAC REHABILITATION	0	0					
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					
76.99	07699	LITHOTRIPSY	0	0					
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					
90.01	09001	WOUND OSTOMY	0	426					
90.02	09002	PLAINFIELD CLINIC	0	6,332					
90.03	09003	OSWEGO CLINIC	0	37					
90.04	09004	BOLINGBROOK CLINIC	0	53					
90.05	09005	NAPERVILLE NORTH CLINIC	0	4					
90.06	09006	OUTPATIENT SERVICES	0	31					
90.07	09007	OUTPATIENT CLINIC OTHER	0	33					
91.00	09100	EMERGENCY	0	16					
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					
200.00		Subtotal (see instructions)	0	40,862					
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						
202.00		Net Charges (line 200 - line 201)	0	40,862					

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0231		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/24/2020 4:56 pm		
					Title XIX		Hospital		Cost		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
35.00	02060	NICU	0	0	0	0	0	0	35.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	77,853	0.00	1,637		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	6,263	0.00	274		31.00		
32.00	03200	CORONARY CARE UNIT	0	0	5,889	0.00	191		32.00		
35.00	02060	NICU	0	0	7,958	0.00	296		35.00		
43.00	04300	NURSERY	0	0	5,805	0.00	807		43.00		
200.00	Total (lines 30 through 199)		0	0	103,768		3,205		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
32.00	03200	CORONARY CARE UNIT	0								32.00
35.00	02060	NICU	0								35.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 11/24/2020 4:56 pm
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Cost Center Description		Title XIX		Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.02	03330	ENDOSCOPY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	0	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	69.01
69.02	03290	EMG/NCV	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND OSTOMY	0	0	0	0	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	0	0	90.02
90.03	09003	OSWEGO CLINIC	0	0	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 4:56 pm

			Title XIX		Hospital	Cost		
	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	163,167,937	0.000000	50.00
50.02	03330	ENDOSCOPY	0	0	0	32,698,451	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	34,020,116	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	43,965,666	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	112,742,051	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	40,770,909	0.000000	54.00
54.01	03630	ULTRASOUND	0	0	0	33,219,120	0.000000	54.01
54.02	03440	WOMENS IMAGING CENTER	0	0	0	19,672,976	0.000000	54.02
54.03	05401	SPECIAL PROCEDURES	0	0	0	16,040,963	0.000000	54.03
54.04	05402	IMAGING CENTER	0	0	0	0	0.000000	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	293,511,447	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	19,250,669	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	178,892,403	0.000000	57.00
58.00	05800	MRI	0	0	0	63,724,977	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	113,057,378	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	315,979,533	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	20,781,162	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65,510,398	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	24,451,614	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,729,484	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	64,221,936	0.000000	69.00
69.01	03140	CARDIOLOGY OUTREACH	0	0	0	0	0.000000	69.01
69.02	03290	EMG/NCV	0	0	0	2,362,201	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	16,378,158	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	99,324,367	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	174,601,430	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	215,110,564	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	16,254,904	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	9,321,957	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	18,262,733	0.000000	90.00
90.01	09001	WOUND OSTOMY	0	0	0	12,749,479	0.000000	90.01
90.02	09002	PLAINFIELD CLINIC	0	0	0	330,984,558	0.000000	90.02
90.03	09003	OSWEGO CLINIC	0	0	0	20,452,614	0.000000	90.03
90.04	09004	BOLINGBROOK CLINIC	0	0	0	48,079,830	0.000000	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0	0	0	7,620,053	0.000000	90.05
90.06	09006	OUTPATIENT SERVICES	0	0	0	13,875,324	0.000000	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0	0	0	63,894,838	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	267,846,490	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	38,073,579	0.000000	92.00
200.00	Total (lines 50 through 199)		0	0	0	3,017,602,269		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description		Title XIX			Hospital		Cost	
		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
50.02	03330	ENDOSCOPY	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0.000000	0	0	0	0	54.01
54.02	03440	WOMENS IMAGING CENTER	0.000000	0	0	0	0	54.02
54.03	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	54.03
54.04	05402	IMAGING CENTER	0.000000	0	0	0	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	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	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000	0	0	0	0	69.01
69.02	03290	EMG/NCV	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	WOUND OSTOMY	0.000000	0	0	0	0	90.01
90.02	09002	PLAINFIELD CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	OSWEGO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	BOLINGBROOK CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	OUTPATIENT SERVICES	0.000000	0	0	0	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:

11/24/2020 4:56 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)	77,853	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	77,853	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)	66,003	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)	24,167	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)	87,582,691	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)	87,582,691	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)	87,582,691	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)	1,124.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	27,187,392	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)	27,187,392	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
11/24/2020 4:56 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	12,797,863	6,263	2,043.41	2,484	5,075,830
44.00	CORONARY CARE UNIT	12,738,009	5,889	2,163.02	2,683	5,803,383
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	NICU	12,448,720	7,958	1,564.30	0	0
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					61,521,036
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					99,587,641
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,784,710
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,568,937
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,353,647
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					90,233,994
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)					11,850
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,124.98
89.00	Observation bed cost (line 87 x line 88) (see instructions)					13,331,013

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
11/24/2020 4:56 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	12,652,360	87,582,691	0.144462	13,331,013	1,925,825	90.00
91.00 Nursing School cost	0	87,582,691	0.000000	13,331,013	0	91.00
92.00 Allied health cost	0	87,582,691	0.000000	13,331,013	0	92.00
93.00 All other Medical Education	0	87,582,691	0.000000	13,331,013	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
11/24/2020 4:56 pm

Title XIX		Hospital	Cost
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)	77,853	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	77,853	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)	66,003	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)	1,637	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)	5,805	15.00
16.00	Nursery days (title V or XIX only)	807	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)	87,582,691	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)	87,582,691	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)	87,582,691	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)	1,124.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,841,592	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,841,592	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
11/24/2020 4:56 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	4,161,292	5,805	716.85	807	578,498	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	12,797,863	6,263	2,043.41	274	559,894	43.00	
44.00	CORONARY CARE UNIT	12,738,009	5,889	2,163.02	191	413,137	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NICU	12,448,720	7,958	1,564.30	296	463,033	47.00	
Cost Center Description								
							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,856,154	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						11,850	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,124.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						13,331.013	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0231

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

Worksheet D-1

Date/Time Prepared:
11/24/2020 4:56 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,652,360	87,582,691	0.144462	13,331,013	1,925,825	90.00
91.00	Nursing School cost	0	87,582,691	0.000000	13,331,013	0	91.00
92.00	Allied health cost	0	87,582,691	0.000000	13,331,013	0	92.00
93.00	All other Medical Education	0	87,582,691	0.000000	13,331,013	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 4:56 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		46,218,801	30.00
31.00	03100	INTENSIVE CARE UNIT		9,178,976	31.00
32.00	03200	CORONARY CARE UNIT		11,469,441	32.00
35.00	02060	NICU		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.154240	32,321,752	50.00
50.02	03330	ENDOSCOPY	0.137486	3,373,730	50.02
51.00	05100	RECOVERY ROOM	0.140397	4,178,164	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331914	45,541	52.00
53.00	05300	ANESTHESIOLOGY	0.019641	15,108,953	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129113	7,003,585	54.00
54.01	03630	ULTRASOUND	0.071687	4,071,699	54.01
54.02	03440	WOMENS IMAGING CENTER	0.071754	2,098	54.02
54.03	05401	SPECIAL PROCEDURES	0.132519	3,448,020	54.03
54.04	05402	IMAGING CENTER	0.000000	0	54.04
55.00	05500	RADIOLOGY-THERAPEUTIC	0.193923	309,737	55.00
56.00	05600	RADIOISOTOPE	0.172288	907,531	56.00
57.00	05700	CT SCAN	0.026245	20,689,271	57.00
58.00	05800	MRI	0.048160	4,857,185	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.040055	19,320,584	59.00
60.00	06000	LABORATORY	0.061489	30,103,761	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.152715	4,631,840	62.00
65.00	06500	RESPIRATORY THERAPY	0.093211	21,689,461	65.00
66.00	06600	PHYSICAL THERAPY	0.174020	8,711,686	66.00
68.00	06800	SPEECH PATHOLOGY	0.208640	1,759,965	68.00
69.00	06900	ELECTROCARDIOLOGY	0.107287	6,192,442	69.00
69.01	03140	CARDIOLOGY OUTREACH	0.000000	0	69.01
69.02	03290	EMG/NCV	0.025144	30,981	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.047986	2,265,874	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.666483	20,819,799	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.344068	52,069,033	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.114738	65,603,984	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.450384	2,105,954	75.00
76.97	07697	CARDIAC REHABILITATION	0.184864	96,120	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.321105	40,835	90.00
90.01	09001	WOUND OSTOMY	0.228526	236,677	90.01
90.02	09002	PLAINFIELD CLINIC	0.095040	3,601,306	90.02
90.03	09003	OSWEGO CLINIC	0.205910	40,318	90.03
90.04	09004	BOLINGBROOK CLINIC	0.105365	143,190	90.04
90.05	09005	NAPERVILLE NORTH CLINIC	0.225604	30,856	90.05
90.06	09006	OUTPATIENT SERVICES	0.541337	0	90.06
90.07	09007	OUTPATIENT CLINIC OTHER	0.158619	14,106	90.07
91.00	09100	EMERGENCY	0.096687	29,752,160	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.350138	2,605,357	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		368,183,555	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)		368,183,555	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 4:56 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)		19,215,555	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		53,869,986	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		678,436	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		1,905,450	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		261.62	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)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	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)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	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.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	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		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	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)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.99	30.00
31.00	Percentage of Medicaid patient days (see instructions)		9.54	31.00
32.00	Sum of lines 30 and 31		11.53	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 4:56 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	75,669,427			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)		75,669,427		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,279,290		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).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		192,679		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		82,141,396		59.00
60.00	Primary payer payments		37,672		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		82,103,724		61.00
62.00	Deductibles billed to program beneficiaries		6,433,592		62.00
63.00	Coinsurance billed to program beneficiaries		171,908		63.00
64.00	Allowable bad debts (see instructions)		207,952		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		135,169		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		204,075		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		75,633,393		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)				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)		196,936		70.93
70.94	HRR adjustment amount (see instructions)		-151,206		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A
Date/Time Prepared:
11/24/2020 4:56 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	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		75,679,123	71.00	71.00
71.01	Sequestration adjustment (see instructions)		1,263,841	71.01	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	71.03
72.00	Interim payments		74,408,557	72.00	72.00
72.01	Interim payments-PARHM			72.01	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		6,725	74.00	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,345,804	75.00	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	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 4:56 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,215,555	0	19,215,555		19,215,555
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	53,869,986	0		53,869,986	53,869,986
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	678,436	0	678,436		678,436
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,905,450	0		1,905,450	1,905,450
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0
11.01	Uncompensated care payments	36.00	0	0	0	0	0
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	75,669,427	0	19,893,991	55,775,436	75,669,427
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	75,669,427	0	19,893,991	55,775,436	75,669,427
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,279,290	0	1,678,734	4,600,556	6,279,290

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 4:56 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	192,679	0	89,661	103,018	192,679	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	21,662,386	60,479,010	82,141,396	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	5,839,224	0	1,563,368	4,275,856	5,839,224	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	302,260	0	78,471	223,789	302,260	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0236	0.0236	0.0236	0.0236		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	137,806	0	36,895	100,911	137,806	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,279,290	0	1,678,734	4,600,556	6,279,290	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2020 4:56 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	19,215,555	19,215,555		19,215,555	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	53,869,986		53,869,986	53,869,986	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	678,436	678,436		678,436	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,905,450		1,905,450	1,905,450	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	75,669,427	19,893,991	55,775,436	75,669,427	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	75,669,427	19,893,991	55,775,436	75,669,427	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,279,290	1,678,734	4,600,556	6,279,290	16.00
17.00	Special add-on payments for new technologies	54.00	192,679	89,661	103,018	192,679	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			21,662,386	60,479,010	82,141,396	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2020 4:56 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	5,839,224	1,563,368	4,275,856	5,839,224	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	302,260	78,471	223,789	302,260	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0236	0.0236	0.0236		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	137,806	36,895	100,911	137,806	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,279,290	1,678,734	4,600,556	6,279,290	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	196,936	58,662	138,274	196,936	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	-151,206	-54,054	-97,152	-151,206	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/24/2020 4:56 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		40,862	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		70,055,783	2.00
3.00	OPPS payments		58,549,049	3.00
4.00	Outlier payment (see instructions)		211,286	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		40,862	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		256,880	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)		256,880	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)		256,880	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		216,018	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)		40,862	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)		58,760,335	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)		10,510,482	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)		48,290,715	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		48,290,715	30.00
31.00	Primary payer payments		7,883	31.00
32.00	Subtotal (line 30 minus line 31)		48,282,832	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)		1,020,268	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		663,174	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		816,587	36.00
37.00	Subtotal (see instructions)		48,946,006	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-276	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		48,946,282	40.00
40.01	Sequestration adjustment (see instructions)		817,403	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		47,796,103	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)		332,776	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: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/24/2020 4:56 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		74,232,700		47,432,617	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		192,077		366,839	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	01/30/2020	16,220	01/30/2020	3,353	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)		-16,220		-3,353	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)		74,408,557		47,796,103	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		6,725		332,776	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		74,415,282		48,128,879	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: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/24/2020 4:56 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: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2020 4:56 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	3,856,154			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,856,154	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	3,856,154	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0	0		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	0	0		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	3,856,154	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	3,856,154	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	0	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00

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

Provider CCN: 14-0231

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

Worksheet G

Date/Time Prepared:
11/24/2020 4:56 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	-3,927,430	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	71,615,164	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	12,479,356	0	0	0	7.00
8.00	Prepaid expenses	5,352,197	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	85,519,287	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,696,998	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	558,736,240	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	-530,652,914	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	335,310,502	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)	374,090,826	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	22,195,558	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,195,558	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	481,805,671	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,011,715	0	0	0	37.00
38.00	Salaries, wages, and fees payable	34,105,140	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	70,631,131	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	120,959,234	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	239,707,220	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	30,789,379	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	30,789,379	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	270,496,599	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	211,309,072	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)	211,309,072	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	481,805,671	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0231

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

Worksheet G-1

Date/Time Prepared:
11/24/2020 4:56 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		327,332,611		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		19,426,711				2.00
3.00	Total (sum of line 1 and line 2)		346,759,322		0		3.00
4.00	TRANSFERS	0		0		0	4.00
5.00	MINORITY INTEREST	870,227		0		0	5.00
6.00	TEMP RESTRICETD NET ASSETS	1,613,684		0		0	6.00
7.00	PERM RESTRICTED NET ASSETS	312,461		0		0	7.00
8.00	DISTRIBUTIONS	1,995,650		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		4,792,022		0		10.00
11.00	Subtotal (line 3 plus line 10)		351,551,344		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS TO AFFILIATES	136,286,208		0		0	13.00
14.00	OTHER REDUCTIONS	3,956,064		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)		140,242,272		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		211,309,072		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	TRANSFERS		0				4.00
5.00	MINORITY INTEREST		0				5.00
6.00	TEMP RESTRICETD NET ASSETS		0				6.00
7.00	PERM RESTRICTED NET ASSETS		0				7.00
8.00	DISTRIBUTIONS		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	TRANSFERS TO AFFILIATES		0				13.00
14.00	OTHER REDUCTIONS		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: 14-0231

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/24/2020 4:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	126,134,382		126,134,382	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	126,134,382		126,134,382	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	24,417,317		24,417,317	11.00
12.00	CORONARY CARE UNIT	25,710,248		25,710,248	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NICU	25,341,318		25,341,318	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	75,468,883		75,468,883	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	201,603,265		201,603,265	17.00
18.00	Ancillary services	977,388,996	0	977,388,996	18.00
19.00	Outpatient services	0	2,042,899,522	2,042,899,522	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				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	13,028,231	0	13,028,231	27.00
27.01	PROFESSIONAL FEES	0	93,033,262	93,033,262	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,192,020,492	2,135,932,784	3,327,953,276	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		645,602,276		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	ROUNDING	4			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)		4		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		645,602,272		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0231

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

Worksheet G-3

Date/Time Prepared:
11/24/2020 4:56 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,327,953,276	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,704,169,266	2.00
3.00	Net patient revenues (line 1 minus line 2)	623,784,010	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	645,602,272	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-21,818,262	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,338,647	6.00
7.00	Income from investments	290,227	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	68,107	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,645,460	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	RENT& PARKING INCOME	955,441	24.00
24.01	IHP DISTRIBUTIONS	669,891	24.01
24.02	CLINICAL INTEGRATION	0	24.02
24.03	CLINICAL TRIALS	141,600	24.03
24.04	PERINATAL HEALTH PROMOTIONS	0	24.04
24.05	LABORATORY OTHER REVENUE	6,865,986	24.05
24.06	SIMULATION AND TRAINING	0	24.06
24.07	CARDIOGRAPHICS OTHER REVENUE	0	24.07
24.08	OUTPATIENT PHARMACY	0	24.08
24.09	OCCUPATIONAL HEALTH	1,189,229	24.09
24.10	OTHER REVENUE	5,981,298	24.10
24.11	ER TRAUMA	0	24.11
24.12	INTERCO REVENUE	197,040	24.12
24.13	COMMUNITY & SEMINARS	0	24.13
24.14	DISCOUNT	21,649	24.14
24.15	MANAGEMENT FEES OTHER	0	24.15
24.16	GAIN/LOSS ON SALE ASSETS	-3,076,400	24.16
24.17	INVEST INCOME REALIZED	0	24.17
24.18	NON CONTROLLING INTEREST	-409,472	24.18
24.50	COVID-19 PHE Funding	25,366,270	24.50
25.00	Total other income (sum of lines 6-24)	41,244,973	25.00
26.00	Total (line 5 plus line 25)	19,426,711	26.00
27.00	ROUNDING	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)	19,426,711	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0231	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/24/2020 4:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,839,224	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		302,260	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)		235.28	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.99	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		9.54	8.00
9.00	Sum of lines 7 and 8		11.53	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.36	10.00
11.00	Disproportionate share adjustment (see instructions)		137,806	11.00
12.00	Total prospective capital payments (see instructions)		6,279,290	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