

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interest 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 Provider CCN:14-0234 Period: Worksheet S
SETTLEMENT SUMMARY To 06/30/2020 Parts I-III
Date/Time Prepared: 3/1/2021 3:24 pm

PART I - COST REPORT STATUS

Provider 1. ☒ [X] Electronically prepared cost report Date: 3/1/2021 Time: 3:24 pm
use only 2. ☐ [] Manually prepared cost report
3. ☐ [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. ☐ [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor 5. ☐ [1] Cost Report Status 6. Date Received: 10. NPR Date:
use only (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
(2) Settled without Audit 8. ☐ [N] Initial Report for this Provider CCN 12. ☐ [0] If line 5, column 1 is 4: Enter
(3) Settled with Audit 9. ☐ [N] Final Report for this Provider CCN number of times reopened = 0-9.
(4) Reopened
(5) Amended

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE 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 ILLINOIS VALLEY COMMUNITY HOSPITAL (14-0234) 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.

☒ [X] 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) LISA LYNCH

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		
1.00	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	14,798	-29,047	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	-96	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RHC WHCC I	0		-2,223		0	10.00
10.01	RHC LMC II	0		8,685		0	10.01
10.02	RHC PMC III	0		244,936		0	10.02
10.03	RHC PPCC IV	0		75,905		0	10.03
10.04	RHC OMC V	0		9,812		0	10.04
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	14,702	308,068	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 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 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:14-0234		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/1/2021 3:24 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street:925 WEST STREET			PO Box:				1.00		
2.00	City: PERU			State: IL		Zip Code:61354		County:		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		ILLINOIS VALLEY COMMUNITY HOSPITAL	140234	99914	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		SWING BED UNIT OF IVCH	14U234	99914		07/01/1991	N	P	N
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		VALLEY HOSPICE	141533	99914		04/01/1985			
15.00	Hospital-Based Health Clinic - RHC		WOMEN'S HEALTH CARE CENTER	148564	99914		08/22/2016	N	N	O
15.01	Hospital-Based Health Clinic - RHC		LASALLE MEDICAL CLINIC	148565	99914		09/01/2016	N	N	O
15.02	Hospital-Based Health Clinic - RHC		PERU MEDICAL CLINIC	148562	99914		09/08/2016	N	N	O
15.03	Hospital-Based Health Clinic - RHC		PERU PRIMARY CARE CLINIC	148563	99914		09/12/2016	N	N	O
15.04	Hospital-Based Health Clinic - RHC		OGLESBY MEDICAL CLINIC	148561	99914		08/25/2016	N	N	O
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
17.10	Hospital-Based (CORF) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	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.	259	107	0	0	907	92	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural Status	Date of Geographic Reclassification	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					1		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.					07/01/2019	06/30/2020	38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	45.00
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	46.00
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	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	48.00
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	N	56.00
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.							57.00
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		58.00
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			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	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/1/2021 3:24 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y	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	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	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	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			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	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			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	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	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	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	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	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	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	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?			N	105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N	106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			N	107.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020 Worksheet S-2 Part I Date/Time Prepared: 3/1/2021 3:24 pm	
		V		XIX	
		1.00		2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR N Section §412.113(c). Enter "Y" for yes or "N" for no.				
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	
				1.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N	
				1.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			
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			
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			
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			
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	214,732		0	
				1.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N	
119.00	DO NOT USE THIS LINE				
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.			Y	
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	
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	
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	
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.				
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.				
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.				
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.				
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.				

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020	
				Worksheet S-2 Part I Date/Time Prepared: 3/1/2021 3:24 pm	
		1.00		2.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			140.00	
		1.00		2.00	
		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
		1.00		2.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	
		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.			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		2.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	
		Part A		Part B	
		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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
		1.00		2.00	
165.00	Multicampus	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N
		Name		County	
		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		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	
		31.00		32.00	
		33.00		34.00	
		35.00		36.00	
		37.00		38.00	
		39.00		40.00	
		41.00		42.00	
		43.00		44.00	
		45.00		46.00	
		47.00		48.00	
		49.00		50.00	
		51.00		52.00	
		53.00		54.00	
		55.00		56.00	
		57.00		58.00	
		59.00		60.00	
		61.00		62.00	
		63.00		64.00	
		65.00		66.00	
		67.00		68.00	
		69.00		70.00	
		71.00		72.00	
		73.00		74.00	
		75.00		76.00	
		77.00		78.00	
		79.00		80.00	
		81.00		82.00	
		83.00		84.00	
		85.00		86.00	
		87.00		88.00	
		89.00		90.00	
		91.00		92.00	
		93.00		94.00	
		95.00		96.00	
		97.00		98.00	
		99.00		100.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

		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)			0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 3/1/2021 3:24 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	02/16/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		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.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the 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 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.			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
				4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/12/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020	
		Worksheet S-2 Part II Date/Time Prepared: 3/1/2021 3:24 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,N 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.	N			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N			35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	N			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.	N			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LISA	LYNCH		41.00
42.00	Enter the employer/company name of the cost report preparer	ILLINOIS VALLEY COMMUNITY HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-780-3574	LISA.LYNCH@IVCH.ORG		43.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 3/1/2021 3:24 pm
		3.00			
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.				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:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/1/2021 3:24 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	45	16,470	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)		45	16,470	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,464	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		49	17,934	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RHC WHCC	88.00				0	26.00
26.01 RHC LMC	88.01				0	26.01
26.02 RHC PMC	88.02				0	26.02
26.03 RHC PPCC	88.03				0	26.03
26.04 RHC OMC	88.04				0	26.04
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		49				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:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/1/2021 3:24 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)	2,630	587	5,289			1.00
2.00 HMO and other (see instructions)	507	767				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	118	0	118			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)	2,748	587	5,407			7.00
8.00 INTENSIVE CARE UNIT	324	11	685			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	0			13.00
14.00 Total (see instructions)	3,072	598	6,092	0.00	399.94	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	4.93	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RHC WHCC	358	0	8,767	0.00	18.97	26.00
26.01 RHC LMC	1,060	0	4,234	0.00	7.51	26.01
26.02 RHC PMC	3,439	0	5,327	0.00	9.77	26.02
26.03 RHC PPCC	2,021	0	9,496	0.00	12.94	26.03
26.04 RHC OMC	1,345	0	6,065	0.00	11.45	26.04
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	465.51	27.00
28.00 Observation Bed Days		378	2,310			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	0			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:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/1/2021 3:24 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	907	184	1,840	1.00
2.00 HMO and other (see instructions)			147	236		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	907	184	1,840	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RHC WHCC	0.00					26.00
26.01 RHC LMC	0.00					26.01
26.02 RHC PMC	0.00					26.02
26.03 RHC PPCC	0.00					26.03
26.04 RHC OMC	0.00					26.04
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:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/1/2021 3:24 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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	29,870,313	0	29,870,313	968,253.52	30.85
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		3,938,170	0	3,938,170	20,779.29	189.52
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		5,301,429	0	5,301,429	126,142.31	42.03
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		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,414,130	82,463	1,496,593	48,959.62	30.57
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,807,161	0	1,807,161	27,262.91	66.29
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
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)		6,589,497	0	6,589,497		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		450,921	0	450,921		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		272,470	0	272,470		
24.00	Wage-related costs (RHC/FQHC)		1,331,049	0	1,331,049		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/1/2021 3:24 pm

		Wkst. A Line Number	Amount Reported	Reclassification 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	169,558	0	169,558	6,230.52	27.21	26.00
27.00	Administrative & General	5.00	3,742,397	-82,463	3,659,934	174,286.27	21.00	27.00
28.00	Administrative & General under contract (see inst.)		103,100	0	103,100	845.80	121.90	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	677,006	0	677,006	25,214.21	26.85	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	170,579	0	170,579	6,736.62	25.32	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	649,090	0	649,090	16,732.22	38.79	38.00
39.00	Central Services and Supply	14.00	161,391	0	161,391	9,110.98	17.71	39.00
40.00	Pharmacy	15.00	646,856	0	646,856	16,925.10	38.22	40.00
41.00	Medical Records & Medical Records Library	16.00	517,013	0	517,013	27,409.19	18.86	41.00
42.00	Social Service	17.00	203,864	0	203,864	6,900.20	29.54	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
3/1/2021 3:24 pm

	Worksheet A Line Number	Amount Reported	Reclassification 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)	20,733,814	0	20,733,814	822,177.72	25.22	1.00
2.00	Excluded area salaries (see instructions)	1,414,130	82,463	1,496,593	48,959.62	30.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	19,319,684	-82,463	19,237,221	773,218.10	24.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,807,161	0	1,807,161	27,262.91	66.29	4.00
5.00	Subtotal wage-related costs (see inst.)	6,589,497	0	6,589,497	0.00	34.25	5.00
6.00	Total (sum of lines 3 thru 5)	27,716,342	-82,463	27,633,879	800,481.01	34.52	6.00
7.00	Total overhead cost (see instructions)	7,040,854	-82,463	6,958,391	290,391.11	23.96	7.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 3/1/2021 3:24 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		1,267,307	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)		0	8.02	
8.03	Health Insurance (Purchased)		4,699,416	8.03	
9.00	Prescription Drug Plan		0	9.00	
10.00	Dental, Hearing and Vision Plan		370,595	10.00	
11.00	Life Insurance (If employee is owner or beneficiary)		-66,979	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)		60,168	13.00	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00	
15.00	'Workers' Compensation Insurance		143,673	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		1,924,815	17.00	
18.00	Medicare Taxes - Employers Portion Only		0	18.00	
19.00	Unemployment Insurance		215,512	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		29,431	23.00	
24.00	Total Wage Related cost (Sum of lines 1 -23)		8,643,938	24.00	
Part B - Other than Core Related Cost					
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00	

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part V Date/Time Prepared: 3/1/2021 3:24 pm
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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	1,807,161	6,418,868	1.00
2.00	Hospital	1,807,161	6,418,868	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	0	14.02
14.03	Hospital-Based Health Clinic RHC 3	0	0	14.03
14.04	Hospital-Based Health Clinic RHC 4	0	0	14.04
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:14-0234 Component CCN:14-8564		Period: From 07/01/2019 To 06/30/2020 Worksheet S-8 Date/Time Prepared: 3/1/2021 3:24 pm	
		RHC I			
		1.00			
1.00	Clinic Address and Identification				
	Street	920 WEST STREET 1.00			
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	PERU		IL	61354 2.00
				1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	3.00
		Grant Award		Date	
		1.00		2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)				
5.00	Migrant Health Center (Section 329(d), PHS Act)				
6.00	Health Services for the Homeless (Section 340(d), PHS Act)				
7.00	Appalachian Regional Commission				
8.00	Look-Alikes				
9.00	OTHER (SPECIFY)				
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	yes or N		0	10.00
		Sunday		Monday	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
		1.00		2.00	
11.00	Facility hours of operations (1)				
	CLINIC	08:00		19:00 08:00 11.00	
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	30.8? N		0	13.00
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number				
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
		Total Visits		5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)				
		County		4.00	
2.00	City, State, ZIP Code, County	LASALLE		2.00	
		Tuesday		Wednesday	
		to	from	to	from
		6.00	7.00	8.00	9.00
		Thursday		to	
		18:50		08:00 18:50 11.00	

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN:14-0234	Period: From 07/01/2019	Worksheet S-8
			Component CCN:14-8564	To 06/30/2020	Date/Time Prepared: 3/1/2021 3:24 pm
			RHC I		
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
Facility hours of operations (1)					
11.00	CLINIC	08:00	17:00		11.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:14-0234 Component CCN:14-8565		Period: From 07/01/2019 To 06/30/2020 Worksheet S-8 Date/Time Prepared: 3/1/2021 3:24 pm	
		RHC II			
		1.00			
1.00	Clinic Address and Identification				
	Street	128 BUCKLIN STREET			
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	LASALLE		IL	61301
				1.00	
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	
		Grant Award		Date	
		1.00		2.00	
4.00	Source of Federal Funds				
5.00	Community Health Center (Section 330(d), PHS Act)				
6.00	Migrant Health Center (Section 329(d), PHS Act)				
7.00	Health Services for the Homeless (Section 340(d), PHS Act)				
8.00	Appalachian Regional Commission				
9.00	Look-Alikes				
9.00	OTHER (SPECIFY)				
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	yes or N		0	
		Sunday		Monday	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
		1.00		2.00	
11.00	Facility hours of operations (1)				
	CLINIC	07:00		19:00	
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N		0	
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number				
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)				
		County		4.00	
2.00	City, State, ZIP Code, County	LASALLE		2.00	
		Tuesday		Wednesday	
		to	from	to	from
		6.00	7.00	8.00	9.00
		Thursday		to	
		18:00		10.00	
11.00	Facility hours of operations (1)				
	CLINIC	18:00		07:00	
		07:00		19:00	
		07:00		18:00	
		11.00			

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN:14-0234	Period: From 07/01/2019	Worksheet S-8
			Component CCN:14-8565	To 06/30/2020	Date/Time Prepared: 3/1/2021 3:24 pm
			RHC II		
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
Facility hours of operations (1)					
11.00	CLINIC	07:00	17:00		11.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:14-0234 Component CCN:14-8562		Period: From 07/01/2019 To 06/30/2020 Worksheet S-8 Date/Time Prepared: 3/1/2021 3:24 pm	
		RHC III			
		1.00			
1.00	Clinic Address and Identification				
	Street	710 PEORIA STREET			
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	PERU		IL	61354
		1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	3.00
		Grant Award		Date	
		1.00		2.00	
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)				
5.00	Migrant Health Center (Section 329(d), PHS Act)				
6.00	Health Services for the Homeless (Section 340(d), PHS Act)				
7.00	Appalachian Regional Commission				
8.00	Look-Alikes				
9.00	OTHER (SPECIFY)				
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	yes or N		0	10.00
		Sunday		Monday	Tuesday
		from	to	from	to
		1.00	2.00	3.00	4.00
Facility hours of operations (1)					
11.00	CLINIC	08:30		17:00	08:30
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N			12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	30.8? N		0	13.00
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number				
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)				
		County			
		4.00			
2.00	City, State, ZIP Code, County	LSALLE			
		Tuesday		Wednesday	Thursday
		to	from	to	from
		6.00	7.00	8.00	9.00
Facility hours of operations (1)					
11.00	CLINIC	17:00	08:30	17:00	08:30
		17:00		19:00	11.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN:14-0234	Period: From 07/01/2019	Worksheet S-8
			Component CCN:14-8562	To 06/30/2020	Date/Time Prepared: 3/1/2021 3:24 pm
			RHC III		
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
Facility hours of operations (1)					
11.00	CLINIC	08:30	17:00		11.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:14-0234 Component CCN:14-8563		Period: From 07/01/2019 To 06/30/2020 Worksheet S-8 Date/Time Prepared: 3/1/2021 3:24 pm	
		RHC IV			
		1.00			
1.00	Clinic Address and Identification Street			920 WEST STREET, BLDG B, SUITE 100	
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County		PERU	IL	61354
		1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0	
		Grant Award		Date	
		1.00		2.00	
4.00	Source of Federal Funds				
5.00	Community Health Center (Section 330(d), PHS Act)			4.00	
6.00	Migrant Health Center (Section 329(d), PHS Act)			5.00	
7.00	Health Services for the Homeless (Section 340(d), PHS Act)			6.00	
8.00	Appalachian Regional Commission			7.00	
9.00	Look-Alikes			8.00	
9.00	OTHER (SPECIFY)			9.00	
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			0	
		Sunday		Monday	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
		1.00		5.00	
11.00	Facility hours of operations (1) CLINIC			08:00 17:00 08:00	
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			0	
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number				
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)			15.00	
		County		4.00	
2.00	City, State, ZIP Code, County		LASALLE		
		Tuesday	Wednesday		Thursday
		to	from	to	from
		6.00	7.00	8.00	9.00
		Facility hours of operations (1)		10.00	
11.00	CLINIC			17:00 08:00 17:00 08:00 17:00	

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN:14-0234	Period: From 07/01/2019	Worksheet S-8
			Component CCN:14-8563	To 06/30/2020	Date/Time Prepared: 3/1/2021 3:24 pm
			RHC IV		
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
Facility hours of operations (1)					
11.00	CLINIC	08:00	17:00		11.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:14-0234 Component CCN:14-8561		Period: From 07/01/2019 To 06/30/2020 Worksheet S-8 Date/Time Prepared: 3/1/2021 3:24 pm	
		RHC V			
		1.00			
1.00	Clinic Address and Identification				
	Street		520 W. WALNUT STREET		1.00
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County		OGLESBY IL 61348		2.00
		1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0		3.00
		Grant Award		Date	
		1.00		2.00	
		Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)				4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)				5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)				6.00
7.00	Appalachian Regional Commission				7.00
8.00	Look-Alikes				8.00
9.00	OTHER (SPECIFY)				9.00
		1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		yes or N		0 10.00
		Sunday		Monday	
		from to		from to	
		1.00 2.00		3.00 4.00	
		Tuesday		from	
		1.00		2.00	
11.00	Facility hours of operations (1)				
	CLINIC		08:00 20:00		08:00 11.00
		1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?		N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		30.8? N		0 13.00
		Provider name		CCN number	
		1.00		2.00	
14.00	RHC/FQHC name, CCN number				14.00
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
		Total Visits		5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)				15.00
		County		4.00	
2.00	City, State, ZIP Code, County		LASALLE		2.00
		Tuesday	Wednesday	Thursday	
		to	from to	from to	
		6.00	7.00 8.00	9.00 10.00	
		Facility hours of operations (1)			
11.00	CLINIC		20:00 08:00		20:00 11.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL-BASED RHC/FQHC STATISTICAL DATA			Provider CCN:14-0234	Period: From 07/01/2019	Worksheet S-8
			Component CCN:14-8561	To 06/30/2020	Date/Time Prepared: 3/1/2021 3:24 pm
			RHC V		
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
Facility hours of operations (1)					
11.00	CLINIC	08:00	16:00		11.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN:14-0234

Period:

Worksheet S-9

Hospice CCN: 14-1533

From 07/01/2019
To 06/30/2020PARTS I THROUGH IV
Date/Time Prepared:
3/1/2021 3:24 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	2,334	0	0	2,334	11.00
12.00	Hospice Inpatient Respite Care	4	0	0	4	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	2,338	0	0	2,338	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 3/1/2021 3:24 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)			0.296596	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			4,656,828	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			28,033,640	6.00
7.00	Medicaid cost (line 1 times line 6)			8,314,665	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)			< 3,657,837	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, 31, 105, 837 and 16)			8,314,665	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)	274,422	477,745	752,167	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	81,392	477,745	559,137	21.00
22.00	Payments received from patients for amounts previously written off as charity care	8,783	125,300	134,083	22.00
23.00	Cost of charity care (line 21 minus line 22)	72,609	352,445	425,054	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)			4,572,625	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			289,371	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			445,187	27.01
28.00	Non-Medicare bad debt expense (see instructions)			4,127,438	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,379,998	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			1,805,052	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,462,889	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0234

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

Worksheet A

Date/Time Prepared:
3/1/2021 3:24 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		2,257,388	2,257,388	86,758	2,344,146	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		897,296	897,296	1,351,358	2,248,654	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	169,558	6,489,307	6,658,865	0	6,658,865	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,742,397	8,030,575	11,772,972	-576,056	11,196,916	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	677,006	2,407,882	3,084,888	-2,883	3,082,005	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	151,160	151,160	0	151,160	8.00
9.00	00900	HOUSEKEEPING	0	1,597,139	1,597,139	0	1,597,139	9.00
10.00	01000	DIETARY	170,579	1,134,299	1,304,878	-942,158	362,720	10.00
11.00	01100	CAFETERIA	0	0	0	942,158	942,158	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	649,090	39,470	688,560	0	688,560	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	161,391	222,701	384,092	-164,819	219,273	14.00
15.00	01500	PHARMACY	646,856	2,577,225	3,224,081	-2,328,271	895,810	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	517,013	459,805	976,818	-8,616	968,202	16.00
17.00	01700	SOCIAL SERVICE	203,864	13,596	217,460	-2,318	215,142	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,308,632	1,090,181	5,398,813	-2,538	5,396,275	30.00
31.00	03100	INTENSIVE CARE UNIT	570,411	339,785	910,196	0	910,196	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	637,051	5,076,631	5,713,682	-1,977,493	3,736,189	50.00
50.01	05001	SAME DAY SURGERY	358,461	32,717	391,178	0	391,178	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	228,866	270,233	499,099	-80,997	418,102	50.03
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	614,038	1,792,690	2,406,728	-1,335	2,405,393	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,222,625	2,066,732	3,289,357	-289,098	3,000,259	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	817,690	2,356,744	3,174,434	-8,381	3,166,053	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	136,783	11,873	148,656	0	148,656	64.00
65.00	06500	RESPIRATORY THERAPY	286,810	259,440	546,250	-98,844	447,406	65.00
66.00	06600	PHYSICAL THERAPY	1,049,475	388,709	1,438,184	-269,067	1,169,117	66.00
67.00	06700	OCCUPATIONAL THERAPY	114,137	1,906	116,043	0	116,043	67.00
68.00	06800	SPEECH PATHOLOGY	72,238	2,858	75,096	0	75,096	68.00
69.00	06900	ELECTROCARDIOLOGY	139,861	167,804	307,665	0	307,665	69.00
69.02	06902	CARDIAC REHAB	62,608	10,417	73,025	0	73,025	69.02
69.03	06903	WOUND CARE	1,383	857,059	858,442	-20,159	838,283	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	72,901	72,309	145,210	0	145,210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	332,382	332,382	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,578,400	1,578,400	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,205,725	2,205,725	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	1,782,544	1,492,055	3,274,599	0	3,274,599	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0234

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

Worksheet A

Date/Time Prepared:
3/1/2021 3:24 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	
88.01	08801	RHC LMC	578,010	354,016	932,026	0	932,026	88.01
88.02	08802	RHC PMC	904,028	483,221	1,387,249	0	1,387,249	88.02
88.03	08803	RHC PPCC	1,119,487	910,304	2,029,791	0	2,029,791	88.03
88.04	08804	RHC OMC	917,360	573,765	1,491,125	0	1,491,125	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	4,316,937	2,842,381	7,159,318	0	7,159,318	90.00
91.00	09100	EMERGENCY	1,206,093	2,853,536	4,059,629	-82,695	3,976,934	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	51,256	27,320	78,576	0	78,576	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	304,961	164,075	469,036	-458	468,578	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,812,400	50,776,604	79,589,004	-359,405	79,229,599	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	0	0	0	0	192.00
192.01	19201	MOB	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	81,145	61,049	142,194	-12,300	129,894	192.02
192.03	19203	OCCUPATIONAL MEDICINE	329,710	91,632	421,342	0	421,342	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	873	873	0	873	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	-78	-78	0	-78	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	415,606	261,342	676,948	-48,840	628,108	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	10,430	10,430	0	10,430	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	231,452	6,818	238,270	420,545	658,815	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	29,870,313	51,208,670	81,078,983	0	81,078,983	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0234

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

Worksheet A

Date/Time Prepared:
3/1/2021 3:24 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	-595,895	1,748,251	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-9,094	2,239,560	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-855,565	5,803,300	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,488,056	7,708,860	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-29,136	3,052,869	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-923	150,237	8.00
9.00	00900	HOUSEKEEPING	0	1,597,139	9.00
10.00	01000	DIETARY	-18,090	344,630	10.00
11.00	01100	CAFETERIA	-29,768	912,390	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	688,560	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	219,273	14.00
15.00	01500	PHARMACY	-1,219	894,591	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-88	968,114	16.00
17.00	01700	SOCIAL SERVICE	0	215,142	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,117,273	4,279,002	30.00
31.00	03100	INTENSIVE CARE UNIT	-43,500	866,696	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,736,189	50.00
50.01	05001	SAME DAY SURGERY	0	391,178	50.01
50.02	05002	LITHOTRIPSY	0	0	50.02
50.03	05003	ENDOSCOPY	0	418,102	50.03
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-1,943,567	461,826	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,113	2,999,146	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-5,974	3,160,079	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	148,656	64.00
65.00	06500	RESPIRATORY THERAPY	-7,200	440,206	65.00
66.00	06600	PHYSICAL THERAPY	0	1,169,117	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	116,043	67.00
68.00	06800	SPEECH PATHOLOGY	0	75,096	68.00
69.00	06900	ELECTROCARDIOLOGY	-109,020	198,645	69.00
69.02	06902	CARDIAC REHAB	0	73,025	69.02
69.03	06903	WOUND CARE	0	838,283	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,500	143,710	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	332,382	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,578,400	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,205,725	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC WHCC	-60,000	3,214,599	88.00
88.01	08801	RHC LMC	-30,804	901,222	88.01
88.02	08802	RHC PMC	-17,160	1,370,089	88.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0234

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

Worksheet A

Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
88.03	08803	RHC PPCC	-36,000	1,993,791	88.03
88.04	08804	RHC OMC	-50,000	1,441,125	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-3,628,438	3,530,880	90.00
91.00	09100	EMERGENCY	-2,405,843	1,571,091	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	78,576	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	468,578	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,485,226	64,744,373	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	MOB	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	129,894	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	421,342	192.03
192.04	19204	FAMILY PHARMACY	0	0	192.04
192.05	19205	ADULT DAY CARE	0	873	192.05
192.06	19206	PERSONAL TOUCH	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	192.10
192.11	19211	FAST CARE	0	-78	192.11
192.12	19212	IVCH CARE TODAY	0	0	192.12
192.13	19213	PPCC	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	628,108	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	10,430	192.17
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	658,815	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-14,485,226	66,593,757	200.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,205,725		1.00
	0		0	2,205,725		
	B - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	86,758		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	29,210		2.00
	0		0	115,968		
	C - CAFETERIA/MOW COSTS					
1.00	CAFETERIA	11.00	0	942,158		1.00
	0		0	942,158		
	D - RENTALS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,322,148		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
	0		0	1,322,148		
	E - CHARGEABLE SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,578,400		1.00
	0		0	1,578,400		
	F - ADDITIONAL MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	70,642		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,501		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	82,695		3.00
	0		0	167,838		
	G - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	164,544		1.00
	0		0	164,544		
	H - HHA BLDG UTILITIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	458		1.00
	0		0	458		
	I - PUBLIC RELATIONS					
1.00	OTHER PHYSICIANS' OFFICES	194.00	82,463	338,082		1.00
	0		82,463	338,082		
500.00	Grand Total: Increases		82,463	6,835,321		500.00

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00			
	A - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	2,205,725	0	1.00	
	0		0	2,205,725			
	B - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	86,758	12	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	29,210	12	2.00	
	0		0	115,968			
	C - CAFETERIA/MOW COSTS						
1.00	DIETARY	10.00	0	942,158	0	1.00	
	0		0	942,158			
	D - RENTALS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	40,001	10	1.00	
2.00	OPERATION OF PLANT	7.00	0	2,883	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	275	0	3.00	
4.00	PHARMACY	15.00	0	122,546	0	4.00	
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,616	0	5.00	
6.00	SOCIAL SERVICE	17.00	0	2,318	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	2,538	0	7.00	
8.00	OPERATING ROOM	50.00	0	399,093	0	8.00	
9.00	ENDOSCOPY	50.03	0	80,997	0	9.00	
10.00	ANESTHESIOLOGY	53.00	0	1,335	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	289,098	0	11.00	
12.00	LABORATORY	60.00	0	8,381	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	28,202	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	254,566	0	14.00	
15.00	WOUND CARE	69.03	0	20,159	0	15.00	
16.00	COMMUNITY HEALTH	192.02	0	12,300	0	16.00	
17.00	STREATOR MEDICAL CLINIC	192.16	0	48,840	0	17.00	
	0		0	1,322,148			
	E - CHARGEABLE SUPPLIES						
1.00	OPERATING ROOM	50.00	0	1,578,400	0	1.00	
	0		0	1,578,400			
	F - ADDITIONAL MEDICAL SUPPLIES						
1.00	RESPIRATORY THERAPY	65.00	0	70,642	0	1.00	
2.00	PHYSICAL THERAPY	66.00	0	14,501	0	2.00	
3.00	EMERGENCY	91.00	0	82,695	0	3.00	
	0		0	167,838			
	G - CHARGEABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	164,544	0	1.00	
	0		0	164,544			
	H - HHA BLDG UTILITIES						
1.00	HOSPICE	116.00	0	458	0	1.00	
	0		0	458			
	I - PUBLIC RELATIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	82,463	338,082	0	1.00	
	0		82,463	338,082			
500.00	Grand Total: Decreases		82,463	6,835,321		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,476,235	0	0	0	0	1.00
2.00	Land Improvements	1,340,170	16,650	0	16,650	0	2.00
3.00	Buildings and Fixtures	53,478,373	277,728	0	277,728	0	3.00
4.00	Building Improvements	325,067	0	0	0	0	4.00
5.00	Fixed Equipment	14,331,782	147,599	0	147,599	0	5.00
6.00	Movable Equipment	42,380,425	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	113,332,052	441,977	0	441,977	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	113,332,052	441,977	0	441,977	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	1,476,235	0				1.00
2.00	Land Improvements	1,356,820	0				2.00
3.00	Buildings and Fixtures	53,756,101	0				3.00
4.00	Building Improvements	325,067	0				4.00
5.00	Fixed Equipment	14,479,381	0				5.00
6.00	Movable Equipment	42,380,425	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	113,774,029	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	113,774,029	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
3/1/2021 3:24 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	2,257,388	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	897,296	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,154,684	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	2,257,388				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	897,296				2.00
3.00	Total (sum of lines 1-2)	0	3,154,684				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
3/1/2021 3:24 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	71,393,605	0	71,393,605	0.627504	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	42,380,425	0	42,380,425	0.372496	0	2.00
3.00	Total (sum of lines 1-2)	113,774,030	0	113,774,030	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	1,693,635	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	888,202	1,322,148	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,581,837	1,322,148	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	-32,142	86,758	0	0	1,748,251	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	29,210	0	0	2,239,560	2.00
3.00	Total (sum of lines 1-2)	-32,142	115,968	0	0	3,987,811	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0234

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

Worksheet A-8

Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				3.00	4.00			
		1.00	2.00	3.00	4.00	5.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-32,142	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00	Investment income - other (chapter 2)		0		0.00		0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-73,991	ADMINISTRATIVE & GENERAL	5.00		0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-1,219	PHARMACY	15.00		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	-37,772	ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00	Television and radio service (chapter 21)	A	-7,098	ADMINISTRATIVE & GENERAL	5.00		0	8.00
9.00	Parking lot (chapter 21)	B	-6,686	OPERATION OF PLANT	7.00		0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,356,512				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-1,113	RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00	Laundry and linen service	B	-923	LAUNDRY & LINEN SERVICE	8.00		0	13.00
14.00	Cafeteria-employees and guests	B	-29,768	CAFETERIA	11.00		0	14.00
15.00	Rental of quarters to employees 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	B	-88	MEDICAL RECORDS & LIBRARY	16.00		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	UTILIZATION REVIEW-SNF	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	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00	Physicians' assistant		0		0.00		0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00	OTHER REVENUE -OB	B	0	ADULTS & PEDIATRICS	30.00		0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0234

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

Worksheet A-8

Date/Time Prepared:
3/1/2021 3:24 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			
33.01	PARKING GARAGE PARKING TAXES	A	-15,169	OPERATION OF PLANT	7.00	0	33.01
33.02	OTHER REVENUE - EDUCATION	B	0	NURSING ADMINISTRATION	13.00	0	33.02
33.03	PHYSICIAN BILLING 2110	A	-260,229	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	AHA/IHA LOBBYING	A	-17,137	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	POB EXP	A	0	CLINIC	90.00	0	33.05
33.06	NUTRITIONAL SUPPORT G/L 4095.02	B	-18,090	DIETARY	10.00	0	33.06
33.07	INTEREST EXPENSE	A	-563,753	CAP REL COSTS-BLDG & FIXT	1.00	9	33.07
33.08	PHYSICIAN RECRUITMENT	A	-6,468	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	MISCELLANEOUS REV G/L 5100.090	B	-10,285	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	TV OPERATING COSTS	A	-7,281	OPERATION OF PLANT	7.00	0	33.10
33.11	TV DEPR	A	-9,094	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.11
33.12	IVHS PHYSICIANS PMC	A	0	CLINIC	90.00	0	33.12
33.13	IVHS PHYSICIANS WHCC	A	0	CLINIC	90.00	0	33.13
33.14	IVHS PHYSICIANS LMC	A	0	CLINIC	90.00	0	33.14
33.15	PHO / IV ORTHO	A	0	CLINIC	90.00	0	33.15
33.16	OGLESBY FAMILY MEDICINE & PEDS	A	0	CLINIC	90.00	0	33.16
33.17	TRANSPORT VEHICLE REVENUE	B	-330,372	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	RENTAL INCOME - LAS PHY OFF	B	-30,804	RHC LMC	88.01	0	33.18
33.19	RENTAL INCOME TO CLINIC - LAS PHY OF	B	0	CLINIC	90.00	0	33.19
33.20	RENTAL INCOME - IV ORTHO	B	-57,120	CLINIC	90.00	0	33.20
33.21	RENTAL INCOME DR. KIM	B	-8,000	CLINIC	90.00	0	33.21
33.22	RENTAL INCOME - PMC	B	-17,160	RHC PMC	88.02	0	33.22
33.23	RENTAL INCOME TO CLINIC - PMC	B	0	CLINIC	90.00	0	33.23
33.24	RENTAL INCOME - WHCC	B	-60,000	RHC WHCC	88.00	0	33.24
33.25	RENTAL INCOME TO CLINIC- WHCC	B	0	CLINIC	90.00	0	33.25
33.26	RENTAL INCOME - ENT	B	-28,800	CLINIC	90.00	0	33.26
33.27	RENTAL INCOME - SLEEP CLINIC	B	-10,800	CLINIC	90.00	0	33.27
33.28	RENTAL INCOME - PPCC	B	-36,000	RHC PPCC	88.03	0	33.28
33.29	RENTAL INCOME TO CLINIC - PPCC	B	0	CLINIC	90.00	0	33.29
33.30	RENTAL INCOME - OMC	B	-50,000	RHC OMC	88.04	0	33.30
33.31	RENTAL INCOME TO CLINIC- OMC	B	0	CLINIC	90.00	0	33.31
33.32	MIDLEVEL SALARIES - EMERGENCY	B	0	EMERGENCY	91.00	0	33.32
33.33	MIDLEVEL SLARIES - CLINIC	B	-571,987	CLINIC	90.00	0	33.33
33.34	HOSPITALIST	B	-84,661	ADULTS & PEDIATRICS	30.00	0	33.34
33.35	MANAGEMENT FEES	B	-60,000	ADMINISTRATIVE & GENERAL	5.00	0	33.35
33.36	NON-OP REV/EXP - VRHS	B	41,532	ADMINISTRATIVE & GENERAL	5.00	0	33.36
33.37	NON-OP REV/EXP - MISC REV/(EXP)	B	3,811	ADMINISTRATIVE & GENERAL	5.00	0	33.37
33.38	PROPERTY INS CLAIM PROCEEDS	B	0	ADMINISTRATIVE & GENERAL	5.00	0	33.38
33.39	MEDICAID ASSESSMENT	B	-2,730,047	ADMINISTRATIVE & GENERAL	5.00	0	33.39
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,485,226				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0234

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

Worksheet A-8-2

Date/Time Prepared:
3/1/2021 3:24 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	289,639	289,639	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	43,500	43,500	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	1,534,465	1,534,465	0	0	0	3.00
4.00	60.00	LABORATORY	5,974	5,974	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	7,200	7,200	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	109,020	109,020	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	1,500	1,500	0	0	0	7.00
8.00	91.00	EMERGENCY	2,405,843	2,405,843	0	0	0	8.00
9.00	90.00	CLINIC	165,636	165,636	0	0	0	9.00
10.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	855,565	855,565	0	0	0	10.00
11.00	90.00	CLINIC	2,786,095	2,786,095	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	409,102	409,102	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	742,973	742,973	0	0	0	13.00
200.00			9,356,512	9,356,512	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	13.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	289,639		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	43,500		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	1,534,465		3.00
4.00	60.00	LABORATORY	0	0	0	5,974		4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	7,200		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	109,020		6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,500		7.00
8.00	91.00	EMERGENCY	0	0	0	2,405,843		8.00
9.00	90.00	CLINIC	0	0	0	165,636		9.00
10.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	855,565		10.00
11.00	90.00	CLINIC	0	0	0	2,786,095		11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	409,102		12.00
13.00	30.00	ADULTS & PEDIATRICS	0	0	0	742,973		13.00
200.00			0	0	0	9,356,512		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
3/1/2021 3:24 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	1,748,251	1,748,251			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,239,560		2,239,560		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,803,300	7,195	9,217	5,819,712	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,708,860	276,154	353,762	826,769	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,052,869	269,675	345,461	152,934	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	150,237	30,702	39,330	0	8.00
9.00	00900	HOUSEKEEPING	1,597,139	20,651	26,455	0	9.00
10.00	01000	DIETARY	344,630	34,458	44,141	38,533	10.00
11.00	01100	CAFETERIA	912,390	20,118	25,772	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	688,560	11,367	14,561	146,628	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	219,273	22,325	28,599	36,458	14.00
15.00	01500	PHARMACY	894,591	10,509	13,462	146,123	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	968,114	14,040	17,985	116,792	16.00
17.00	01700	SOCIAL SERVICE	215,142	3,597	4,608	46,052	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,279,002	258,958	331,732	805,475	30.00
31.00	03100	INTENSIVE CARE UNIT	866,696	28,704	36,770	128,855	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,736,189	68,457	87,696	143,909	50.00
50.01	05001	SAME DAY SURGERY	391,178	25,922	33,207	80,976	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	418,102	0	0	51,700	50.03
51.00	05100	RECOVERY ROOM	0	7,203	9,227	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	461,826	17,787	22,785	46,295	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,999,146	66,842	85,627	276,189	54.00
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	3,160,079	28,978	37,122	184,715	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	148,656	33,550	42,979	30,899	64.00
65.00	06500	RESPIRATORY THERAPY	440,206	13,190	16,897	64,790	65.00
66.00	06600	PHYSICAL THERAPY	1,169,117	39,471	50,563	237,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	116,043	0	0	25,783	67.00
68.00	06800	SPEECH PATHOLOGY	75,096	0	0	16,318	68.00
69.00	06900	ELECTROCARDIOLOGY	198,645	4,463	5,718	31,594	69.00
69.02	06902	CARDIAC REHAB	73,025	28,929	37,058	14,143	69.02
69.03	06903	WOUND CARE	838,283	0	0	312	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	143,710	674	864	16,468	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	332,382	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,578,400	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,205,725	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

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	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	3,214,599	60,896	78,010	402,673	3,756,178	88.00
88.01	08801	RHC LMC	901,222	0	0	130,571	1,031,793	88.01
88.02	08802	RHC PMC	1,370,089	22,483	28,802	204,218	1,625,592	88.02
88.03	08803	RHC PPCC	1,993,791	34,641	44,376	252,890	2,325,698	88.03
88.04	08804	RHC OMC	1,441,125	0	0	207,230	1,648,355	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,530,880	75,144	96,262	345,814	4,048,100	90.00
91.00	09100	EMERGENCY	1,571,091	27,330	35,010	272,454	1,905,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	78,576	350	448	11,579	90,953	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	468,578	15,946	20,428	68,890	573,842	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,744,373	1,580,709	2,024,934	5,562,103	64,104,596	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,731	3,499	0	6,230	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	0	162,404	208,045	0	370,449	192.01
192.02	19202	COMMUNITY HEALTH	129,894	0	0	18,330	148,224	192.02
192.03	19203	OCCUPATIONAL MEDICINE	421,342	1,341	1,717	74,481	498,881	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	873	0	0	0	873	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	1,066	1,365	0	2,431	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	-78	0	0	0	-78	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	628,108	0	0	93,885	721,993	192.16
192.17	19217	STREATOR ORTHO CLINIC	10,430	0	0	0	10,430	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	658,815	0	0	70,913	729,728	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	66,593,757	1,748,251	2,239,560	5,819,712	66,593,757	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,165,545					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	609,822	0	4,430,761			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	35,155	0	113,814	369,238		8.00
9.00	00900	HOUSEKEEPING	262,422	0	76,555	0	1,983,222	9.00
10.00	01000	DIETARY	73,697	0	127,736	0	52,815	10.00
11.00	01100	CAFETERIA	152,941	0	74,580	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	137,434	0	42,136	0	3,772	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48,942	0	82,760	2,663	30,494	14.00
15.00	01500	PHARMACY	169,924	0	38,957	0	15,090	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	178,262	0	52,045	0	6,130	16.00
17.00	01700	SOCIAL SERVICE	42,996	0	13,335	0	1,886	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	905,746	0	959,970	193,419	505,983	30.00
31.00	03100	INTENSIVE CARE UNIT	169,340	0	106,406	18,899	239,081	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	644,186	0	253,775	38,788	169,290	50.00
50.01	05001	SAME DAY SURGERY	84,793	0	96,095	25,907	8,960	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	74,980	0	0	0	241,438	50.03
51.00	05100	RECOVERY ROOM	2,622	0	26,702	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	87,571	0	65,936	1,781	25,936	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	547,078	0	247,786	30,031	56,116	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	544,379	0	107,424	46	42,912	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	40,871	0	124,371	4,298	0	64.00
65.00	06500	RESPIRATORY THERAPY	85,399	0	48,897	0	24,050	65.00
66.00	06600	PHYSICAL THERAPY	238,798	0	146,319	7	14,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,635	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,590	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	38,371	0	16,546	2,692	13,675	69.00
69.02	06902	CARDIAC REHAB	24,444	0	107,239	0	24,993	69.02
69.03	06903	WOUND CARE	133,840	0	0	5,099	55,958	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	25,810	0	2,500	0	55,172	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,048	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	251,913	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	352,034	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	599,486	0	225,746	0	0	88.00
88.01	08801	RHC LMC	164,674	0	0	0	0	88.01
88.02	08802	RHC PMC	259,444	0	83,346	0	0	88.02
88.03	08803	RHC PPCC	371,181	0	128,415	0	0	88.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
88.04	08804	RHC OMC	263,077	0	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	646,077	0	278,562	41	167,875	90.00
91.00	09100	EMERGENCY	304,179	0	101,312	31,688	110,816	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	14,516	0	1,297	7,720	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	91,585	0	59,114	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,768,262	0	3,809,676	363,079	1,866,589	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	994	0	10,125	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	59,124	0	602,039	0	0	192.01
192.02	19202	COMMUNITY HEALTH	23,657	0	0	0	31,909	192.02
192.03	19203	OCCUPATIONAL MEDICINE	79,621	0	4,970	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	139	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	388	0	3,951	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	115,230	0	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	1,665	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	116,465	0	0	6,159	84,724	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,165,545	0	4,430,761	369,238	1,983,222	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	716,010					10.00
11.00	01100	CAFETERIA	0	1,185,801				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	30,611	0	1,075,069		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,676	0	0	488,190	14.00
15.00	01500	PHARMACY	0	30,992	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	50,181	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	12,640	0	22,840	0	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	310,475	279,917	0	506,216	0	30.00
31.00	03100	INTENSIVE CARE UNIT	41,190	37,502	0	67,852	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	45,650	0	82,579	0	50.00
50.01	05001	SAME DAY SURGERY	49,908	26,880	0	48,617	0	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	0	18,732	0	33,843	0	50.03
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	18,351	0	33,185	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	86,199	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	70,055	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	7,577	0	13,714	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,618	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	65,639	0	118,707	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,597	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,559	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,801	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	5,102	0	0	0	69.02
69.03	06903	WOUND CARE	0	190	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,683	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	488,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	0	72,226	0	0	0	88.00
88.01	08801	RHC LMC	0	0	0	0	0	88.01
88.02	08802	RHC PMC	0	0	0	0	0	88.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
88.03	08803	RHC PPCC	0	49,267	0	0	0	88.03
88.04	08804	RHC OMC	0	0	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	125,833	0	0	0	90.00
91.00	09100	EMERGENCY	5,262	81,554	0	147,516	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	3,769	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	406,835	1,185,801	0	1,075,069	488,190	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	0	0	0	0	192.00
192.01	19201	MOB	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	0	0	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	0	0	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	309,175	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	716,010	1,185,801	0	1,075,069	488,190	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2019
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE OTHER GENERAL COST CENTER	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	1,319,648				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,403,549			16.00
17.00	01700	SOCIAL SERVICE	0	0	363,096		17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,780	87,604	321,462	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,441	20,874	41,634	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,489	180,252	0	0	50.00
50.01	05001	SAME DAY SURGERY	294	13,494	0	0	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	1,986	29,675	0	0	50.03
51.00	05100	RECOVERY ROOM	0	20,840	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,458	35,408	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,458	294,000	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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	225,819	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,642	6,210	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,063	13,771	0	0	65.00
66.00	06600	PHYSICAL THERAPY	171	32,417	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,759	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,345	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,284	29,760	0	0	69.00
69.02	06902	CARDIAC REHAB	0	1,629	0	0	69.02
69.03	06903	WOUND CARE	22,531	23,501	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,336	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,473	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,511	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	109,276	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC WHCC	3,445	27,058	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE OTHER GENERAL COST CENTER	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
88.01	08801	RHC LMC	4,062	6,245	0	0	0	88.01
88.02	08802	RHC PMC	86,787	10,436	0	0	0	88.02
88.03	08803	RHC PPCC	557,844	18,391	0	0	0	88.03
88.04	08804	RHC OMC	188,744	11,319	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	263,369	47,163	0	0	0	90.00
91.00	09100	EMERGENCY	5,410	93,037	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	56	158	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	56	4,788	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,199,370	1,403,549	363,096	0	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	0	0	0	0	192.00
192.01	19201	MOB	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	4,400	0	0	0	0	192.02
192.03	19203	OCCUPATIONAL MEDICINE	53,746	0	0	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	62,132	0	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,319,648	1,403,549	363,096	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			NURSING SCHOOLS	SERVICES-SALARIES & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
			20.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01851	OTHER GENERAL COST CENTER					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00	02300	PARAMED ED PRGM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	9,760,739	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	1,806,244	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	5,452,260	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	886,231	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	0	0	0	870,456	50.03
51.00	05100	RECOVERY ROOM	0	0	0	66,594	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	845,319	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,700,472	54.00
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	4,401,529	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	455,767	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	726,881	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,112,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	173,817	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	114,908	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	359,549	69.00
69.02	06902	CARDIAC REHAB	0	0	0	316,562	69.02
69.03	06903	WOUND CARE	0	0	0	1,079,714	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	257,217	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	886,093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,863,824	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,667,035	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC WHCC	0	0	0	4,684,139	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			NURSING SCHOOLS	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
88.01	08801	RHC LMC	0	0	0	0	1,206,774	88.01
88.02	08802	RHC PMC	0	0	0	0	2,065,605	88.02
88.03	08803	RHC PPCC	0	0	0	0	3,450,796	88.03
88.04	08804	RHC OMC	0	0	0	0	2,111,495	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	5,577,020	90.00
91.00	09100	EMERGENCY	0	0	0	0	2,786,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	118,469	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0				729,385	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	62,533,983	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	17,349	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	0	0	0	0	1,031,612	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	0	208,190	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	0	0	0	637,218	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	0	1,012	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0	6,770	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	-78	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	0	0	899,355	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	12,095	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	0	0	1,246,251	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	66,593,757	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01851	OTHER GENERAL COST CENTER		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 9,760,739	30.00
31.00	03100	INTENSIVE CARE UNIT	0 1,806,244	31.00
32.00	03200	CORONARY CARE UNIT	0 0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0 0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
40.00	04000	SUBPROVIDER - IPF	0 0	40.00
41.00	04100	SUBPROVIDER - IRF	0 0	41.00
42.00	04200	SUBPROVIDER	0 0	42.00
43.00	04300	NURSERY	0 0	43.00
44.00	04400	SKILLED NURSING FACILITY	0 0	44.00
45.00	04500	NURSING FACILITY	0 0	45.00
46.00	04600	OTHER LONG TERM CARE	0 0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 5,452,260	50.00
50.01	05001	SAME DAY SURGERY	0 886,231	50.01
50.02	05002	LITHOTRIPSY	0 0	50.02
50.03	05003	ENDOSCOPY	0 870,456	50.03
51.00	05100	RECOVERY ROOM	0 66,594	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 0	52.00
53.00	05300	ANESTHESIOLOGY	0 845,319	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 4,700,472	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 0	55.00
56.00	05600	RADIOISOTOPE	0 0	56.00
57.00	05700	CT SCAN	0 0	57.00
58.00	05800	MRI	0 0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 0	59.00
60.00	06000	LABORATORY	0 4,401,529	60.00
60.01	06001	BLOOD LABORATORY	0 0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0 0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0 0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 0	63.00
64.00	06400	INTRAVENOUS THERAPY	0 455,767	64.00
65.00	06500	RESPIRATORY THERAPY	0 726,881	65.00
66.00	06600	PHYSICAL THERAPY	0 2,112,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 173,817	67.00
68.00	06800	SPEECH PATHOLOGY	0 114,908	68.00
69.00	06900	ELECTROCARDIOLOGY	0 359,549	69.00
69.02	06902	CARDIAC REHAB	0 316,562	69.02
69.03	06903	WOUND CARE	0 1,079,714	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0 257,217	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 886,093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 1,863,824	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 2,667,035	73.00
74.00	07400	RENAL DIALYSIS	0 0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0 0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RHC WHCC	0 4,684,139	88.00
88.01	08801	RHC LMC	0 1,206,774	88.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
88.02	08802	RHC PMC	0	2,065,605	88.02
88.03	08803	RHC PPCC	0	3,450,796	88.03
88.04	08804	RHC OMC	0	2,111,495	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	5,577,020	90.00
91.00	09100	EMERGENCY	0	2,786,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	118,469	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	729,385	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	62,533,983	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,349	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	MOB	0	1,031,612	192.01
192.02	19202	COMMUNITY HEALTH	0	208,190	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	637,218	192.03
192.04	19204	FAMILY PHARMACY	0	0	192.04
192.05	19205	ADULT DAY CARE	0	1,012	192.05
192.06	19206	PERSONAL TOUCH	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	6,770	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	192.10
192.11	19211	FAST CARE	0	-78	192.11
192.12	19212	IVCH CARE TODAY	0	0	192.12
192.13	19213	PPCC	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	899,355	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	12,095	192.17
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	1,246,251	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	66,593,757	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
3/1/2021 3:24 pm

	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
	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	7,195	9,217	16,412	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	276,154	353,762	629,916	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	269,675	345,461	615,136	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	30,702	39,330	70,032	8.00
9.00	00900	HOUSEKEEPING	0	20,651	26,455	47,106	9.00
10.00	01000	DIETARY	0	34,458	44,141	78,599	10.00
11.00	01100	CAFETERIA	0	20,118	25,772	45,890	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	11,367	14,561	25,928	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,325	28,599	50,924	14.00
15.00	01500	PHARMACY	0	10,509	13,462	23,971	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,040	17,985	32,025	16.00
17.00	01700	SOCIAL SERVICE	0	3,597	4,608	8,205	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	258,958	331,732	590,690	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,704	36,770	65,474	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	68,457	87,696	156,153	50.00
50.01	05001	SAME DAY SURGERY	0	25,922	33,207	59,129	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	7,203	9,227	16,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	17,787	22,785	40,572	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,842	85,627	152,469	54.00
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	28,978	37,122	66,100	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	33,550	42,979	76,529	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,190	16,897	30,087	65.00
66.00	06600	PHYSICAL THERAPY	0	39,471	50,563	90,034	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,463	5,718	10,181	69.00
69.02	06902	CARDIAC REHAB	0	28,929	37,058	65,987	69.02
69.03	06903	WOUND CARE	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	674	864	1,538	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
3/1/2021 3:24 pm

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		
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	0	60,896	78,010	138,906	1,135	88.00
88.01	08801	RHC LMC	0	0	0	0	368	88.01
88.02	08802	RHC PMC	0	22,483	28,802	51,285	576	88.02
88.03	08803	RHC PPCC	0	34,641	44,376	79,017	713	88.03
88.04	08804	RHC OMC	0	0	0	0	584	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	75,144	96,262	171,406	975	90.00
91.00	09100	EMERGENCY	0	27,330	35,010	62,340	768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	350	448	798	33	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	15,946	20,428	36,374	194	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,580,709	2,024,934	3,605,643	15,685	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,731	3,499	6,230	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	0	162,404	208,045	370,449	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	0	52	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	1,341	1,717	3,058	210	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	1,066	1,365	2,431	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	0	0	265	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	0	0	200	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,748,251	2,239,560	3,987,811	16,412	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	632,249					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	42,065	0	657,632			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,425	0	16,893	89,350		8.00
9.00	00900	HOUSEKEEPING	18,101	0	11,363	0	76,570	9.00
10.00	01000	DIETARY	5,084	0	18,959	0	2,039	10.00
11.00	01100	CAFETERIA	10,550	0	11,069	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,480	0	6,254	0	146	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,376	0	12,284	645	1,177	14.00
15.00	01500	PHARMACY	11,721	0	5,782	0	583	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,296	0	7,725	0	237	16.00
17.00	01700	SOCIAL SERVICE	2,966	0	1,979	0	73	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,496	0	142,484	46,805	19,534	30.00
31.00	03100	INTENSIVE CARE UNIT	11,681	0	15,793	4,573	9,231	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,435	0	37,666	9,386	6,536	50.00
50.01	05001	SAME DAY SURGERY	5,849	0	14,263	6,269	346	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	5,172	0	0	0	9,322	50.03
51.00	05100	RECOVERY ROOM	181	0	3,963	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,041	0	9,787	431	1,001	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,737	0	36,777	7,267	2,167	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	37,551	0	15,944	11	1,657	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,819	0	18,460	1,040	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,891	0	7,257	0	929	65.00
66.00	06600	PHYSICAL THERAPY	16,472	0	21,717	2	546	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,561	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,006	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,647	0	2,456	651	528	69.00
69.02	06902	CARDIAC REHAB	1,686	0	15,917	0	965	69.02
69.03	06903	WOUND CARE	9,232	0	0	1,234	2,160	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,780	0	371	0	2,130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,659	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,377	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,283	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	41,352	0	33,506	0	0	88.00
88.01	08801	RHC LMC	11,359	0	0	0	0	88.01
88.02	08802	RHC PMC	17,896	0	12,371	0	0	88.02
88.03	08803	RHC PPCC	25,604	0	19,060	0	0	88.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
88.04	08804	RHC OMC	18,147	0	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	44,566	0	41,345	10	6,481	90.00
91.00	09100	EMERGENCY	20,982	0	15,037	7,668	4,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,001	0	192	1,868	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	6,317	0	8,774	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	604,844	0	565,448	87,860	72,067	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	69	0	1,503	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	4,078	0	89,357	0	0	192.01
192.02	19202	COMMUNITY HEALTH	1,632	0	0	0	1,232	192.02
192.03	19203	OCCUPATIONAL MEDICINE	5,492	0	738	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	10	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	27	0	586	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	7,948	0	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	115	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	8,034	0	0	1,490	3,271	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	632,249	0	657,632	89,350	76,570	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	104,790					10.00
11.00	01100	CAFETERIA	0	67,509				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,743	0	43,964		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	949	0	0	69,458	14.00
15.00	01500	PHARMACY	0	1,764	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,857	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	720	0	934	0	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,439	15,936	0	20,701	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,028	2,135	0	2,775	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,599	0	3,377	0	50.00
50.01	05001	SAME DAY SURGERY	7,304	1,530	0	1,988	0	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	0	1,066	0	1,384	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,045	0	1,357	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,907	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	3,988	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	431	0	561	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,060	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,737	0	4,854	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	319	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	316	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	900	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	290	0	0	0	69.02
69.03	06903	WOUND CARE	0	11	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	267	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	69,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	0	4,112	0	0	0	88.00
88.01	08801	RHC LMC	0	0	0	0	0	88.01
88.02	08802	RHC PMC	0	0	0	0	0	88.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0234

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
88.03	08803	RHC PPCC	0	2,805	0	0	0	88.03
88.04	08804	RHC OMC	0	0	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	7,164	0	0	0	90.00
91.00	09100	EMERGENCY	770	4,643	0	6,033	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	215	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,541	67,509	0	43,964	69,458	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	0	0	0	0	192.00
192.01	19201	MOB	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	0	0	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	0	0	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	45,249	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	104,790	67,509	0	43,964	69,458	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0234

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE OTHER GENERAL COST CENTER	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	44,233					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	55,469				16.00
17.00	01700	SOCIAL SERVICE	0	0	15,007			17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	495	3,461	13,286	0		30.00
31.00	03100	INTENSIVE CARE UNIT	82	825	1,721	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50	7,121	0	0		50.00
50.01	05001	SAME DAY SURGERY	10	533	0	0		50.01
50.02	05002	LITHOTRIPSY	0	0	0	0		50.02
50.03	05003	ENDOSCOPY	67	1,172	0	0		50.03
51.00	05100	RECOVERY ROOM	0	823	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	954	1,399	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	384	11,634	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
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	8,922	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	89	245	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	36	544	0	0		65.00
66.00	06600	PHYSICAL THERAPY	6	1,281	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	149	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	132	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	77	1,176	0	0		69.00
69.02	06902	CARDIAC REHAB	0	64	0	0		69.02
69.03	06903	WOUND CARE	755	928	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	290	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	493	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,324	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,317	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	115	1,069	0	0		88.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE OTHER GENERAL COST CENTER	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
88.01	08801	RHC LMC	136	247	0	0		88.01
88.02	08802	RHC PMC	2,909	412	0	0		88.02
88.03	08803	RHC PPCC	18,698	727	0	0		88.03
88.04	08804	RHC OMC	6,326	447	0	0		88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	8,828	1,863	0	0		90.00
91.00	09100	EMERGENCY	181	3,676	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	09500	AMBULANCE SERVICES	2	6	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0		98.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	2	189	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,202	55,469	15,007	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	MOB	0	0	0	0		192.01
192.02	19202	COMMUNITY HEALTH	147	0	0	0		192.02
192.03	19203	OCCUPATIONAL MEDICINE	1,801	0	0	0		192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0		192.04
192.05	19205	ADULT DAY CARE	0	0	0	0		192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0		192.06
192.07	19207	IV HEALTH CORP	0	0	0	0		192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0		192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0		192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0		192.10
192.11	19211	FAST CARE	0	0	0	0		192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0		192.12
192.13	19213	PPCC	0	0	0	0		192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0		192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.15
192.16	19216	STREATOR MEDICAL CLINIC	2,083	0	0	0		192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0		192.17
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	0	0		194.00
200.00		Cross Foot Adjustments						0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	44,233	55,469	15,007	0	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
From 07/01/2019
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Cost Center Description		NURSING SCHOOLS	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
			APPRV	APPRV			
		20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01851	OTHER GENERAL COST CENTER					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00	02300	PARAMED ED PRGM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS				963,598	30.00
31.00	03100	INTENSIVE CARE UNIT				120,681	31.00
32.00	03200	CORONARY CARE UNIT				0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
40.00	04000	SUBPROVIDER - IPF				0	40.00
41.00	04100	SUBPROVIDER - IRF				0	41.00
42.00	04200	SUBPROVIDER				0	42.00
43.00	04300	NURSERY				0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	44.00
45.00	04500	NURSING FACILITY				0	45.00
46.00	04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM				267,729	50.00
50.01	05001	SAME DAY SURGERY				97,449	50.01
50.02	05002	LITHOTRIPSY				0	50.02
50.03	05003	ENDOSCOPY				18,329	50.03
51.00	05100	RECOVERY ROOM				21,397	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00	05300	ANESTHESIOLOGY				62,718	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				254,121	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00	05600	RADIOISOTOPE				0	56.00
57.00	05700	CT SCAN				0	57.00
58.00	05800	MRI				0	58.00
59.00	05900	CARDIAC CATHETERIZATION				0	59.00
60.00	06000	LABORATORY				134,694	60.00
60.01	06001	BLOOD LABORATORY				0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				0	63.00
64.00	06400	INTRAVENOUS THERAPY				100,261	64.00
65.00	06500	RESPIRATORY THERAPY				45,987	65.00
66.00	06600	PHYSICAL THERAPY				139,318	66.00
67.00	06700	OCCUPATIONAL THERAPY				2,102	67.00
68.00	06800	SPEECH PATHOLOGY				1,500	68.00
69.00	06900	ELECTROCARDIOLOGY				18,705	69.00
69.02	06902	CARDIAC REHAB				84,949	69.02
69.03	06903	WOUND CARE				14,321	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY				6,422	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				73,610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				18,701	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				28,600	73.00
74.00	07400	RENAL DIALYSIS				0	74.00
75.00	07500	ASC (NON-DISTINCT PART)				0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC WHCC				220,195	88.00

ALLOCATION OF CAPITAL RELATED COSTS

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Period:
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Cost Center Description			NURSING SCHOOLS	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
				SERVICES-SALARIES & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
			20.00	21.00	22.00	23.00	24.00	
88.01	08801	RHC LMC					12,110	88.01
88.02	08802	RHC PMC					85,449	88.02
88.03	08803	RHC PPCC					146,624	88.03
88.04	08804	RHC OMC					25,504	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					282,638	90.00
91.00	09100	EMERGENCY					126,377	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS					0	94.00
95.00	09500	AMBULANCE SERVICES					4,115	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00	09850	OTHER MEDICAL EQUIP					0	98.00
99.00	09900	CMHC					0	99.00
99.10	09910	CORF					0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION					0	105.00
106.00	10600	HEART ACQUISITION					0	106.00
107.00	10700	LIVER ACQUISITION					0	107.00
108.00	10800	LUNG ACQUISITION					0	108.00
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	11600	HOSPICE					51,850	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	3,430,054	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					7,802	190.00
191.00	19100	RESEARCH					0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
192.01	19201	MOB					463,884	192.01
192.02	19202	COMMUNITY HEALTH					3,063	192.02
192.03	19203	OCCUPATIONAL MEDICINE					11,299	192.03
192.04	19204	FAMILY PHARMACY					0	192.04
192.05	19205	ADULT DAY CARE					10	192.05
192.06	19206	PERSONAL TOUCH					0	192.06
192.07	19207	IV HEALTH CORP					0	192.07
192.08	19208	PUBLIC RELATIONS					3,044	192.08
192.09	19209	UTICA MEDICAL CENTER					0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE					0	192.10
192.11	19211	FAST CARE					0	192.11
192.12	19212	IVCH CARE TODAY					0	192.12
192.13	19213	PPCC					0	192.13
192.14	19214	ADULT MEDICINE CLINIC					0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES					0	192.15
192.16	19216	STREATOR MEDICAL CLINIC					10,296	192.16
192.17	19217	STREATOR ORTHO CLINIC					115	192.17
193.00	19300	NONPAID WORKERS					0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES					58,244	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	3,987,811	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01851	OTHER GENERAL COST CENTER		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 963,598	30.00
31.00	03100	INTENSIVE CARE UNIT	0 120,681	31.00
32.00	03200	CORONARY CARE UNIT	0 0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0 0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
40.00	04000	SUBPROVIDER - IPF	0 0	40.00
41.00	04100	SUBPROVIDER - IRF	0 0	41.00
42.00	04200	SUBPROVIDER	0 0	42.00
43.00	04300	NURSERY	0 0	43.00
44.00	04400	SKILLED NURSING FACILITY	0 0	44.00
45.00	04500	NURSING FACILITY	0 0	45.00
46.00	04600	OTHER LONG TERM CARE	0 0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 267,729	50.00
50.01	05001	SAME DAY SURGERY	0 97,449	50.01
50.02	05002	LITHOTRIPSY	0 0	50.02
50.03	05003	ENDOSCOPY	0 18,329	50.03
51.00	05100	RECOVERY ROOM	0 21,397	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 0	52.00
53.00	05300	ANESTHESIOLOGY	0 62,718	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 254,121	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0 0	55.00
56.00	05600	RADIOISOTOPE	0 0	56.00
57.00	05700	CT SCAN	0 0	57.00
58.00	05800	MRI	0 0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 0	59.00
60.00	06000	LABORATORY	0 134,694	60.00
60.01	06001	BLOOD LABORATORY	0 0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0 0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0 0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 0	63.00
64.00	06400	INTRAVENOUS THERAPY	0 100,261	64.00
65.00	06500	RESPIRATORY THERAPY	0 45,987	65.00
66.00	06600	PHYSICAL THERAPY	0 139,318	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 2,102	67.00
68.00	06800	SPEECH PATHOLOGY	0 1,500	68.00
69.00	06900	ELECTROCARDIOLOGY	0 18,705	69.00
69.02	06902	CARDIAC REHAB	0 84,949	69.02
69.03	06903	WOUND CARE	0 14,321	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0 6,422	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 73,610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 18,701	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 28,600	73.00
74.00	07400	RENAL DIALYSIS	0 0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0 0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RHC WHCC	0 220,195	88.00
88.01	08801	RHC LMC	0 12,110	88.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
88.02	08802	RHC PMC	0	85,449	88.02
88.03	08803	RHC PPCC	0	146,624	88.03
88.04	08804	RHC OMC	0	25,504	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	282,638	90.00
91.00	09100	EMERGENCY	0	126,377	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	4,115	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	51,850	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,430,054	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,802	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	MOB	0	463,884	192.01
192.02	19202	COMMUNITY HEALTH	0	3,063	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	11,299	192.03
192.04	19204	FAMILY PHARMACY	0	0	192.04
192.05	19205	ADULT DAY CARE	0	10	192.05
192.06	19206	PERSONAL TOUCH	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	3,044	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	192.10
192.11	19211	FAST CARE	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	192.12
192.13	19213	PPCC	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	10,296	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	115	192.17
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	58,244	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,987,811	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0234

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

Worksheet B-1

Date/Time Prepared:
3/1/2021 3:24 pm

	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS-BLDG & FIXT	209,946					1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		209,946				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	864	864	25,762,585			4.00
5.00	00500 ADMINISTRATIVE & GENERAL	33,163	33,163	3,659,934	-9,165,545	57,428,290	5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	32,385	32,385	677,006	0	3,820,939	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	3,687	3,687	0	0	220,269	8.00
9.00	00900 HOUSEKEEPING	2,480	2,480	0	0	1,644,245	9.00
10.00	01000 DIETARY	4,138	4,138	170,579	0	461,762	10.00
11.00	01100 CAFETERIA	2,416	2,416	0	0	958,280	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	1,365	1,365	649,090	0	861,116	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	2,681	2,681	161,391	0	306,655	14.00
15.00	01500 PHARMACY	1,262	1,262	646,856	0	1,064,685	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	1,686	1,686	517,013	0	1,116,931	16.00
17.00	01700 SOCIAL SERVICE	432	432	203,864	0	269,399	17.00
18.00	01851 OTHER GENERAL COST CENTER	0	0	0	0	0	18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	31,098	31,098	3,565,659	0	5,675,167	30.00
31.00	03100 INTENSIVE CARE UNIT	3,447	3,447	570,411	0	1,061,025	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	0	0	0	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	8,221	8,221	637,051	0	4,036,251	50.00
50.01	05001 SAME DAY SURGERY	3,113	3,113	358,461	0	531,283	50.01
50.02	05002 LITHOTRIPSY	0	0	0	0	0	50.02
50.03	05003 ENDOSCOPY	0	0	228,866	0	469,802	50.03
51.00	05100 RECOVERY ROOM	865	865	0	0	16,430	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	2,136	2,136	204,936	0	548,693	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,027	8,027	1,222,625	0	3,427,804	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	3,480	3,480	817,690	0	3,410,894	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	4,029	4,029	136,783	0	256,084	64.00
65.00	06500 RESPIRATORY THERAPY	1,584	1,584	286,810	0	535,083	65.00
66.00	06600 PHYSICAL THERAPY	4,740	4,740	1,049,475	0	1,496,225	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	114,137	0	141,826	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	72,238	0	91,414	68.00
69.00	06900 ELECTROCARDIOLOGY	536	536	139,861	0	240,420	69.00
69.02	06902 CARDIAC REHAB	3,474	3,474	62,608	0	153,155	69.02
69.03	06903 WOUND CARE	0	0	1,383	0	838,595	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	81	81	72,901	0	161,716	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	332,382	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,578,400	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	2,205,725	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0234

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

Worksheet B-1

Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	7,313	7,313	1,782,544	0	3,756,178	88.00
88.01	08801	RHC LMC	0	0	578,010	0	1,031,793	88.01
88.02	08802	RHC PMC	2,700	2,700	904,028	0	1,625,592	88.02
88.03	08803	RHC PPCC	4,160	4,160	1,119,487	0	2,325,698	88.03
88.04	08804	RHC OMC	0	0	917,360	0	1,648,355	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,024	9,024	1,530,842	0	4,048,100	90.00
91.00	09100	EMERGENCY	3,282	3,282	1,206,093	0	1,905,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	42	42	51,256	0	90,953	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	1,915	1,915	304,961	0	573,842	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	189,826	189,826	24,622,209	-9,165,545	54,939,051	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	328	328	0	0	6,230	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	19,503	19,503	0	0	370,449	192.01
192.02	19202	COMMUNITY HEALTH	0	0	81,145	0	148,224	192.02
192.03	19203	OCCUPATIONAL MEDICINE	161	161	329,710	0	498,881	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	0	873	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	128	128	0	0	2,431	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	78	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	415,606	0	721,993	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	10,430	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	313,915	0	729,728	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,748,251	2,239,560	5,819,712		9,165,545	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.327146	10.667314	0.225898		0.159600	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			16,412		632,249	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000637		0.011009	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:14-0234

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

Worksheet B-1

Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	143,534				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,687	297,777			8.00
9.00	00900	HOUSEKEEPING	0	2,480	0	12,617		9.00
10.00	01000	DIETARY	0	4,138	0	336	46,813	10.00
11.00	01100	CAFETERIA	0	2,416	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,365	0	24	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,681	2,148	194	0	14.00
15.00	01500	PHARMACY	0	1,262	0	96	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,686	0	39	0	16.00
17.00	01700	SOCIAL SERVICE	0	432	0	12	0	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	31,098	155,986	3,219	20,299	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,447	15,241	1,521	2,693	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,221	31,281	1,077	0	50.00
50.01	05001	SAME DAY SURGERY	0	3,113	20,893	57	3,263	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	0	0	0	1,536	0	50.03
51.00	05100	RECOVERY ROOM	0	865	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,136	1,436	165	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,027	24,219	357	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	3,480	37	273	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,029	3,466	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,584	0	153	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,740	6	90	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	536	2,171	87	0	69.00
69.02	06902	CARDIAC REHAB	0	3,474	0	159	0	69.02
69.03	06903	WOUND CARE	0	0	4,112	356	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	81	0	351	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC WHCC	0	7,313	0	0	0	88.00
88.01	08801	RHC LMC	0	0	0	0	0	88.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0234

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

Worksheet B-1

Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
88.02	08802	RHC PMC	0	2,700	0	0	0	88.02
88.03	08803	RHC PPCC	0	4,160	0	0	0	88.03
88.04	08804	RHC OMC	0	0	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	9,024	33	1,068	0	90.00
91.00	09100	EMERGENCY	0	3,282	25,555	705	344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	42	6,226	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	1,915	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	123,414	292,810	11,875	26,599	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	328	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MOB	0	19,503	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	203	0	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	161	0	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	128	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	4,967	539	20,214	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	4,430,761	369,238	1,983,222	716,010	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	30.869069	1.239982	157.186494	15.295110	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	657,632	89,350	76,570	104,790	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	4.581716	0.300057	6.068796	2.238481	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:14-0234

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

Worksheet B-1

Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
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
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	31,145				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	804	0	324,775		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	438	0	0	100	14.00
15.00	01500	PHARMACY	814	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,318	0	0	631,961	16.00
17.00	01700	SOCIAL SERVICE	332	0	6,900	0	17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,352	0	152,926	0	30.00
31.00	03100	INTENSIVE CARE UNIT	985	0	20,498	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,199	0	24,947	0	50.00
50.01	05001	SAME DAY SURGERY	706	0	14,687	0	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	492	0	10,224	0	50.03
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	482	0	10,025	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,264	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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	1,840	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	199	0	4,143	0	64.00
65.00	06500	RESPIRATORY THERAPY	489	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,724	0	35,861	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	147	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	146	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	415	0	0	0	69.00
69.02	06902	CARDIAC REHAB	134	0	0	0	69.02
69.03	06903	WOUND CARE	5	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	123	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	100	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC WHCC	1,897	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0234

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

Worksheet B-1

Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
88.01	08801	RHC LMC	0	0	0	0	1,945	88.01
88.02	08802	RHC PMC	0	0	0	0	41,561	88.02
88.03	08803	RHC PPCC	1,294	0	0	0	267,143	88.03
88.04	08804	RHC OMC	0	0	0	0	90,387	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,305	0	0	0	126,124	90.00
91.00	09100	EMERGENCY	2,142	0	44,564	0	2,591	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	99	0	0	0	27	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	27	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,145	0	324,775	100	574,362	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	0	0	0	0	192.00
192.01	19201	MOB	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	0	2,107	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	0	0	0	25,738	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213	PPCC	0	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	0	0	29,754	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,185,801	0	1,075,069	488,190	1,319,648	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	38.073559	0.000000	3.310196	4,881.900000	2.088179	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	67,509	0	43,964	69,458	44,233	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.167571	0.000000	0.135368	694.580000	0.069993	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:14-0234

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

Worksheet B-1

Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE COST CENTER (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	210,839,085				16.00
17.00	01700	SOCIAL SERVICE	0	5,974			17.00
18.00	01851	OTHER GENERAL COST CENTER	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,159,677	5,289	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,135,686	685	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,077,069	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	2,026,970	0	0	0	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	4,457,722	0	0	0	50.03
51.00	05100	RECOVERY ROOM	3,130,516	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,318,958	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,165,008	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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	33,922,111	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	932,818	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,068,717	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,869,628	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	564,723	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	502,477	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,470,416	0	0	0	69.00
69.02	06902	CARDIAC REHAB	244,702	0	0	0	69.02
69.03	06903	WOUND CARE	3,530,272	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,102,000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,873,614	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,034,014	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,415,186	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0234

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

Worksheet B-1

Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	OTHER GENERAL SERVICE COST CENTER (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	18.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RHC WHCC	4,064,528	0	0	0	0	88.00
88.01	08801 RHC LMC	938,050	0	0	0	0	88.01
88.02	08802 RHC PMC	1,567,742	0	0	0	0	88.02
88.03	08803 RHC PPCC	2,762,650	0	0	0	0	88.03
88.04	08804 RHC OMC	1,700,366	0	0	0	0	88.04
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	7,084,683	0	0	0	0	90.00
91.00	09100 EMERGENCY	13,975,806	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	23,690	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	719,286	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	210,839,085	5,974	0	0	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	0	0	0	0	192.00
192.01	19201 MOB	0	0	0	0	0	192.01
192.02	19202 COMMUNITY HEALTH	0	0	0	0	0	192.02
192.03	19203 OCCUPATIONAL MEDICINE	0	0	0	0	0	192.03
192.04	19204 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205 ADULT DAY CARE	0	0	0	0	0	192.05
192.06	19206 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207 IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208 PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209 UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210 OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211 FAST CARE	0	0	0	0	0	192.11
192.12	19212 IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213 PPCC	0	0	0	0	0	192.13
192.14	19214 ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
192.15	19215 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.15
192.16	19216 STREATOR MEDICAL CLINIC	0	0	0	0	0	192.16
192.17	19217 STREATOR ORTHO CLINIC	0	0	0	0	0	192.17
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 OTHER PHYSICIANS' OFFICES	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,403,549	363,096	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.006657	60.779377	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	55,469	15,007	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000263	2.512052	0.000000	0.000000	0.000000	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)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet B-1
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			(ASSIGNED TIME)	(ASSIGNED TIME)			
			21.00	22.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01851	OTHER GENERAL COST CENTER					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00	02300	PARAMED ED PRGM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	SAME DAY SURGERY	0	0	0		50.01
50.02	05002	LITHOTRIPSY	0	0	0		50.02
50.03	05003	ENDOSCOPY	0	0	0		50.03
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.02	06902	CARDIAC REHAB	0	0	0		69.02
69.03	06903	WOUND CARE	0	0	0		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0234

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

Worksheet B-1

Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			(ASSIGNED TIME)	(ASSIGNED TIME)		
			21.00	22.00		
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RHC WHCC	0	0	0	88.00
88.01	08801	RHC LMC	0	0	0	88.01
88.02	08802	RHC PMC	0	0	0	88.02
88.03	08803	RHC PPCC	0	0	0	88.03
88.04	08804	RHC OMC	0	0	0	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE			0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	MOB	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	0	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	192.10
192.11	19211	FAST CARE	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	192.12
192.13	19213	PPCC	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	192.14
192.15	19215	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.15
192.16	19216	STREATOR MEDICAL CLINIC	0	0	0	192.16
192.17	19217	STREATOR ORTHO CLINIC	0	0	0	192.17
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	OTHER PHYSICIANS' OFFICES	0	0	0	194.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	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

Health Financial Systems			ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10			
COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020		Worksheet C Part I Date/Time Prepared: 3/1/2021 3:24 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	9,760,739		9,760,739	0	9,760,739	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,806,244		1,806,244	0	1,806,244	31.00	
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
42.00	04200	SUBPROVIDER	0		0	0	0	42.00	
43.00	04300	NURSERY	0		0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00	
45.00	04500	NURSING FACILITY	0		0	0	0	45.00	
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,452,260		5,452,260	0	5,452,260	50.00	
50.01	05001	SAME DAY SURGERY	886,231		886,231	0	886,231	50.01	
50.02	05002	LITHOTRIPSY	0		0	0	0	50.02	
50.03	05003	ENDOSCOPY	870,456		870,456	0	870,456	50.03	
51.00	05100	RECOVERY ROOM	66,594		66,594	0	66,594	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	845,319		845,319	0	845,319	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,700,472		4,700,472	0	4,700,472	54.00	
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	4,401,529		4,401,529	0	4,401,529	60.00	
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	455,767		455,767	0	455,767	64.00	
65.00	06500	RESPIRATORY THERAPY	726,881	0	726,881	0	726,881	65.00	
66.00	06600	PHYSICAL THERAPY	2,112,430	0	2,112,430	0	2,112,430	66.00	
67.00	06700	OCCUPATIONAL THERAPY	173,817	0	173,817	0	173,817	67.00	
68.00	06800	SPEECH PATHOLOGY	114,908	0	114,908	0	114,908	68.00	
69.00	06900	ELECTROCARDIOLOGY	359,549		359,549	0	359,549	69.00	
69.02	06902	CARDIAC REHAB	316,562		316,562	0	316,562	69.02	
69.03	06903	WOUND CARE	1,079,714		1,079,714	0	1,079,714	69.03	
70.00	07000	ELECTROENCEPHALOGRAPHY	257,217		257,217	0	257,217	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	886,093		886,093	0	886,093	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,863,824		1,863,824	0	1,863,824	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,667,035		2,667,035	0	2,667,035	73.00	
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RHC WHCC	4,684,139		4,684,139	0	4,684,139	88.00	
88.01	08801	RHC LMC	1,206,774		1,206,774	0	1,206,774	88.01	
88.02	08802	RHC PMC	2,065,605		2,065,605	0	2,065,605	88.02	
88.03	08803	RHC PPCC	3,450,796		3,450,796	0	3,450,796	88.03	
88.04	08804	RHC OMC	2,111,495		2,111,495	0	2,111,495	88.04	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00	09000	CLINIC	5,577,020		5,577,020	0	5,577,020	90.00	
91.00	09100	EMERGENCY	2,786,659		2,786,659	0	2,786,659	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,967,149		2,967,149	0	2,967,149	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	118,469		118,469	0	118,469	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00	
98.00	09850	OTHER MEDICAL EQUIP	0		0	0	0	98.00	
99.00	09900	CMHC	0		0	0	0	99.00	
99.10	09910	CORF	0		0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	729,385		729,385		729,385	116.00
200.00		Subtotal (see instructions)	65,501,132	0	65,501,132	0	65,501,132	200.00
201.00		Less Observation Beds	2,967,149		2,967,149		2,967,149	201.00
202.00		Total (see instructions)	62,533,983	0	62,533,983	0	62,533,983	202.00

Health Financial Systems			ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10				
COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020		Worksheet C Part I Date/Time Prepared: 3/1/2021 3:24 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	9,149,806		9,149,806					30.00
31.00	03100	INTENSIVE CARE UNIT	3,135,686		3,135,686					31.00
32.00	03200	CORONARY CARE UNIT	0		0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0					34.00
40.00	04000	SUBPROVIDER - IPF	0		0					40.00
41.00	04100	SUBPROVIDER - IRF	0		0					41.00
42.00	04200	SUBPROVIDER	0		0					42.00
43.00	04300	NURSERY	0		0					43.00
44.00	04400	SKILLED NURSING FACILITY	0		0					44.00
45.00	04500	NURSING FACILITY	0		0					45.00
46.00	04600	OTHER LONG TERM CARE	0		0					46.00
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	4,654,214	22,422,855	27,077,069	0.201361	0.000000			50.00
50.01	05001	SAME DAY SURGERY	0	2,026,970	2,026,970	0.437220	0.000000			50.01
50.02	05002	LITHOTRIPSY	0	0	0	0.000000	0.000000			50.02
50.03	05003	ENDOSCOPY	277,361	4,180,361	4,457,722	0.195269	0.000000			50.03
51.00	05100	RECOVERY ROOM	651,943	2,478,573	3,130,516	0.021273	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	641,007	4,677,951	5,318,958	0.158926	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,436,715	39,728,293	44,165,008	0.106430	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000			55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000			56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000			57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000			59.00
60.00	06000	LABORATORY	4,554,520	29,367,591	33,922,111	0.129754	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	16,234	916,584	932,818	0.488592	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	1,127,596	941,121	2,068,717	0.351368	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	694,668	4,174,960	4,869,628	0.433797	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	110,633	454,090	564,723	0.307792	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	29,178	473,299	502,477	0.228683	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	500,595	3,969,821	4,470,416	0.080429	0.000000			69.00
69.02	06902	CARDIAC REHAB	0	244,702	244,702	1.293663	0.000000			69.02
69.03	06903	WOUND CARE	0	3,530,272	3,530,272	0.305844	0.000000			69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	3,851	1,098,149	1,102,000	0.233409	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,221,985	651,629	1,873,614	0.472933	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,705,240	3,328,774	5,034,014	0.370246	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,061,441	11,353,745	16,415,186	0.162474	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS										
88.00	08800	RHC WHCC	0	4,064,528	4,064,528					88.00
88.01	08801	RHC LMC	0	938,050	938,050					88.01
88.02	08802	RHC PMC	0	1,567,742	1,567,742					88.02
88.03	08803	RHC PPCC	0	2,762,650	2,762,650					88.03
88.04	08804	RHC OMC	0	1,700,366	1,700,366					88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0					89.00
90.00	09000	CLINIC	27,849	7,056,834	7,084,683	0.787194	0.000000			90.00
91.00	09100	EMERGENCY	2,756,221	11,219,585	13,975,806	0.199392	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	439,744	3,570,127	4,009,871	0.739961	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	7,612	16,078	23,690	5.000802	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000			97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0.000000	0.000000			98.00
99.00	09900	CMHC	0	0	0					99.00
99.10	09910	CORF	0	0	0					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0					100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0					101.00
SPECIAL PURPOSE COST CENTERS										
105.00	10500	KIDNEY ACQUISITION	0	0	0					105.00
106.00	10600	HEART ACQUISITION	0	0	0					106.00
107.00	10700	LIVER ACQUISITION	0	0	0					107.00
108.00	10800	LUNG ACQUISITION	0	0	0					108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
3/1/2021 3:24 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		10.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	719,286	719,286		116.00
200.00		Subtotal (see instructions)	41,204,099	169,634,986	210,839,085		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	41,204,099	169,634,986	210,839,085		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 3/1/2021 3:24 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201361		50.00
50.01	05001	SAME DAY SURGERY	0.437220		50.01
50.02	05002	LITHOTRIPS	0.000000		50.02
50.03	05003	ENDOSCOPY	0.195269		50.03
51.00	05100	RECOVERY ROOM	0.021273		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.158926		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106430		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.129754		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.488592		64.00
65.00	06500	RESPIRATORY THERAPY	0.351368		65.00
66.00	06600	PHYSICAL THERAPY	0.433797		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.307792		67.00
68.00	06800	SPEECH PATHOLOGY	0.228683		68.00
69.00	06900	ELECTROCARDIOLOGY	0.080429		69.00
69.02	06902	CARDIAC REHAB	1.293663		69.02
69.03	06903	WOUND CARE	0.305844		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.233409		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.472933		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.370246		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.162474		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC WHCC			88.00
88.01	08801	RHC LMC			88.01
88.02	08802	RHC PMC			88.02
88.03	08803	RHC PPCC			88.03
88.04	08804	RHC OMC			88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.787194		90.00
91.00	09100	EMERGENCY	0.199392		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.739961		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	5.000802		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER MEDICAL EQUIP	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

Health Financial Systems			ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10			
COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020		Worksheet C Part I Date/Time Prepared: 3/1/2021 3:24 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	9,760,739		9,760,739	0	9,760,739	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,806,244		1,806,244	0	1,806,244	31.00	
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00	
42.00	04200	SUBPROVIDER	0		0	0	0	42.00	
43.00	04300	NURSERY	0		0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00	
45.00	04500	NURSING FACILITY	0		0	0	0	45.00	
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,452,260		5,452,260	0	5,452,260	50.00	
50.01	05001	SAME DAY SURGERY	886,231		886,231	0	886,231	50.01	
50.02	05002	LITHOTRIPSY	0		0	0	0	50.02	
50.03	05003	ENDOSCOPY	870,456		870,456	0	870,456	50.03	
51.00	05100	RECOVERY ROOM	66,594		66,594	0	66,594	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	845,319		845,319	0	845,319	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,700,472		4,700,472	0	4,700,472	54.00	
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	4,401,529		4,401,529	0	4,401,529	60.00	
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	455,767		455,767	0	455,767	64.00	
65.00	06500	RESPIRATORY THERAPY	726,881	0	726,881	0	726,881	65.00	
66.00	06600	PHYSICAL THERAPY	2,112,430	0	2,112,430	0	2,112,430	66.00	
67.00	06700	OCCUPATIONAL THERAPY	173,817	0	173,817	0	173,817	67.00	
68.00	06800	SPEECH PATHOLOGY	114,908	0	114,908	0	114,908	68.00	
69.00	06900	ELECTROCARDIOLOGY	359,549		359,549	0	359,549	69.00	
69.02	06902	CARDIAC REHAB	316,562		316,562	0	316,562	69.02	
69.03	06903	WOUND CARE	1,079,714		1,079,714	0	1,079,714	69.03	
70.00	07000	ELECTROENCEPHALOGRAPHY	257,217		257,217	0	257,217	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	886,093		886,093	0	886,093	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,863,824		1,863,824	0	1,863,824	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	2,667,035		2,667,035	0	2,667,035	73.00	
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RHC WHCC	4,684,139		4,684,139	0	4,684,139	88.00	
88.01	08801	RHC LMC	1,206,774		1,206,774	0	1,206,774	88.01	
88.02	08802	RHC PMC	2,065,605		2,065,605	0	2,065,605	88.02	
88.03	08803	RHC PPCC	3,450,796		3,450,796	0	3,450,796	88.03	
88.04	08804	RHC OMC	2,111,495		2,111,495	0	2,111,495	88.04	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00	
90.00	09000	CLINIC	5,577,020		5,577,020	0	5,577,020	90.00	
91.00	09100	EMERGENCY	2,786,659		2,786,659	0	2,786,659	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,967,149		2,967,149	0	2,967,149	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	118,469		118,469	0	118,469	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00	
98.00	09850	OTHER MEDICAL EQUIP	0		0	0	0	98.00	
99.00	09900	CMHC	0		0	0	0	99.00	
99.10	09910	CORF	0		0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
3/1/2021 3:24 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	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	729,385		729,385		729,385	116.00
200.00		Subtotal (see instructions)	65,501,132	0	65,501,132	0	65,501,132	200.00
201.00		Less Observation Beds	2,967,149		2,967,149		2,967,149	201.00
202.00		Total (see instructions)	62,533,983	0	62,533,983	0	62,533,983	202.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10		
COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 3/1/2021 3:24 pm	
				Title XIX	Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,149,806		9,149,806		30.00
31.00	03100	INTENSIVE CARE UNIT	3,135,686		3,135,686		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,654,214	22,422,855	27,077,069	0.201361	50.00
50.01	05001	SAME DAY SURGERY	0	2,026,970	2,026,970	0.437220	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0.000000	50.02
50.03	05003	ENDOSCOPY	277,361	4,180,361	4,457,722	0.195269	50.03
51.00	05100	RECOVERY ROOM	651,943	2,478,573	3,130,516	0.021273	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	641,007	4,677,951	5,318,958	0.158926	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,436,715	39,728,293	44,165,008	0.106430	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	4,554,520	29,367,591	33,922,111	0.129754	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	16,234	916,584	932,818	0.488592	64.00
65.00	06500	RESPIRATORY THERAPY	1,127,596	941,121	2,068,717	0.351368	65.00
66.00	06600	PHYSICAL THERAPY	694,668	4,174,960	4,869,628	0.433797	66.00
67.00	06700	OCCUPATIONAL THERAPY	110,633	454,090	564,723	0.307792	67.00
68.00	06800	SPEECH PATHOLOGY	29,178	473,299	502,477	0.228683	68.00
69.00	06900	ELECTROCARDIOLOGY	500,595	3,969,821	4,470,416	0.080429	69.00
69.02	06902	CARDIAC REHAB	0	244,702	244,702	1.293663	69.02
69.03	06903	WOUND CARE	0	3,530,272	3,530,272	0.305844	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	3,851	1,098,149	1,102,000	0.233409	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,221,985	651,629	1,873,614	0.472933	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,705,240	3,328,774	5,034,014	0.370246	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,061,441	11,353,745	16,415,186	0.162474	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC WHCC	0	4,064,528	4,064,528	1.152444	88.00
88.01	08801	RHC LMC	0	938,050	938,050	1.286471	88.01
88.02	08802	RHC PMC	0	1,567,742	1,567,742	1.317567	88.02
88.03	08803	RHC PPCC	0	2,762,650	2,762,650	1.249089	88.03
88.04	08804	RHC OMC	0	1,700,366	1,700,366	1.241789	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	27,849	7,056,834	7,084,683	0.787194	90.00
91.00	09100	EMERGENCY	2,756,221	11,219,585	13,975,806	0.199392	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	439,744	3,570,127	4,009,871	0.739961	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	7,612	16,078	23,690	5.000802	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
3/1/2021 3:24 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		10.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	719,286	719,286			116.00
200.00		Subtotal (see instructions)	41,204,099	169,634,986	210,839,085			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	41,204,099	169,634,986	210,839,085			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.01	05001 SAME DAY SURGERY	0.000000			50.01
50.02	05002 LITHOTRIPSY	0.000000			50.02
50.03	05003 ENDOSCOPY	0.000000			50.03
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.02	06902 CARDIAC REHAB	0.000000			69.02
69.03	06903 WOUND CARE	0.000000			69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RHC WHCC	0.000000			88.00
88.01	08801 RHC LMC	0.000000			88.01
88.02	08802 RHC PMC	0.000000			88.02
88.03	08803 RHC PPCC	0.000000			88.03
88.04	08804 RHC OMC	0.000000			88.04
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850 OTHER MEDICAL EQUIP	0.000000			98.00
99.00	09900 CMHC				99.00
99.10	09910 CORF				99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600	HOSPICE				116.00
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:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
3/1/2021 3:24 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	963,598	0	963,598	7,599	126.81	30.00	
31.00	INTENSIVE CARE UNIT	120,681		120,681	685	176.18	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	0		0	0	0.00	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	1,084,279		1,084,279	8,284		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	2,630	333,510					30.00
31.00	INTENSIVE CARE UNIT	324	57,082					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30 through 199)	2,954	390,592					200.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 3/1/2021 3:24 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	267,729	27,077,069	0.009888	2,398,543	23,717	50.00
50.01	05001 SAME DAY SURGERY	97,449	2,026,970	0.048076	0	0	50.01
50.02	05002 LITHOTRIPSY	0	0	0.000000	0	0	50.02
50.03	05003 ENDOSCOPY	18,329	4,457,722	0.004112	203,728	838	50.03
51.00	05100 RECOVERY ROOM	21,397	3,130,516	0.006835	336,435	2,300	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	62,718	5,318,958	0.011791	279,924	3,301	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	254,121	44,165,008	0.005754	4,415,926	25,409	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	134,694	33,922,111	0.003971	4,517,882	17,941	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	100,261	932,818	0.107482	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	45,987	2,068,717	0.022230	923,535	20,530	65.00
66.00	06600 PHYSICAL THERAPY	139,318	4,869,628	0.028610	483,762	13,840	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,102	564,723	0.003722	68,191	254	67.00
68.00	06800 SPEECH PATHOLOGY	1,500	502,477	0.002985	24,452	73	68.00
69.00	06900 ELECTROCARDIOLOGY	18,705	4,470,416	0.004184	497,825	2,083	69.00
69.02	06902 CARDIAC REHAB	84,949	244,702	0.347153	0	0	69.02
69.03	06903 WOUND CARE	14,321	3,530,272	0.004057	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	6,422	1,102,000	0.005828	3,851	22	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	73,610	1,873,614	0.039288	813,380	31,956	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,701	5,034,014	0.003715	833,819	3,098	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	28,600	16,415,186	0.001742	3,453,092	6,015	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RHC WHCC	220,195	4,064,528	0.054175	0	0	88.00
88.01	08801 RHC LMC	12,110	938,050	0.012910	0	0	88.01
88.02	08802 RHC PMC	85,449	1,567,742	0.054505	0	0	88.02
88.03	08803 RHC PPCC	146,624	2,762,650	0.053074	0	0	88.03
88.04	08804 RHC OMC	25,504	1,700,366	0.014999	0	0	88.04
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	282,638	7,084,683	0.039894	27,849	1,111	90.00
91.00	09100 EMERGENCY	126,377	13,975,806	0.009043	1,679,825	15,191	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	292,923	4,009,871	0.073050	439,744	32,123	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER MEDICAL EQUIP	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)	2,582,733	197,810,617		21,401,763	199,802	200.00

Health Financial Systems			ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10				
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 3/1/2021 3:24 pm		
				Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School	Nursing School	Allied Health	Allied Health	All Other			
			Post-Stepdown Adjustments		Post-Stepdown Adjustments	Cost	Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
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	7,599	0.00	2,630	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	685	0.00	324	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0.00	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	0	45.00	
200.00	Total (lines 30 through 199)		0	0	8,284		2,954	0	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
			INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
32.00	03200	CORONARY CARE UNIT	0							32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0							33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0							34.00
40.00	04000	SUBPROVIDER - IPF	0							40.00
41.00	04100	SUBPROVIDER - IRF	0							41.00
42.00	04200	SUBPROVIDER	0							42.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
45.00	04500	NURSING FACILITY	0							45.00
200.00	Total (lines 30 through 199)		0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN:14-0234 Period: From 07/01/2019 To 06/30/2020 Worksheet D Part IV Date/Time Prepared: 3/1/2021 3:24 pm

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	PPS
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002 LITHOTRIPSY	0	0	0	0	0	50.02
50.03	05003 ENDOSCOPY	0	0	0	0	0	50.03
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 WOUND CARE	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RHC WHCC	0	0	0	0	0	88.00
88.01	08801 RHC LMC	0	0	0	0	0	88.01
88.02	08802 RHC PMC	0	0	0	0	0	88.02
88.03	08803 RHC PPCC	0	0	0	0	0	88.03
88.04	08804 RHC OMC	0	0	0	0	0	88.04
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER MEDICAL EQUIP	0	0	0	0	0	98.00
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:14-0234		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 3/1/2021 3:24 pm	
Cost Center Description				Title XVIII		Hospital		PPS	
				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	27,077,069	0.000000	50.00
50.01	05001	SAME DAY SURGERY		0	0	0	2,026,970	0.000000	50.01
50.02	05002	LITHOTRIPSY		0	0	0	0	0.000000	50.02
50.03	05003	ENDOSCOPY		0	0	0	4,457,722	0.000000	50.03
51.00	05100	RECOVERY ROOM		0	0	0	3,130,516	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	5,318,958	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	44,165,008	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	33,922,111	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	932,818	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	2,068,717	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	4,869,628	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	564,723	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	502,477	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	4,470,416	0.000000	69.00
69.02	06902	CARDIAC REHAB		0	0	0	244,702	0.000000	69.02
69.03	06903	WOUND CARE		0	0	0	3,530,272	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	1,102,000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	1,873,614	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	5,034,014	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	16,415,186	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RHC WHCC		0	0	0	4,064,528	0.000000	88.00
88.01	08801	RHC LMC		0	0	0	938,050	0.000000	88.01
88.02	08802	RHC PMC		0	0	0	1,567,742	0.000000	88.02
88.03	08803	RHC PPCC		0	0	0	2,762,650	0.000000	88.03
88.04	08804	RHC OMC		0	0	0	1,700,366	0.000000	88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	7,084,683	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	13,975,806	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	4,009,871	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	0.000000	97.00
98.00	09850	OTHER MEDICAL EQUIP		0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)		0	0	0	197,810,617		200.00

Health Financial Systems			ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 3/1/2021 3:24 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	2,398,543	0	8,511,048	0	50.00	
50.01	05001	SAME DAY SURGERY	0.000000	0	0	763,125	0	50.01	
50.02	05002	LITHOTRIPSY	0.000000	0	0	0	0	50.02	
50.03	05003	ENDOSCOPY	0.000000	203,728	0	1,346,764	0	50.03	
51.00	05100	RECOVERY ROOM	0.000000	336,435	0	736,539	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	279,924	0	1,795,131	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,415,926	0	13,863,189	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00	
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	4,517,882	0	3,943,414	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	895,951	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	923,535	0	505,698	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	483,762	0	112,563	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	68,191	0	11,075	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	24,452	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	497,825	0	1,438,543	0	69.00	
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	0	69.02	
69.03	06903	WOUND CARE	0.000000	0	0	2,393,580	0	69.03	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,851	0	374,685	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	813,380	0	187,469	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	833,819	0	1,521,603	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	3,453,092	0	5,130,921	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RHC WHCC	0.000000	0	0	0	0	88.00	
88.01	08801	RHC LMC	0.000000	0	0	0	0	88.01	
88.02	08802	RHC PMC	0.000000	0	0	0	0	88.02	
88.03	08803	RHC PPCC	0.000000	0	0	0	0	88.03	
88.04	08804	RHC OMC	0.000000	0	0	0	0	88.04	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.000000	27,849	0	496,400	0	90.00	
91.00	09100	EMERGENCY	0.000000	1,679,825	0	2,875,549	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	439,744	0	1,707,937	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
98.00	09850	OTHER MEDICAL EQUIP	0.000000	0	0	0	0	98.00	
200.00		Total (lines 50 through 199)		21,401,763	0	48,611,184	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 3/1/2021 3:24 pm
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		Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.201361	8,511,048	0	0	1,713,793	50.00
50.01	05001 SAME DAY SURGERY	0.437220	763,125	0	0	333,654	50.01
50.02	05002 LITHOTRIPSY	0.000000	0	0	0	0	50.02
50.03	05003 ENDOSCOPY	0.195269	1,346,764	0	0	262,981	50.03
51.00	05100 RECOVERY ROOM	0.021273	736,539	0	0	15,668	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.158926	1,795,131	0	0	285,293	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106430	13,863,189	0	280	1,475,459	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
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	0.129754	3,943,414	0	0	511,674	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.488592	895,951	0	0	437,754	64.00
65.00	06500 RESPIRATORY THERAPY	0.351368	505,698	0	0	177,686	65.00
66.00	06600 PHYSICAL THERAPY	0.433797	112,563	0	0	48,829	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.307792	11,075	0	0	3,409	67.00
68.00	06800 SPEECH PATHOLOGY	0.228683	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.080429	1,438,543	0	0	115,701	69.00
69.02	06902 CARDIAC REHAB	1.293663	0	0	0	0	69.02
69.03	06903 WOUND CARE	0.305844	2,393,580	0	257	732,062	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.233409	374,685	0	0	87,455	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.472933	187,469	0	0	88,660	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.370246	1,521,603	0	0	563,367	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.162474	5,130,921	0	4,328	833,641	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RHC WHCC						88.00
88.01	08801 RHC LMC						88.01
88.02	08802 RHC PMC						88.02
88.03	08803 RHC PPCC						88.03
88.04	08804 RHC OMC						88.04
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	0.787194	496,400	0	151	390,763	90.00
91.00	09100 EMERGENCY	0.199392	2,875,549	0	0	573,361	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.739961	1,707,937	0	0	1,263,807	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500 AMBULANCE SERVICES	5.000802		0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 OTHER MEDICAL EQUIP	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		48,611,184	0	5,016	9,915,017	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		48,611,184	0	5,016	9,915,017	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 3/1/2021 3:24 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
50.02	05002	LITHOTRIPSY	0	0	50.02
50.03	05003	ENDOSCOPY	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	69.02
69.03	06903	WOUND CARE	0	79	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	703	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC WHCC			88.00
88.01	08801	RHC LMC			88.01
88.02	08802	RHC PMC			88.02
88.03	08803	RHC PPCC			88.03
88.04	08804	RHC OMC			88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	119	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	98.00
200.00		Subtotal (see instructions)	0	931	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	931	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN:14-0234 Component CCN:14-U234		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 3/1/2021 3:24 pm	
				Title XVIII		Swing Beds - SNF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.201361	0	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0.437220	0	0	0	0	0	50.01
50.02	05002	LITHOTRIPSY	0.000000	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	0.195269	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0.021273	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.158926	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106430	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.129754	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.488592	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.351368	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.433797	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.307792	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.228683	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080429	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	1.293663	0	0	0	0	0	69.02
69.03	06903	WOUND CARE	0.305844	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.233409	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.472933	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.370246	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.162474	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RHC WHCC							88.00
88.01	08801	RHC LMC							88.01
88.02	08802	RHC PMC							88.02
88.03	08803	RHC PPCC							88.03
88.04	08804	RHC OMC							88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00	09000	CLINIC	0.787194	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.199392	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.739961	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0				94.00
95.00	09500	AMBULANCE SERVICES	5.000802		0				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0.000000	0	0	0	0	0	98.00
200.00		Subtotal (see instructions)		0	0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 3/1/2021 3:24 pm
			Component CCN:14-U234		
			Title XVIII	Swing Beds - SNF	PPS
Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
50.02	05002	LITHOTRIPSY	0	0	50.02
50.03	05003	ENDOSCOPY	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	69.02
69.03	06903	WOUND CARE	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC WHCC			88.00
88.01	08801	RHC LMC			88.01
88.02	08802	RHC PMC			88.02
88.03	08803	RHC PPCC			88.03
88.04	08804	RHC OMC			88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0	0	98.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 3/1/2021 3:24 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)			7,717	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,599	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			5,289	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			12	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)			106	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			2,630	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)			34	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)			84	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			9,760,739	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00
26.00	Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			9,760,739	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 27,760,739 minus line 36)			9,760,739	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)			1,284.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,378,182	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)			3,378,182	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0234

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

Worksheet D-1

Date/Time Prepared:
3/1/2021 3:24 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	1,806,244	685	2,636.85	324	854,339
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,169,165
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,401,686
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					390,592
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					199,802
52.00	Total Program excludable cost (sum of lines 50 and 51)					590,394
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,811,292
	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)					2,310
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,284.48
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,967,149

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0234

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

Worksheet D-1

Date/Time Prepared:
3/1/2021 3:24 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	963,598	9,760,739	0.098722	2,967,149	292,923
91.00	Nursing School cost	0	9,760,739	0.000000	2,967,149	0
92.00	Allied health cost	0	9,760,739	0.000000	2,967,149	0
93.00	All other Medical Education	0	9,760,739	0.000000	2,967,149	0

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 3/1/2021 3:24 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		3,060,976	30.00
31.00	03100	INTENSIVE CARE UNIT		1,491,115	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201361	2,398,543	482,973 50.00
50.01	05001	SAME DAY SURGERY	0.437220	0	0 50.01
50.02	05002	LITHOTRIPSY	0.000000	0	0 50.02
50.03	05003	ENDOSCOPY	0.195269	203,728	39,782 50.03
51.00	05100	RECOVERY ROOM	0.021273	336,435	7,157 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.158926	279,924	44,487 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106430	4,415,926	469,987 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.129754	4,517,882	586,213 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.488592	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.351368	923,535	324,501 65.00
66.00	06600	PHYSICAL THERAPY	0.433797	483,762	209,855 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.307792	68,191	20,989 67.00
68.00	06800	SPEECH PATHOLOGY	0.228683	24,452	5,592 68.00
69.00	06900	ELECTROCARDIOLOGY	0.080429	497,825	40,040 69.00
69.02	06902	CARDIAC REHAB	1.293663	0	0 69.02
69.03	06903	WOUND CARE	0.305844	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.233409	3,851	899 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.472933	813,380	384,674 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.370246	833,819	308,718 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.162474	3,453,092	561,038 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC WHCC	0.000000		0 88.00
88.01	08801	RHC LMC	0.000000		0 88.01
88.02	08802	RHC PMC	0.000000		0 88.02
88.03	08803	RHC PPCC	0.000000		0 88.03
88.04	08804	RHC OMC	0.000000		0 88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.787194	27,849	21,923 90.00
91.00	09100	EMERGENCY	0.199392	1,679,825	334,944 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.739961	439,744	325,393 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER MEDICAL EQUIP	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		21,401,763	4,169,165 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		21,401,763	4,169,165 202.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0234	Period: From 07/01/2019	Worksheet D-3
			Component CCN:14-U234	To 06/30/2020	Date/Time Prepared: 3/1/2021 3:24 pm
			Title XVIII	Swing Beds - SNF	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		689	30.00
31.00	03100	INTENSIVE CARE UNIT		2,538	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.201361	0	50.00
50.01	05001	SAME DAY SURGERY	0.437220	0	50.01
50.02	05002	LITHOTRIPSY	0.000000	0	50.02
50.03	05003	ENDOSCOPY	0.195269	0	50.03
51.00	05100	RECOVERY ROOM	0.021273	1,792	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.158926	496	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106430	20,789	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.129754	29,369	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.488592	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.351368	17,412	65.00
66.00	06600	PHYSICAL THERAPY	0.433797	20,601	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.307792	4,434	67.00
68.00	06800	SPEECH PATHOLOGY	0.228683	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.080429	2,770	69.00
69.02	06902	CARDIAC REHAB	1.293663	0	69.02
69.03	06903	WOUND CARE	0.305844	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.233409	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.472933	15,795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.370246	211	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.162474	77,058	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC WHCC	0.000000		88.00
88.01	08801	RHC LMC	0.000000		88.01
88.02	08802	RHC PMC	0.000000		88.02
88.03	08803	RHC PPCC	0.000000		88.03
88.04	08804	RHC OMC	0.000000		88.04
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.787194	0	90.00
91.00	09100	EMERGENCY	0.199392	586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.739961	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER MEDICAL EQUIP	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		191,313	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)		191,313	202.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 3/1/2021 3:24 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)	1,689,070		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	4,505,897		1.02	
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0		1.03	
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)	0		1.04	
2.00	Outlier payments for discharges. (see instructions)			2.00	
2.01	Outlier reconciliation amount	0		2.01	
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0		2.02	
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	0		2.03	
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	11,416		2.04	
3.00	Managed Care Simulated Payments	1,067,362		3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	42.37		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)	1.89		30.00	
31.00	Percentage of Medicaid patient days (see instructions)	22.85		31.00	
32.00	Sum of lines 30 and 31	24.74		32.00	
33.00	Allowable disproportionate share percentage (see instructions)	9.63		33.00	
34.00	Disproportionate share adjustment (see instructions)	149,144		34.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 3/1/2021 3:24 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)		0	0
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	375,512	385,745	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	94,650	288,782	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	383,432		
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		
			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	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		
47.00	Subtotal (see instructions)	6,738,959		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		8,468,682	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		491,226	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	
53.00	Nursing and Allied Health Managed Care payment		0	
54.00	Special add-on payments for new technologies		0	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	
59.00	Total (sum of amounts on lines 49 through 58)		8,959,908	
60.00	Primary payer payments		0	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		8,959,908	
62.00	Deductibles billed to program beneficiaries		911,064	
63.00	Coinsurance billed to program beneficiaries		1,705	
64.00	Allowable bad debts (see instructions)		172,454	
65.00	Adjusted reimbursable bad debts (see instructions)		112,095	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		116,492	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		8,159,234	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0	
70.00	OUTLIER		-11,416	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		19,402	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		-7,570	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		68,734	
70.94	HRR adjustment amount (see instructions)		-27,257	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 3/1/2021 3:24 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		8,201,127	71.00
71.01	Sequestration adjustment (see instructions)		136,959	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		8,049,370	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		14,798	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		314,708	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		434,794	1,294,929
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		1.0069495966	1.0126492790
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		3,022	16,380
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.9948	0.9959
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		-2,261	-5,309
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:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/1/2021 3:24 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	1,689,070	0	1,689,070		1,689,070	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,505,897	0		4,505,897	4,505,897	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	11,416	0		11,416	11,416	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	1,067,362	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	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	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	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	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	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0963	0.0963	0.0963	0.0963		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	149,144	0	40,664	108,480	149,144	11.00
11.01	Uncompensated care payments	36.00	383,432	0	81,501	280,862	362,363	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	6,738,959	0	1,811,235	4,927,724	6,738,959	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	9,045,256	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	8,468,682	0	1,811,235	6,657,447	8,468,682	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	491,226	0	136,061	355,165	491,226	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
3/1/2021 3:24 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
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	1,947,296	7,012,612	8,959,908
		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	489,882	0	136,061	353,821	489,882
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	1,344	0	0	1,344	1,344
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	491,226	0	136,061	355,165	491,226
		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				0.045714	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			89,019		89,019
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/1/2021 3:24 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	1,689,070	1,689,070		1,689,070	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,505,897		4,505,897	4,505,897	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	11,416		11,416	11,416	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	1,067,362	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	0.0963	0.0963	0.0963		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	149,144	40,664	108,480	149,144	11.00
11.01	Uncompensated care payments	36.00	383,432	81,501	280,862	362,363	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	6,738,959	1,811,235	4,927,724	6,738,959	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	9,045,256	2,461,823	6,583,434	9,045,257	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	8,468,682	2,299,176	6,169,506	8,468,682	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	491,226	136,061	355,165	491,226	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	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			2,435,237	6,524,671	8,959,908	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/1/2021 3:24 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	489,882	136,061	353,821	489,882	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,344	0	1,344	1,344	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	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	491,226	136,061	355,165	491,226	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	68,734	11,738	56,996	68,734	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	19,402	3,022	16,380	19,402	30.01
31.00	HRR adjustment (see instructions)	70.94	-27,257	-8,783	-18,474	-27,257	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	-7,570	-2,261	-5,309	-7,570	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

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 3/1/2021 3:24 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		931	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,915,017	2.00	
3.00	OPPS payments		8,782,339	3.00	
4.00	Outlier payment (see instructions)		0	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00	
6.00	Line 2 times line 5		0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00	
8.00	Transitional corridor payment (see instructions)		0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		931	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		5,016	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)		5,016	14.00	
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00	
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00	
18.00	Total customary charges (see instructions)		5,016	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,085	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)		931	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)		8,782,339	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,758,599	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)		7,024,671	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)		7,024,671	30.00	
31.00	Primary payer payments		1,518	31.00	
32.00	Subtotal (line 30 minus line 31)		7,023,153	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)		272,733	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		177,276	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		173,504	36.00	
37.00	Subtotal (see instructions)		7,200,429	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		-75	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)		7,200,504	40.00	
40.01	Sequestration adjustment (see instructions)		120,248	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		7,109,303	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)		-29,047	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		157,380	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:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
3/1/2021 3:24 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		8,049,370		7,109,303	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		8,049,370		7,109,303	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		14,798		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		29,047	6.02	
7.00	Total Medicare program liability (see instructions)		8,064,168		7,080,256	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN:14-0234

Period:

Worksheet E-1

Component CCN:14-U234

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

3/1/2021 3:24 pm

		Title XVIII		Swing Beds - SNF		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		63,881		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		63,881		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		96		0	6.02	
7.00	Total Medicare program liability (see instructions)		63,785		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN:14-0234

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
3/1/2021 3:24 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

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN:14-0234	Period: From 07/01/2019	Worksheet E-2	
		Component CCN:14-U234	To 06/30/2020	Date/Time Prepared: 3/1/2021 3:24 pm	
		Title XVIII	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		66,067	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D-3, col. 6 and 7, line 202, for Part B) (For CAH and swing-bed pass-through, see instructions)	Part	0	0	3.00
3.01	Nursing and allied health payment-PARHM (see instructions)				3.01
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		118	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		66,067	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		66,067	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		66,067	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		1,199	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (see instructions)		64,868	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)				16.50
16.55	Rural community hospital demonstration project (\$410A Demonstration) payment adjustment (see instructions)		0		16.55
16.99	Demonstration payment adjustment amount before sequestration		0	0	16.99
17.00	Allowable bad debts (see instructions)		0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)		0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (see instructions)		64,868	0	19.00
19.01	Sequestration adjustment (see instructions)		1,083	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)		0	0	19.02
19.03	Sequestration adjustment-PARHM pass-throughs				19.03
20.00	Interim payments		63,881	0	20.00
20.01	Interim payments-PARHM				20.01
21.00	Tentative settlement (for contractor use only)		0	0	21.00
21.01	Tentative settlement-PARHM (for contractor use only)				21.01
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)		-96	0	22.00
22.01	Balance due provider/program-PARHM (see instructions)				22.01
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	23.00
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 swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))				201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))				202.00
203.00	Total (sum of lines 201 and 202)				203.00
204.00	Medicare swing-bed SNF discharges (see instructions)				204.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
205.00	Medicare swing-bed SNF target amount				205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)				206.00
Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)	1 and			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
Comparison of PPS versus Cost Reimbursement					
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)				215.00

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

Provider CCN:14-0234

Period:

Worksheet G

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

3/1/2021 3:24 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	15,411,510	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	4,550,562	0	0	0	3.00
4.00	Accounts receivable	8,288,063	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	2,088,569	0	0	0	7.00
8.00	Prepaid expenses	1,046,138	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	7,261,894	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	38,646,736	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,476,235	0	0	0	12.00
13.00	Land improvements	1,356,820	0	0	0	13.00
14.00	Accumulated depreciation	-1,197,591	0	0	0	14.00
15.00	Buildings	53,933,899	0	0	0	15.00
16.00	Accumulated depreciation	-37,161,269	0	0	0	16.00
17.00	Leasehold improvements	325,067	0	0	0	17.00
18.00	Accumulated depreciation	-270,249	0	0	0	18.00
19.00	Fixed equipment	14,479,381	0	0	0	19.00
20.00	Accumulated depreciation	-11,169,116	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	45,772,324	0	0	0	23.00
24.00	Accumulated depreciation	-42,767,885	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)	24,777,616	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,571,701	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	2,635,190	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,206,891	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	68,631,243	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,522,958	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,911,769	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	4,474,494	0	0	0	43.00
44.00	Other current liabilities	10,733,150	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	26,642,371	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	16,973,467	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	8,285,567	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	25,259,034	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	51,901,405	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	16,729,838	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)	16,729,838	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	68,631,243	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0234

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

Worksheet G-1

Date/Time Prepared:
3/1/2021 3:24 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		14,116,639		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-766,172				2.00
3.00	Total (sum of line 1 and line 2)		13,350,467		0		3.00
4.00	CHANGE IN INTEREST IN NET ASSETS OF	3,379,371		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		3,379,371		0		10.00
11.00	Subtotal (line 3 plus line 10)		16,729,838		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		16,729,838		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	CHANGE IN INTEREST IN NET ASSETS OF		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES			Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet G-2 Parts I & II Date/Time Prepared: 3/1/2021 3:24 pm
Cost Center Description			Inpatient	Outpatient	Total
			1.00	2.00	3.00
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital		15,193,012		15,193,012 1.00
2.00	SUBPROVIDER - IPF		0		0 2.00
3.00	SUBPROVIDER - IRF		0		0 3.00
4.00	SUBPROVIDER		0		0 4.00
5.00	Swing bed - SNF		0		0 5.00
6.00	Swing bed - NF		0		0 6.00
7.00	SKILLED NURSING FACILITY		0		0 7.00
8.00	NURSING FACILITY		0		0 8.00
9.00	OTHER LONG TERM CARE		0		0 9.00
10.00	Total general inpatient care services (sum of lines 1-9)		15,193,012		15,193,012 10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT		3,727,682		3,727,682 11.00
12.00	CORONARY CARE UNIT		0		0 12.00
13.00	BURN INTENSIVE CARE UNIT		0		0 13.00
14.00	SURGICAL INTENSIVE CARE UNIT		0		0 14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)		3,727,682		3,727,682 16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)		18,920,694		18,920,694 17.00
18.00	Ancillary services		26,229,056	139,844,721	166,073,777 18.00
19.00	Outpatient services		3,712,555	27,943,348	31,655,903 19.00
20.00	RHC WHCC		0	4,064,528	4,064,528 20.00
20.01	RHC LMC		0	938,050	938,050 20.01
20.02	RHC PMC		0	1,567,742	1,567,742 20.02
20.03	RHC PCC		0	2,762,650	2,762,650 20.03
20.04	RHC OMC		0	1,700,366	1,700,366 20.04
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0 21.00
22.00	HOME HEALTH AGENCY		0	0	0 22.00
23.00	AMBULANCE SERVICES		7,612	16,078	23,690 23.00
24.00	CMHC		0	0	0 24.00
24.10	CORF		0	0	0 24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0 25.00
26.00	HOSPICE		0	719,286	719,286 26.00
27.00	NONREIMBURSABLE		0	1,855,761	1,855,761 27.00
27.01	NURSERY		0	0	0 27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)		6,348,869,917	181,412,530	230,282,447 28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			81,078,983	
30.00	NON OPERATING REV/EXP		9,270		
31.00			0		
32.00			0		
33.00			0		
34.00			0		
35.00			0		
36.00	Total additions (sum of lines 30-35)			9,270	
37.00	DEDUCT (SPECIFY)		0		
38.00			0		
39.00			0		
40.00			0		
41.00			0		
42.00	Total deductions (sum of lines 37-41)			0	
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)			81,088,253	

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	230,282,447	1.00
2.00	Less contractual allowances and discounts on patients' accounts	161,147,673	2.00
3.00	Net patient revenues (line 1 minus line 2)	69,134,774	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	81,088,253	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,953,479	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	318,329	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	789,432	24.00
24.01	OTHE NONOPERATING REVENUE	12,607,289	24.01
24.02	CHANGE IN UNRECOGNIZED FUNDED STATUS	-2,611,833	24.02
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	11,103,217	25.00
26.00	Total (line 5 plus line 25)	-850,262	26.00
27.00	EMERGENCY GRANT	-84,090	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-84,090	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-766,172	29.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10				
ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS				Provider CCN:14-0234 Hospice CCN: 14-1533		Period: From 07/01/2019 To 06/30/2020		Worksheet 0 Date/Time Prepared: 3/1/2021 3:24 pm	
				Hospice I					
				SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
				1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS									
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	0	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	5,572	5,572	0	5,572	3.00		
4.00	ADMINISTRATIVE & GENERAL*	106,194	25,962	132,156	-459	131,697	4.00		
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00		
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00		
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00		
8.00	DIETARY*	0	0	0	0	0	8.00		
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00		
10.00	ROUTINE MEDICAL SUPPLIES*	0	774	774	0	774	10.00		
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00		
12.00	STAFF TRANSPORTATION*	0	15,182	15,182	0	15,182	12.00		
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00		
14.00	PHARMACY*	0	17,790	17,790	0	17,790	14.00		
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	3,809	3,809	0	3,809	15.00		
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00		
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00		
DIRECT PATIENT CARE SERVICE COST CENTERS									
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00		
26.00	PHYSICIAN SERVICES**	0	20,004	20,004	0	20,004	26.00		
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00		
28.00	REGISTERED NURSE**	121,678	74,982	196,660	0	196,660	28.00		
29.00	LPN/LVN**	0	0	0	0	0	29.00		
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00		
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00		
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00		
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	0	33.00		
34.00	SPIRITUAL COUNSELING**	34,473	0	34,473	0	34,473	34.00		
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00		
36.00	COUNSELING - OTHER**	15,700	0	15,700	0	15,700	36.00		
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	26,917	0	26,917	0	26,917	37.00		
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00		
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00		
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00		
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00		
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00		
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50		
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00		
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00		
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00		
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00		
NONREIMBURSABLE COST CENTERS									
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00		
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00		
62.00	FUNDRAISING*	0	0	0	0	0	62.00		
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00		
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00		
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00		
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00		
67.00	ADVERTISING*	0	0	0	0	0	67.00		
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00		
69.00	THRIFT STORE*	0	0	0	0	0	69.00		
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00		
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00		
100.00	TOTAL	304,962	164,075	469,037	-459	468,578	100.00		
* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.									
** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.									

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN:14-0234

Period:

Worksheet 0

Hospice CCN: 14-1533

From 07/01/2019
To 06/30/2020Date/Time Prepared:
3/1/2021 3:24 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	5,572	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	131,697	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	774	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	15,182	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	17,790	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	3,809	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	20,004	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	196,660	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	34,473	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	15,700	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	26,917	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	468,578	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-2
	Hospice CCN: 14-1533	Date/Time Prepared: 3/1/2021 3:24 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	19,953	19,953	0	19,953	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	121,366	74,790	196,156	0	196,156	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	34,385	0	34,385	0	34,385	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	15,660	0	15,660	0	15,660	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	26,848	0	26,848	0	26,848	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	198,259	94,743	293,002	0	293,002	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	19,953	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	196,156	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	34,385	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	15,660	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	26,848	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	293,002	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESIDENT CARE	Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-3
	Hospice CCN: 14-1533	Date/Time Prepared: 3/1/2021 3:24 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	51	51	0	51	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	312	192	504	0	504	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	88	0	88	0	88	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	40	0	40	0	40	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	69	0	69	0	69	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	509	243	752	0	752	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	51	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	504	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	88	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	40	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	69	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	752	100.00

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

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES Provider CCN:14-0234 Period: From 07/01/2019 Worksheet 0-5
FOR ALLOCATION Hospice CCN: 14-1533 To 06/30/2020 Date/Time Prepared: 3/1/2021 3:24 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	15,946	15,946	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	20,428	20,428	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	5,572	68,890	74,462	3.00
4.00	ADMINISTRATIVE & GENERAL	131,697	91,585	223,282	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	59,114	59,114	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	774	0	774	10.00
11.00	MEDICAL RECORDS	0	4,788	4,788	11.00
12.00	STAFF TRANSPORTATION	15,182	0	15,182	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	17,790	56	17,846	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	3,809	0	3,809	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	293,002	0	293,002	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	752	0	752	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	468,578	260,807	729,385	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:

Worksheet 0-6

Hospice CCN: 14-1533

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	15,946	15,946					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	20,428		20,428				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	74,462	0	0	74,462			3.00
4.00	ADMINISTRATIVE & GENERAL	223,282	15,946	20,428	0	259,656		4.00
5.00	PLANT OPERATION & MAINTENANCE	59,114	0	0	0	59,114		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	0	0	0	0	0		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	774	0	0	0	774		10.00
11.00	MEDICAL RECORDS	4,788	0	0	0	4,788		11.00
12.00	STAFF TRANSPORTATION	15,182	0	0	0	15,182		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00
14.00	PHARMACY	17,846	0	0	0	17,846		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	3,809	0	0	0	3,809		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	293,002			73,997	366,999		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	752	0	0	465	1,217		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	729,385	15,946	20,428	74,462	729,385		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:

Worksheet 0-6

Hospice CCN: 14-1533

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	259,656						4.00
5.00	PLANT OPERATION & MAINTENANCE	32,677	91,791					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	428	0			0		10.00
11.00	MEDICAL RECORDS	2,647	0			0		11.00
12.00	STAFF TRANSPORTATION	8,392	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	9,865	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	2,106	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	202,868						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	673	91,791		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	259,656	91,791		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:

Worksheet 0-6

Hospice CCN: 14-1533

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	1,202				10.00
11.00	MEDICAL RECORDS	0		7,435			11.00
12.00	STAFF TRANSPORTATION	0			23,574		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	1,200	7,422	23,574	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	2	13	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	1,202	7,435	23,574	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0234

Period:

Worksheet 0-6

Hospice CCN: 14-1533

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
3/1/2021 3:24 pm

Descriptions		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	Hospice I PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	27,711					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	5,915				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	13,855	5,905	0		621,823	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	13,856	10	0	0	107,562	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	27,711	5,915	0	0	729,385	100.00

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

Provider CCN:14-0234

Period:

Worksheet 0-6

Hospice CCN: 14-1533

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,915					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		1,915				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	348,252			3.00
4.00	ADMINISTRATIVE & GENERAL	1,915	1,915	0	-259,656	469,729	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	59,114	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	774	10.00
11.00	MEDICAL RECORDS	0	0	0	0	4,788	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	15,182	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	17,846	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	3,809	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			346,077	0	366,999	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	2,175	0	1,217	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	15,946	20,428	74,462		259,656	100.00
101.00	UNIT COST MULTIPLIER	8.326893	10.667363	0.213816		0.552778	101.00

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

Provider CCN:14-0234

Period:

Worksheet 0-6

Hospice CCN: 14-1533

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Descriptions		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,915					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,915	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	91,791	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	47.932637	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN:14-0234

Period:

Worksheet 0-6

Hospice CCN: 14-1533

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,338					10.00
11.00	MEDICAL RECORDS		2,338				11.00
12.00	STAFF TRANSPORTATION			100			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	100	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	2,334	2,334	100	0	50	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4	4	0	0	50	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,202	7,435	23,574	0	27,711	100.00
101.00	UNIT COST MULTIPLIER	0.514115	3.180068	235.740000	0.000000	277.110000	101.00

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

Provider CCN:14-0234

Period:

Worksheet 0-6

Hospice CCN: 14-1533

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
3/1/2021 3:24 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	2,338				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	2,334	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	5,915	0	0		100.00
101.00	UNIT COST MULTIPLIER	2.529940	0.000000	0.000000		101.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL				In Lieu of Form CMS-2552-10		
APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE			Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020		Worksheet 0-7	
			Hospice CCN: 14-1533		Date/Time Prepared: 3/1/2021 3:24 pm			
					Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
				HCHC	HRHC	HIRC		
				0	1.00	2.00		3.00
ANCILLARY SERVICE COST CENTERS								
1.00	PHYSICAL THERAPY	66.00	0.433797	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.307792	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.228683	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.162474	0	33,239	20	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	12,604	0	5.00	
6.00	LABORATORY	60.00	0.129754	0	0	0	6.00	
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.472933	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	131	0	9.00	
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00	
11.00	Totals (sum of lines 1-11)						11.00	
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)		
		5.00	6.00	7.00	8.00	9.00		
ANCILLARY SERVICE COST CENTERS								
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	0	0	5,400	3	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	5.00	
6.00	LABORATORY	0	0	0	0	0	6.00	
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00	
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00	
10.00	OTHER ANCILLARY SERVICE COST CENTERS						10.00	
11.00	Totals (sum of lines 1-11)		0	5,400	3	0	11.00	

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN:14-0234

Period:

Worksheet 0-8

Hospice CCN: 14-1533

From 07/01/2019
To 06/30/2020Date/Time Prepared:
3/1/2021 3:24 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			627,223	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			2,334	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			268.73	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	2,334	0		9.00
10.00	Program cost (line 8 times line 9)	627,216	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			107,565	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			4	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			26,891.25	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	4	0		14.00
15.00	Program cost (line 13 times line 14)	107,565	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			0	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0		19.00
20.00	Program cost (line 18 times line 19)	0	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			734,788	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			2,338	22.00
23.00	Average cost per diem (line 21 divided by line 22)			314.28	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 3/1/2021 3:24 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		489,882	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,344	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)		16.32	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)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		491,226	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

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10				
ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS				Provider CCN:14-0234 Component CCN:14-8564		Period: From 07/01/2019 To 06/30/2020		Worksheet M-1 Date/Time Prepared: 3/1/2021 3:24 pm	
				RHC I					
				Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification ons	Reclassified Trial Balance (col. 3 + col. 4)	
				1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS									
1.00	Physician	749,909	0	749,909	0	749,909	1.00		
2.00	Physician Assistant	0	0	0	0	0	2.00		
3.00	Nurse Practitioner	492,322	0	492,322	0	492,322	3.00		
4.00	Visiting Nurse	0	0	0	0	0	4.00		
5.00	Other Nurse	0	0	0	0	0	5.00		
6.00	Clinical Psychologist	0	0	0	0	0	6.00		
7.00	Clinical Social Worker	0	0	0	0	0	7.00		
8.00	Laboratory Technician	0	0	0	0	0	8.00		
9.00	Other Facility Health Care Staff Costs	540,313	0	540,313	0	540,313	9.00		
10.00	Subtotal (sum of lines 1 through 9)	1,782,544	0	1,782,544	0	1,782,544	10.00		
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00		
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00		
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00		
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00		
15.00	Medical Supplies	0	131,513	131,513	0	131,513	15.00		
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00		
17.00	Depreciation-Medical Equipment	0	33,779	33,779	0	33,779	17.00		
18.00	Professional Liability Insurance	0	0	0	0	0	18.00		
19.00	Other Health Care Costs	0	958,164	958,164	0	958,164	19.00		
20.00	Allowable GME Costs	0	0	0	0	0	20.00		
21.00	Subtotal (sum of lines 15 through 20)	0	1,123,456	1,123,456	0	1,123,456	21.00		
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,782,544	1,123,456	2,906,000	0	2,906,000	22.00		
COSTS OTHER THAN RHC/FQHC SERVICES									
23.00	Pharmacy	0	0	0	0	0	23.00		
24.00	Dental	0	0	0	0	0	24.00		
25.00	Optometry	0	0	0	0	0	25.00		
25.01	Telehealth	0	0	0	0	0	25.01		
25.02	Chronic Care Management	0	0	0	0	0	25.02		
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00		
27.00	Nonallowable GME costs	0	0	0	0	0	27.00		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00		
FACILITY OVERHEAD									
29.00	Facility Costs	0	60,276	60,276	0	60,276	29.00		
30.00	Administrative Costs	0	308,323	308,323	0	308,323	30.00		
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	368,599	368,599	0	368,599	31.00		
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,782,544	1,492,055	3,274,599	0	3,274,599	32.00		

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-0234

Period:

Worksheet M-1

Component CCN:14-8564

From 07/01/2019
To 06/30/2020Date/Time Prepared:
3/1/2021 3:24 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	749,909	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	492,322	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	540,313	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	1,782,544	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	131,513	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	33,779	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	958,164	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	1,123,456	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	2,906,000	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	-60,000	276	29.00
30.00	Administrative Costs	0	308,323	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-60,000	308,599	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-60,000	3,214,599	32.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10				
ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS				Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020		Worksheet M-1	
				Component CCN:14-8565				Date/Time Prepared: 3/1/2021 3:24 pm	
						RHC II			
				Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
				1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS									
1.00	Physician	218,066	0	218,066	0	218,066	1.00		
2.00	Physician Assistant	0	0	0	0	0	2.00		
3.00	Nurse Practitioner	74,152	0	74,152	0	74,152	3.00		
4.00	Visiting Nurse	0	0	0	0	0	4.00		
5.00	Other Nurse	0	0	0	0	0	5.00		
6.00	Clinical Psychologist	0	0	0	0	0	6.00		
7.00	Clinical Social Worker	0	0	0	0	0	7.00		
8.00	Laboratory Technician	0	0	0	0	0	8.00		
9.00	Other Facility Health Care Staff Costs	285,792	0	285,792	0	285,792	9.00		
10.00	Subtotal (sum of lines 1 through 9)	578,010	0	578,010	0	578,010	10.00		
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00		
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00		
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00		
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00		
15.00	Medical Supplies	0	7,833	7,833	0	7,833	15.00		
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00		
17.00	Depreciation-Medical Equipment	0	8,431	8,431	0	8,431	17.00		
18.00	Professional Liability Insurance	0	0	0	0	0	18.00		
19.00	Other Health Care Costs	0	179,038	179,038	0	179,038	19.00		
20.00	Allowable GME Costs	0	0	0	0	0	20.00		
21.00	Subtotal (sum of lines 15 through 20)	0	195,302	195,302	0	195,302	21.00		
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	578,010	195,302	773,312	0	773,312	22.00		
COSTS OTHER THAN RHC/FQHC SERVICES									
23.00	Pharmacy	0	0	0	0	0	23.00		
24.00	Dental	0	0	0	0	0	24.00		
25.00	Optometry	0	0	0	0	0	25.00		
25.01	Telehealth	0	0	0	0	0	25.01		
25.02	Chronic Care Management	0	0	0	0	0	25.02		
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00		
27.00	Nonallowable GME costs	0	0	0	0	0	27.00		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00		
FACILITY OVERHEAD									
29.00	Facility Costs	0	72,671	72,671	0	72,671	29.00		
30.00	Administrative Costs	0	86,043	86,043	0	86,043	30.00		
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	158,714	158,714	0	158,714	31.00		
32.00	Total facility costs (sum of lines 22, 28 and 31)	578,010	354,016	932,026	0	932,026	32.00		

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-0234

Period:

Worksheet M-1

Component CCN:14-8565

From 07/01/2019
To 06/30/2020Date/Time Prepared:
3/1/2021 3:24 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	218,066	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	74,152	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	285,792	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	578,010	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	7,833	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	8,431	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	179,038	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	195,302	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	773,312	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	-30,804	41,867	29.00
30.00	Administrative Costs	0	86,043	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-30,804	127,910	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-30,804	901,222	32.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10				
ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS				Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020		Worksheet M-1	
				Component CCN:14-8562				Date/Time Prepared: 3/1/2021 3:24 pm	
						RHC III			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)			
		1.00	2.00	3.00	4.00	5.00			
FACILITY HEALTH CARE STAFF COSTS									
1.00	Physician	599,854	0	599,854	0	599,854	1.00		
2.00	Physician Assistant	0	0	0	0	0	2.00		
3.00	Nurse Practitioner	0	0	0	0	0	3.00		
4.00	Visiting Nurse	0	0	0	0	0	4.00		
5.00	Other Nurse	0	0	0	0	0	5.00		
6.00	Clinical Psychologist	0	0	0	0	0	6.00		
7.00	Clinical Social Worker	0	0	0	0	0	7.00		
8.00	Laboratory Technician	0	0	0	0	0	8.00		
9.00	Other Facility Health Care Staff Costs	304,174	0	304,174	0	304,174	9.00		
10.00	Subtotal (sum of lines 1 through 9)	904,028	0	904,028	0	904,028	10.00		
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00		
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00		
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00		
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00		
15.00	Medical Supplies	0	242,456	242,456	0	242,456	15.00		
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00		
17.00	Depreciation-Medical Equipment	0	2,072	2,072	0	2,072	17.00		
18.00	Professional Liability Insurance	0	0	0	0	0	18.00		
19.00	Other Health Care Costs	0	4,056	4,056	0	4,056	19.00		
20.00	Allowable GME Costs	0	0	0	0	0	20.00		
21.00	Subtotal (sum of lines 15 through 20)	0	248,584	248,584	0	248,584	21.00		
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	904,028	248,584	1,152,612	0	1,152,612	22.00		
COSTS OTHER THAN RHC/FQHC SERVICES									
23.00	Pharmacy	0	0	0	0	0	23.00		
24.00	Dental	0	0	0	0	0	24.00		
25.00	Optometry	0	0	0	0	0	25.00		
25.01	Telehealth	0	0	0	0	0	25.01		
25.02	Chronic Care Management	0	0	0	0	0	25.02		
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00		
27.00	Nonallowable GME costs	0	0	0	0	0	27.00		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00		
FACILITY OVERHEAD									
29.00	Facility Costs	0	37,277	37,277	0	37,277	29.00		
30.00	Administrative Costs	0	197,360	197,360	0	197,360	30.00		
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	234,637	234,637	0	234,637	31.00		
32.00	Total facility costs (sum of lines 22, 28 and 31)	904,028	483,221	1,387,249	0	1,387,249	32.00		

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-0234

Period:

Worksheet M-1

Component CCN:14-8562

From 07/01/2019
To 06/30/2020Date/Time Prepared:
3/1/2021 3:24 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	599,854	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	0	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	304,174	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	904,028	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	242,456	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	2,072	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	4,056	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	248,584	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,152,612	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	-17,160	20,117	29.00
30.00	Administrative Costs	0	197,360	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-17,160	217,477	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-17,160	1,370,089	32.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10				
ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS				Provider CCN:14-0234 Component CCN:14-8563		Period: From 07/01/2019 To 06/30/2020		Worksheet M-1 Date/Time Prepared: 3/1/2021 3:24 pm	
				RHC IV					
				Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassification ons	Reclassified Trial Balance (col. 3 + col. 4)	
				1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS									
1.00	Physician	676,202	0	676,202	0	676,202	1.00		
2.00	Physician Assistant	0	0	0	0	0	2.00		
3.00	Nurse Practitioner	150,881	0	150,881	0	150,881	3.00		
4.00	Visiting Nurse	0	0	0	0	0	4.00		
5.00	Other Nurse	0	0	0	0	0	5.00		
6.00	Clinical Psychologist	0	0	0	0	0	6.00		
7.00	Clinical Social Worker	0	0	0	0	0	7.00		
8.00	Laboratory Technician	0	0	0	0	0	8.00		
9.00	Other Facility Health Care Staff Costs	292,404	0	292,404	0	292,404	9.00		
10.00	Subtotal (sum of lines 1 through 9)	1,119,487	0	1,119,487	0	1,119,487	10.00		
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00		
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00		
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00		
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00		
15.00	Medical Supplies	0	575,935	575,935	0	575,935	15.00		
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00		
17.00	Depreciation-Medical Equipment	0	1,248	1,248	0	1,248	17.00		
18.00	Professional Liability Insurance	0	0	0	0	0	18.00		
19.00	Other Health Care Costs	0	10,682	10,682	0	10,682	19.00		
20.00	Allowable GME Costs	0	0	0	0	0	20.00		
21.00	Subtotal (sum of lines 15 through 20)	0	587,865	587,865	0	587,865	21.00		
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	1,119,487	587,865	1,707,352	0	1,707,352	22.00		
COSTS OTHER THAN RHC/FQHC SERVICES									
23.00	Pharmacy	0	0	0	0	0	23.00		
24.00	Dental	0	0	0	0	0	24.00		
25.00	Optometry	0	0	0	0	0	25.00		
25.01	Telehealth	0	0	0	0	0	25.01		
25.02	Chronic Care Management	0	0	0	0	0	25.02		
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00		
27.00	Nonallowable GME costs	0	0	0	0	0	27.00		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00		
FACILITY OVERHEAD									
29.00	Facility Costs	0	39,570	39,570	0	39,570	29.00		
30.00	Administrative Costs	0	282,869	282,869	0	282,869	30.00		
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	322,439	322,439	0	322,439	31.00		
32.00	Total facility costs (sum of lines 22, 28 and 31)	1,119,487	910,304	2,029,791	0	2,029,791	32.00		

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-0234

Period:

Worksheet M-1

Component CCN:14-8563

From 07/01/2019
To 06/30/2020Date/Time Prepared:
3/1/2021 3:24 pm

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	RHC IV	
		6.00	7.00		
FACILITY HEALTH CARE STAFF COSTS					
1.00	Physician	0	676,202		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	150,881		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	292,404		9.00
10.00	Subtotal (sum of lines 1 through 9)	0	1,119,487		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0		14.00
15.00	Medical Supplies	0	575,935		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	1,248		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	10,682		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15 through 20)	0	587,865		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,707,352		22.00
COSTS OTHER THAN RHC/FQHC SERVICES					
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
25.01	Telehealth	0	0		25.01
25.02	Chronic Care Management	0	0		25.02
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0		28.00
FACILITY OVERHEAD					
29.00	Facility Costs	-36,000	3,570		29.00
30.00	Administrative Costs	0	282,869		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-36,000	286,439		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-36,000	1,993,791		32.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL			In Lieu of Form CMS-2552-10				
ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS				Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020		Worksheet M-1	
				Component CCN:14-8561				Date/Time Prepared: 3/1/2021 3:24 pm	
						RHC V			
				Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
				1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS									
1.00	Physician	419,606	0	419,606	0	419,606	1.00		
2.00	Physician Assistant	0	0	0	0	0	2.00		
3.00	Nurse Practitioner	218,742	0	218,742	0	218,742	3.00		
4.00	Visiting Nurse	0	0	0	0	0	4.00		
5.00	Other Nurse	0	0	0	0	0	5.00		
6.00	Clinical Psychologist	0	0	0	0	0	6.00		
7.00	Clinical Social Worker	0	0	0	0	0	7.00		
8.00	Laboratory Technician	0	0	0	0	0	8.00		
9.00	Other Facility Health Care Staff Costs	279,012	0	279,012	0	279,012	9.00		
10.00	Subtotal (sum of lines 1 through 9)	917,360	0	917,360	0	917,360	10.00		
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00		
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00		
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00		
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00		
15.00	Medical Supplies	0	320,091	320,091	0	320,091	15.00		
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00		
17.00	Depreciation-Medical Equipment	0	1,846	1,846	0	1,846	17.00		
18.00	Professional Liability Insurance	0	0	0	0	0	18.00		
19.00	Other Health Care Costs	0	16,003	16,003	0	16,003	19.00		
20.00	Allowable GME Costs	0	0	0	0	0	20.00		
21.00	Subtotal (sum of lines 15 through 20)	0	337,940	337,940	0	337,940	21.00		
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	917,360	337,940	1,255,300	0	1,255,300	22.00		
COSTS OTHER THAN RHC/FQHC SERVICES									
23.00	Pharmacy	0	0	0	0	0	23.00		
24.00	Dental	0	0	0	0	0	24.00		
25.00	Optometry	0	0	0	0	0	25.00		
25.01	Telehealth	0	0	0	0	0	25.01		
25.02	Chronic Care Management	0	0	0	0	0	25.02		
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00		
27.00	Nonallowable GME costs	0	0	0	0	0	27.00		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00		
FACILITY OVERHEAD									
29.00	Facility Costs	0	107,723	107,723	0	107,723	29.00		
30.00	Administrative Costs	0	128,102	128,102	0	128,102	30.00		
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	235,825	235,825	0	235,825	31.00		
32.00	Total facility costs (sum of lines 22, 28 and 31)	917,360	573,765	1,491,125	0	1,491,125	32.00		

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:14-0234

Period:

Worksheet M-1

Component CCN:14-8561

From 07/01/2019
To 06/30/2020Date/Time Prepared:
3/1/2021 3:24 pm

RHC V

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	419,606	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	218,742	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	279,012	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	917,360	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	320,091	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	1,846	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	16,003	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	337,940	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	1,255,300	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	-50,000	57,723	29.00
30.00	Administrative Costs	0	128,102	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-50,000	185,825	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-50,000	1,441,125	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN:14-0234 Component CCN:14-8564	Period: From 07/01/2019 To 06/30/2020	Worksheet M-2 Date/Time Prepared: 3/1/2021 3:24 pm
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	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3) 4	Greater of col. 2 or col. 4 5	
	1.00	2.00	3.00	4.00	5.00	

VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	1.82	3,687	4,200	7,644	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	3.37	5,080	2,100	7,077	3.00
4.00	Subtotal (sum of lines 1 through 3)	5.19	8,767		14,721	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	5.19	8,767		14,721	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				2,906,000	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				2,906,000	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				308,599	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				1,469,540	15.00
16.00	Total overhead (sum of lines 14 and 15)				1,778,139	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				1,778,139	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				1,778,139	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				4,684,139	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN:14-0234 Component CCN:14-8565	Period: From 07/01/2019 To 06/30/2020	Worksheet M-2 Date/Time Prepared: 3/1/2021 3:24 pm
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		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3) 4	Greater of col. 2 or col. 4 5	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	0.89	3,090	4,200	3,738		1.00
2.00	Physician Assistant	0.63	1,144	2,100	1,323		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	1.52	4,234		5,061	5,061	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.52	4,234			5,061	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					773,312	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					773,312	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					127,910	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					305,552	15.00
16.00	Total overhead (sum of lines 14 and 15)					433,462	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					433,462	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					433,462	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					1,206,774	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN:14-0234 Component CCN:14-8562	Period: From 07/01/2019 To 06/30/2020	Worksheet M-2 Date/Time Prepared: 3/1/2021 3:24 pm
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		RHC III				
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3) 4	Greater of col. 2 or col. 4 5
		1.00	2.00	3.00	4.00	5.00
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.92	4,334	4,200	3,864	1.00
2.00	Physician Assistant	0.43	993	2,100	903	2.00
3.00	Nurse Practitioner	0.00	0	2,100	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	1.35	5,327		4,767	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.35	5,327			8.00
9.00	Physician Services Under Agreements		0		0	9.00
						1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				1,152,612	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				1,152,612	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				217,477	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				695,516	15.00
16.00	Total overhead (sum of lines 14 and 15)				912,993	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				912,993	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				912,993	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				2,065,605	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN:14-0234 Component CCN:14-8563	Period: From 07/01/2019 To 06/30/2020	Worksheet M-2 Date/Time Prepared: 3/1/2021 3:24 pm
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		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3) 4	Greater of col. 2 or col. 4 5	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	2.71	6,827	4,200	11,382		1.00
2.00	Physician Assistant	0.82	2,669	2,100	1,722		2.00
3.00	Nurse Practitioner	0.00	0	2,100	0		3.00
4.00	Subtotal (sum of lines 1 through 3)	3.53	9,496		13,104	13,104	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	3.53	9,496			13,104	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					1,707,352	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					1,707,352	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					286,439	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					1,457,005	15.00
16.00	Total overhead (sum of lines 14 and 15)					1,743,444	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					1,743,444	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					1,743,444	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					3,450,796	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN:14-0234 Component CCN:14-8561	Period: From 07/01/2019 To 06/30/2020	Worksheet M-2 Date/Time Prepared: 3/1/2021 3:24 pm
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		RHC V				
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3) 4	Greater of col. 2 or col. 4 5
		1.00	2.00	3.00	4.00	5.00
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	1.76	3,072	4,200	7,392	1.00
2.00	Physician Assistant	1.68	2,993	2,100	3,528	2.00
3.00	Nurse Practitioner	0.00	0	2,100	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	3.44	6,065		10,920	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	3.44	6,065		10,920	8.00
9.00	Physician Services Under Agreements		0		0	9.00
						1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				1,255,300	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				1,255,300	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				185,825	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				670,370	15.00
16.00	Total overhead (sum of lines 14 and 15)				856,195	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				856,195	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				856,195	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				2,111,495	20.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10		
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES			Provider CCN:14-0234 Component CCN:14-8564		Period: From 07/01/2019 To 06/30/2020 Worksheet M-3 Date/Time Prepared: 3/1/2021 3:24 pm	
			Title XVIII		RHC I	
					1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)				4,684,139	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)				0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)				4,684,139	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)				14,721	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)				0	5.00
6.00	Total adjusted visits (line 4 plus line 5)				14,721	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)				318.19	7.00
				Calculation of Limit (1)		
				Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
				1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)				0.00	8.00
9.00	Rate for Program covered visits (see instructions)				318.19	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)				93	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)				29,592	11.00
12.00	Program covered visits for mental health services (from contractor records)				0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)				0	13.00
14.00	Limit adjustment for mental health services (see instructions)				0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *				0	16.00
16.01	Total program charges (see instructions)(from contractor's records)				73,491	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				5,096	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				7,899	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				81,468	16.04
16.05	Total program cost (see instructions)				0	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				4,178	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				12,843	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				89,367	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				89,367	22.00
23.00	Allowable bad debts (see instructions)				0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				89,367	26.00
26.01	Sequestration adjustment (see instructions)				1,492	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				90,098	27.00
28.00	Tentative settlement (for contractor use only)				0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				-2,223	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II chapter I, §115.2				0	30.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10		
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES			Provider CCN:14-0234		Period: From 07/01/2019 To 06/30/2020	
			Component CCN:14-8565		Worksheet M-3	
			Title XVIII		RHC II	
					1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)				1,206,774	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)				0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)				1,206,774	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)				5,061	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)				0	5.00
6.00	Total adjusted visits (line 4 plus line 5)				5,061	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)				238.45	7.00
			Calculation of Limit (1)			
			Prior to Jan. 1 (Rate Period 1)		On or After Jan. 1 (Rate Period 2)	
			1.00		2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)				0.00	8.00
9.00	Rate for Program covered visits (see instructions)				238.45	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)				293	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)				69,866	11.00
12.00	Program covered visits for mental health services (from contractor records)				0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)				0	13.00
14.00	Limit adjustment for mental health services (see instructions)				0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *				0	16.00
16.01	Total program charges (see instructions)(from contractor's records)				252,757	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				67,233	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				84,375	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				122,335	16.04
16.05	Total program cost (see instructions)				0	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				15,463	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				23,742	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				206,710	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				206,710	22.00
23.00	Allowable bad debts (see instructions)				0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				206,710	26.00
26.01	Sequestration adjustment (see instructions)				3,452	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				194,573	27.00
28.00	Tentative settlement (for contractor use only)				0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				8,685	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II chapter I, §115.2				0	30.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10		
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES			Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet M-3	
			Component CCN:14-8562	Date/Time Prepared: 3/1/2021 3:24 pm		
			Title XVIII	RHC III		
			1.00			
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			2,065,605	1.00	
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			58,242	2.00	
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			2,007,363	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			5,327	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			5,327	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			376.83	7.00	
				Calculation of Limit (1)		
				Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
				1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)			0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)			376.83	376.83	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)			973	2,466	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			366,656	929,263	11.00
12.00	Program covered visits for mental health services (from contractor records)			0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)			0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)			0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			0	1,295,919	16.00
16.01	Total program charges (see instructions)(from contractor's records)				636,020	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				39,295	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				80,066	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				921,839	16.04
16.05	Total program cost (see instructions)			0	1,001,905	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				63,554	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				106,563	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				1,001,905	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				43,751	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				1,045,656	22.00
23.00	Allowable bad debts (see instructions)				0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				1,045,656	26.00
26.01	Sequestration adjustment (see instructions)				17,462	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				783,258	27.00
28.00	Tentative settlement (for contractor use only)				0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				244,936	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II chapter I, §115.2				0	30.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10		
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet M-3		
		Component CCN:14-8563		Date/Time Prepared: 3/1/2021 3:24 pm		
		Title XVIII	RHC IV			
			1.00			
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			3,450,796	1.00	
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			161,015	2.00	
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			3,289,781	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			13,104	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			13,104	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			251.05	7.00	
			Calculation of Limit (1)			
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
			1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)			0.00	8.00	
9.00	Rate for Program covered visits (see instructions)			251.05	9.00	
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)			531	1,490	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			133,308	374,065	11.00
12.00	Program covered visits for mental health services (from contractor records)			0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)			0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)			0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			0	507,373	16.00
16.01	Total program charges (see instructions)(from contractor's records)				360,980	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				52,439	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				73,705	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				324,549	16.04
16.05	Total program cost (see instructions)			0	398,254	16.05
17.00	Primary payer amounts				0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				27,982	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				56,112	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				398,254	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				7,704	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				405,958	22.00
23.00	Allowable bad debts (see instructions)				0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				405,958	26.00
26.01	Sequestration adjustment (see instructions)				6,779	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				323,274	27.00
28.00	Tentative settlement (for contractor use only)				0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				75,905	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II chapter I, §115.2				0	30.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet M-3	
		Component CCN:14-8561		Date/Time Prepared: 3/1/2021 3:24 pm	
		Title XVIII	RHC V		
			1.00		
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			2,111,495	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			52,564	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			2,058,931	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			10,920	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			10,920	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			188.55	7.00
			Calculation of Limit (1)		
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)		188.55	188.55	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		373	972	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		70,329	183,271	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	253,600	16.00
16.01	Total program charges (see instructions)(from contractor's records)			267,333	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			41,995	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			39,838	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			146,331	16.04
16.05	Total program cost (see instructions)		0	186,169	16.05
17.00	Primary payer amounts			0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			30,848	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			38,898	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			186,169	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			10,787	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			196,956	22.00
23.00	Allowable bad debts (see instructions)			0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	25.50
25.99	Demonstration payment adjustment amount before sequestration			0	25.99
26.00	Net reimbursable amount (see instructions)			196,956	26.00
26.01	Sequestration adjustment (see instructions)			3,289	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			183,855	27.00
28.00	Tentative settlement (for contractor use only)			0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)			9,812	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II chapter I, §115.2			0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:14-0234 Component CCN:14-8562	Period: From 07/01/2019 To 06/30/2020	Worksheet M-4 Date/Time Prepared: 3/1/2021 3:24 pm	
		Title XVIII	RHC III		
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		904,028	904,028	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.001731	0.004833	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		1,565	4,369	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		17,689	8,876	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		19,254	13,245	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		1,152,612	1,152,612	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		912,993	912,993	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.016705	0.011491	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		15,252	10,491	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		34,506	23,736	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		198	553	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		174.27	42.92	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		155	390	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		27,012	16,739	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			58,242	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			43,751	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:14-0234 Component CCN:14-8563	Period: From 07/01/2019 To 06/30/2020	Worksheet M-4 Date/Time Prepared: 3/1/2021 3:24 pm	
		Title XVIII	RHC IV		
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		1,119,487	1,119,487	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.002417	0.004994	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		2,706	5,591	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		59,299	12,070	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		62,005	17,661	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		1,707,352	1,707,352	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		1,743,444	1,743,444	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.036316	0.010344	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		63,315	18,034	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		125,320	35,695	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		364	752	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		344.29	47.47	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		17	39	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		5,853	1,851	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			161,015	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			7,704	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:14-0234 Component CCN:14-8561	Period: From 07/01/2019 To 06/30/2020	Worksheet M-4 Date/Time Prepared: 3/1/2021 3:24 pm	
		Title XVIII	RHC V		
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		917,360	917,360	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000830	0.002707	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		761	2,483	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		20,623	7,383	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		21,384	9,866	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		1,255,300	1,255,300	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		856,195	856,195	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.017035	0.007859	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		14,585	6,729	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		35,969	16,595	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		141	460	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		255.10	36.08	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		28	101	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		7,143	3,644	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			52,564	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			10,787	16.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet M-5	
		Component CCN:14-8564		Date/Time Prepared: 3/1/2021 3:24 pm	
		RHC I			
		Part B			
		mm/dd/yyyy	Amount		
		1.00	2.00		
1.00	Total interim payments paid to hospital-based RHC/FQHC		90,098	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01			0		3.01
3.02			0		3.02
3.03			0		3.03
3.04			0		3.04
3.05			0		3.05
Provider to Program					
3.50			0		3.50
3.51			0		3.51
3.52			0		3.52
3.53			0		3.53
3.54			0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		90,098		4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01			0		5.01
5.02			0		5.02
5.03			0		5.03
Provider to Program					
5.50			0		5.50
5.51			0		5.51
5.52			0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER		0		6.01
6.02	SETTLEMENT TO PROGRAM		2,223		6.02
7.00	Total Medicare program liability (see instructions)		87,875		7.00
		Contractor Number	NPR Date (Mo/Day/Yr)		
		0	1.00 2.00		
8.00	Name of Contractor				8.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet M-5	
		Component CCN:14-8565		Date/Time Prepared: 3/1/2021 3:24 pm	
			RHC II		
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			194,573	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01				0	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
Provider to Program					
3.50				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			194,573	4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01				0	5.01
5.02				0	5.02
5.03				0	5.03
Provider to Program					
5.50				0	5.50
5.51				0	5.51
5.52				0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER			8,685	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			203,258	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet M-5	
		Component CCN:14-8562		Date/Time Prepared: 3/1/2021 3:24 pm	
			RHC III		
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			783,258	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01				0	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
Provider to Program					
3.50				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			783,258	4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01				0	5.01
5.02				0	5.02
5.03				0	5.03
Provider to Program					
5.50				0	5.50
5.51				0	5.51
5.52				0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER			244,936	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			1,028,194	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet M-5	
		Component CCN:14-8563		Date/Time Prepared: 3/1/2021 3:24 pm	
			RHC IV		
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			323,274	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01				0	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
Provider to Program					
3.50				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			323,274	4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01				0	5.01
5.02				0	5.02
5.03				0	5.03
Provider to Program					
5.50				0	5.50
5.51				0	5.51
5.52				0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER			75,905	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			399,179	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

Health Financial Systems		ILLINOIS VALLEY COMMUNITY HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:14-0234	Period: From 07/01/2019 To 06/30/2020	Worksheet M-5	
		Component CCN:14-8561		Date/Time Prepared: 3/1/2021 3:24 pm	
			RHC V		
			Part B		
			mm/dd/yyyy	Amount	
			1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC			183,855	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				3.00
Program to Provider					
3.01				0	3.01
3.02				0	3.02
3.03				0	3.03
3.04				0	3.04
3.05				0	3.05
Provider to Program					
3.50				0	3.50
3.51				0	3.51
3.52				0	3.52
3.53				0	3.53
3.54				0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)			183,855	4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				5.00
Program to Provider					
5.01				0	5.01
5.02				0	5.02
5.03				0	5.03
Provider to Program					
5.50				0	5.50
5.51				0	5.51
5.52				0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER			9,812	6.01
6.02	SETTLEMENT TO PROGRAM			0	6.02
7.00	Total Medicare program liability (see instructions)			193,667	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00