

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

EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 6/28/2021 2:54 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date:	Time:
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☒ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☒ Final Report for this Provider CCN	
	(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 ADVENTIST BOLINGBROOK HOSPITAL (14-0304) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	127,483	18,558	0	0	1.00
2.00	Subprovider - IPF	0	34,089	225		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	161,572	18,783	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.

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL				In Lieu of Form CMS-2552-10					
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN:14-0304		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 6/28/2021 2:54 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street:500 REMINGTON BLVD			PO Box:				1.00			
2.00	City: BOLINGBROOK			State: IL		Zip Code:60440-		County:WILL			
		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		ADVENTIST BOLINGBROOK HOSPITAL		140304	16974	1	01/13/2008	N	P O	3.00
4.00	Subprovider - IPF		ADVENTIST BOLINGBROOK HOSPITAL PSYCH		14S304	16974	4	01/01/2016	N	P T	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2020		12/31/2020		20.00
21.00	Type of Control (see instructions)						1				21.00
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		Y		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00
				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.			927	938	11	10	3,434	130		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0304		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 6/28/2021 2:54 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			
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.				1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0				35.00
					Beginning:	Ending:			
					1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.				0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
					Y/N	Y/N			
					1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N			40.00
					V	XVIII	XIX		
					1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					Y	Y		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	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.				N	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.								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.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
6/28/2021 2:54 pm

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section N 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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" N for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part I
Date/Time Prepared:
6/28/2021 2:54 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
<u>Inpatient Psychiatric Facility PPS</u>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Y					70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N N 0	71.00	
<u>Inpatient Rehabilitation Facility PPS</u>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Y					75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					76.00	

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
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			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)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	109.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 6/28/2021 2:54 pm	
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			112.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	2,568,780	0		118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §312N and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	Removed and reserved				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10		
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0304		Period: From 01/01/2020 To 12/31/2020		
				Worksheet S-2 Part I Date/Time Prepared: 6/28/2021 2:54 pm		
		1.00		2.00		
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)				HF8013	140.00
1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: ADVENTHEALTH		Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001	141.00
142.00	Street: 900 HOPE WAY		PO Box:			142.00
143.00	City: ALTAMONTE SPRINGS		State: FL		Zip Code: 32714	143.00
		1.00				
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00
		1.00		2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					146.00
		1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00
		Part A		Part B		
		1.00		2.00		
		Title V		Title XIX		
		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	155.00
156.00	Subprovider - IPF		N	N	N	156.00
157.00	Subprovider - IRF		N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF		N	N	N	159.00
160.00	HOME HEALTH AGENCY		N	N	N	160.00
161.00	CMHC			N	N	161.00
		1.00				
Multicampus						
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00
		Name		County		
		0		1.00		
		State		Zip Code		
		2.00		3.00		
		CBSA		FTE/Campus		
		4.00		5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00	166.00
		1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 6/28/2021 2:54 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			171.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0304		Period: From 01/01/2020 To 12/31/2020	
		Worksheet S-2 Part II		Date/Time Prepared: 6/28/2021 2:54 pm	
		Y/N		Date	
		1.00		2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.			Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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	06/08/2021	Y	06/08/2021
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 6/28/2021 2:54 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
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	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.	MARY JO	MACKNISKAS	41.00
42.00	Enter the employer/company name of the cost report preparer	AMITA		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	224-273-0184	MARYJO.MACKNISKAS@AMITAHEALTH.ORG	43.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 6/28/2021 2:54 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.	3.00 DIRECTOR NET REV AND REIMB			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

VOLUNTARY CONTACT INFORMATION

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet S-2
Part V
Date/Time Prepared:
6/28/2021 2:54 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	MARY JO	1.00
2.00	Last Name	MACKNISKAS	2.00
3.00	Title	SR DIRECTOR NET REV AND REIMB	3.00
4.00	Employer	AMITA	4.00
5.00	Phone Number	(224)273-0184	5.00
6.00	E-mail Address	MARYJO.MACKNISKAS@AMITAHEALTH.ORG	6.00
7.00	Department		7.00
8.00	Mailing Address 1	2601 NAVISTAR DRIVE	8.00
9.00	Mailing Address 2		9.00
10.00	City	LISLE	10.00
11.00	State	IL	11.00
12.00	Zip	60532	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	JARED	13.00
14.00	Last Name	BROWN	14.00
15.00	Title	CFO	15.00
16.00	Employer	AMITA	16.00
17.00	Phone Number		17.00
18.00	E-mail Address	JARED.BROWN@AMITAHEALTH.ORG	18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		Non-CMS HFS Worksheet	
HFS Supplemental Information		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part IX Date/Time Prepared: 6/28/2021 2:54 pm	
			Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdownY adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)		Y		1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, PartY I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)		Y		2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed CostY on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)		Y		3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N		3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?		Y		3.02
			Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N		5.00
			Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I columnY 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)		Y		6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y		7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N		8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	XIX? N	N		9.00
			State 1.00		
STATE MEDICAID FORMS					
10.00	Select the state when using state Medicaid forms.				10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
6/28/2021 2:54 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	98	35,868	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)		98	35,868	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		110	40,260	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	24	8,784		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		134				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:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
6/28/2021 2:54 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)	5,349	1,177	16,893			1.00
2.00 HMO and other (see instructions)	3,271	3,585				2.00
3.00 HMO IPF Subprovider	685	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	5,349	1,177	16,893			7.00
8.00 INTENSIVE CARE UNIT	795	261	2,752			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		410	1,856			13.00
14.00 Total (see instructions)	6,144	1,848	21,501	0.00	771.52	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,882	0	4,809	0.00	67.34	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			297			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	838.86	27.00
28.00 Observation Bed Days		113	3,123			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	17	97			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:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part I
Date/Time Prepared:
6/28/2021 2:54 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	1,357	224	5,159	1.00
2.00 HMO and other (see instructions)			681	860		2.00
3.00 HMO IPF Subprovider				3		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	1,357	224	5,159	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	258	0	351	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
6/28/2021 2:54 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	41,614,729	-158,900	41,455,829	1,174,650.00	35.29 1.00
2.00	Non-physician anesthetist Part A		140,701	0	140,701	895.00	157.21 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		363,645	0	363,645	19,955.00	18.22 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		3,002,027	0	3,002,027	101,370.00	29.61 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,460,206	0	6,460,206	102,694.00	62.91 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		547,053	0	547,053	3,738.00	146.35 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		9,307,809	0	9,307,809	200,380.90	46.45 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,422,313	0	7,422,313		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		675,777	0	675,777		
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		18,393	0	18,393		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		205,758	0	205,758		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,551,580	0	1,551,580		
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:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part II
Date/Time Prepared:
6/28/2021 2:54 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	
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	384,294	0	384,294	1,056.00	363.91	26.00
27.00	Administrative & General	5.00	3,165,671	-79,545	3,086,126	80,221.00	38.47	27.00
28.00	Administrative & General under contract (see inst.)		103,479	0	103,479	742.27	139.41	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,338,216	0	1,338,216	51,388.00	26.04	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)		2,196,596	0	2,196,596	85,867.00	25.58	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		473,789	0	473,789	19,522.27	24.27	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	1,081,373	0	1,081,373	21,004.00	51.48	38.00
39.00	Central Services and Supply	14.00	9,638	0	9,638	7,958.00	1.21	39.00
40.00	Pharmacy	15.00	207,506	0	207,506	45,215.00	4.59	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	-23,237	23,237	0	1,331.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part III
Date/Time Prepared:
6/28/2021 2:54 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)	43,884,247	-158,900	43,725,347	1,259,931.54	34.70	1.00
2.00	Excluded area salaries (see instructions)	3,002,027	0	3,002,027	101,370.00	29.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	40,882,220	-158,900	40,723,320	1,158,561.54	35.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,315,068	0	16,315,068	306,812.90	53.18	4.00
5.00	Subtotal wage-related costs (see inst.)	8,992,286	0	8,992,286	0.00	22.08	5.00
6.00	Total (sum of lines 3 thru 5)	66,189,574	-158,900	66,030,674	1,465,374.44	45.06	6.00
7.00	Total overhead cost (see instructions)	8,937,325	-56,308	8,881,017	314,304.54	28.26	7.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 6/28/2021 2:54 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		677,492	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)		630,148	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)		3,553,722	8.02	
8.03	Health Insurance (Purchased)		0	8.03	
9.00	Prescription Drug Plan		0	9.00	
10.00	Dental, Hearing and Vision Plan		-32,426	10.00	
11.00	Life Insurance (If employee is owner or beneficiary)		-132,138	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)		148,540	13.00	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00	
15.00	'Workers' Compensation Insurance		312,272	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		3,055,197	17.00	
18.00	Medicare Taxes - Employers Portion Only		0	18.00	
19.00	Unemployment Insurance		35,560	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		73,873	23.00	
24.00	Total Wage Related cost (Sum of lines 1 -23)		8,322,240	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:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet S-3
Part V
Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,460,206	8,322,240	1.00
2.00	Hospital	6,460,206	7,422,313	2.00
3.00	Subprovider - IPF	0	536,122	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	363,805	18.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 6/28/2021 2:54 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)		0.238889	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		15,074,731	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		109,827,826	6.00	
7.00	Medicaid cost (line 1 times line 6)		26,236,660	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)		<11,161,929	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, 11, 12, 15, 16 and 17)		11,161,929	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)	9,663,780	1,214,048	10,877,828	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,308,571	1,214,048	3,522,619	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,308,571	1,214,048	3,522,619	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)		8,167,994	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		384,086	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		590,902	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		7,577,092	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,016,900	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,539,519	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,701,448	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet A Date/Time Prepared: 6/28/2021 2:54 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		0	0	6,496,299	6,496,299	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	2,493,322	2,493,322	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	384,294	5,279,722	5,664,016	0	5,664,016	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,165,671	36,399,708	39,565,379	-309,923	39,255,456	5.00
7.00	00700	OPERATION OF PLANT	1,338,216	4,267,981	5,606,197	-40,573	5,565,624	7.00
9.00	00900	HOUSEKEEPING	0	2,888,438	2,888,438	-4,225	2,884,213	9.00
10.00	01000	DIETARY	0	2,399,454	2,399,454	-1,775,552	623,902	10.00
11.00	01100	CAFETERIA	0	0	0	1,775,552	1,775,552	11.00
13.00	01300	NURSING ADMINISTRATION	1,081,373	579,986	1,661,359	-356,957	1,304,402	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,638	210,642	220,280	-125,985	94,295	14.00
15.00	01500	PHARMACY	207,506	32,158,882	32,366,388	-31,753,503	612,885	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	57,726	57,726	0	57,726	16.00
17.00	01700	SOCIAL SERVICE	-23,237	44,121	20,884	0	20,884	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,531,856	1,869,827	10,401,683	-1,597,768	8,803,915	30.00
31.00	03100	INTENSIVE CARE UNIT	2,134,229	920,871	3,055,100	-605,816	2,449,284	31.00
40.00	04000	SUBPROVIDER - IPF	2,264,490	322,682	2,587,172	-83,316	2,503,856	40.00
43.00	04300	NURSERY	0	22,198	22,198	1,051,755	1,073,953	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,414,458	10,621,841	15,036,299	-8,856,613	6,179,686	50.00
51.00	05100	RECOVERY ROOM	583,583	67,561	651,144	-19,910	631,234	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,576,102	734,189	2,310,291	-459,650	1,850,641	52.00
53.00	05300	ANESTHESIOLOGY	70,499	253,132	323,631	-236,905	86,726	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,971,402	1,772,684	3,744,086	-759,703	2,984,383	54.00
56.00	05600	RADIOISOTOPE	145,673	21,112	166,785	12,373	179,158	56.00
57.00	05700	CT SCAN	448,957	228,789	677,746	179,231	856,977	57.00
58.00	05800	MRI	220,952	31,115	252,067	60,656	312,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	540,795	781,877	1,322,672	-725,084	597,588	59.00
60.00	06000	LABORATORY	-1,682	6,343,933	6,342,251	16,411	6,358,662	60.00
65.00	06500	RESPIRATORY THERAPY	921,805	405,366	1,327,171	-161,468	1,165,703	65.00
66.00	06600	PHYSICAL THERAPY	4,649	5,272,214	5,276,863	-461,331	4,815,532	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	136,930	136,930	0	136,930	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,396	12,396	0	12,396	68.00
69.00	06900	ELECTROCARDIOLOGY	497,504	480,024	977,528	-41,505	936,023	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,177	284,984	386,161	-2,555	383,606	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	157,608	0	157,608	8,116,425	8,274,033	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,439,179	4,439,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,145,063	0	2,145,063	31,584,988	33,730,051	73.00
74.00	07400	RENAL DIALYSIS	0	540,860	540,860	0	540,860	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	3,554	14,222	17,776	-381	17,395	76.01
76.97	07697	CARDIAC REHABILITATION	93,810	9,741	103,551	-1,484	102,067	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,817,909	676,304	3,494,213	-358,492	3,135,721	90.00
90.01	09001	ACI	1,525,942	729,629	2,255,571	-135,844	2,119,727	90.01
91.00	09100	EMERGENCY	3,543,396	1,539,319	5,082,715	-770,507	4,312,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		6,981,887	6,981,887	-6,581,141	400,746	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	40,877,192	125,362,347	166,239,539	0	166,239,539	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	172,495	19,607	192,102	0	192,102	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,696,184	2,696,184	0	2,696,184	192.00
194.00	07950	FOUNDATION	0	5,500	5,500	0	5,500	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	36,032	36,032	0	36,032	194.02
194.03	07953	OP PHARMACY	451,857	3,796,912	4,248,769	0	4,248,769	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	113,185	107,507	220,692	0	220,692	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	41,614,729	132,024,089	173,638,818	0	173,638,818	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0304

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

Worksheet A

Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,559,968	4,936,331	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	285,616	2,778,938	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-903,549	4,760,467	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,121,563	38,133,893	5.00
7.00	00700	OPERATION OF PLANT	-43,330	5,522,294	7.00
9.00	00900	HOUSEKEEPING	0	2,884,213	9.00
10.00	01000	DIETARY	-315,449	308,453	10.00
11.00	01100	CAFETERIA	0	1,775,552	11.00
13.00	01300	NURSING ADMINISTRATION	-317	1,304,085	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,151,278	1,245,573	14.00
15.00	01500	PHARMACY	255,788	868,673	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,051	53,675	16.00
17.00	01700	SOCIAL SERVICE	-19,085	1,799	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-243,169	8,560,746	30.00
31.00	03100	INTENSIVE CARE UNIT	-127,845	2,321,439	31.00
40.00	04000	SUBPROVIDER - IPF	-10,500	2,493,356	40.00
43.00	04300	NURSERY	0	1,073,953	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-596,805	5,582,881	50.00
51.00	05100	RECOVERY ROOM	-45	631,189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-390,791	1,459,850	52.00
53.00	05300	ANESTHESIOLOGY	-6,410	80,316	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-518,264	2,466,119	54.00
56.00	05600	RADIOISOTOPE	0	179,158	56.00
57.00	05700	CT SCAN	-520	856,457	57.00
58.00	05800	MRI	0	312,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	-3,104	594,484	59.00
60.00	06000	LABORATORY	-9,400	6,349,262	60.00
65.00	06500	RESPIRATORY THERAPY	-8,542	1,157,161	65.00
66.00	06600	PHYSICAL THERAPY	0	4,815,532	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	136,930	67.00
68.00	06800	SPEECH PATHOLOGY	-15	12,381	68.00
69.00	06900	ELECTROCARDIOLOGY	-209,002	727,021	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-254,338	129,268	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-2,725	8,271,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-267	4,438,912	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-35,494	33,694,557	73.00
74.00	07400	RENAL DIALYSIS	0	540,860	74.00
76.00	03020	ANCILLARY	0	0	76.00
76.01	03950	WOUND CARE	0	17,395	76.01
76.97	07697	CARDIAC REHABILITATION	0	102,067	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-87,043	3,048,678	90.00
90.01	09001	ACI	-8,373	2,111,354	90.01
91.00	09100	EMERGENCY	-389,748	3,922,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-400,746	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-5,577,776	160,661,763	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	192,102	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,696,184	192.00
194.00	07950	FOUNDATION	0	5,500	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	36,032	194.02
194.03	07953	OP PHARMACY	0	4,248,769	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	220,692	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-5,577,776	168,061,042	200.00

COST CENTERS USED IN COST REPORT

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet Non-CMS Wo
Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ANCILLARY	03020	ACUPUNCTURE	76.00
76.01	WOUND CARE	03950		76.01
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.01	ACI	09001		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	FOUNDATION	07950		194.00
194.01	MARKETING	07951		194.01
194.02	PROF OFFICE BUILDINGS	07952		194.02
194.03	OP PHARMACY	07953		194.03
194.04	OTHER NONREIMBURSABLE COST CENTERS	07954		194.04
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAFETERIA						
1.00	CAFETERIA	11.00	0	1,775,552		1.00
	TOTALS		0	1,775,552		
B - NURSERY						
1.00	NURSERY	43.00	844,540	228,042		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	43,058		2.00
	TOTALS		844,540	271,100		
C - PROPERTY						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	63,692		1.00
	TOTALS		0	63,692		
D - RADIOLOGY ADMIN						
1.00	RADIOISOTOPE	56.00	15,027	5,410		1.00
2.00	CT SCAN	57.00	190,017	68,409		2.00
3.00	MRI	58.00	52,747	18,990		3.00
	TOTALS		257,791	92,809		
E - INTEREST RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,188,764		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	385,823		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	106		3.00
	TOTALS		0	1,574,693		
F - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,272,115		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,606,958		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
	TOTALS		0	5,879,073		
H - BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,116,425		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
	TOTALS		0	8,116,425		
I - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,584,988		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
TOTALS			0	31,584,988		
J - RENT AND LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	792,535		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	488,541		2.00
3.00	NURSING ADMINISTRATION	13.00	0	8,194		3.00
4.00	LABORATORY	60.00	0	21,675		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
TOTALS			0	1,310,945		
K - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	179,193		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,000		2.00
TOTALS			0	191,193		
L - IMPLANTIBLES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,439,179		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
TOTALS			0	4,439,179		
N - NEGATIVE SALARIES						
1.00	SOCIAL SERVICE	17.00	23,237	0		1.00
2.00	LABORATORY	60.00	1,682	0		2.00
TOTALS			24,919	0		
O - REGIONAL ALLOC RCL						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	79,545	5,812		1.00
TOTALS			79,545	5,812		
P - ACI RECLASS						
1.00	ACI	90.01	0	183,819		1.00
TOTALS			0	183,819		
500.00	Grand Total: Increases		1,206,795	55,489,280		500.00

RECLASSIFICATIONS

Provider CCN:14-0304

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

Worksheet A-6

Date/Time Prepared:
6/28/2021 2:54 pm

	Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
1.00	A - CAFETERIA							1.00
	DIETARY	10.00	0	1,775,552	0			
	TOTALS		0	1,775,552				
B - NURSERY								
1.00	DELIVERY ROOM & LABOR ROOM	52.00	13,209	271,100	0	1.00		
2.00	ADULTS & PEDIATRICS	30.00	831,331	0	0	2.00		
TOTALS			844,540	271,100				
C - PROPERTY								
1.00	INTEREST EXPENSE	113.00	0	63,692	13	1.00		
TOTALS			0	63,692				
D - RADIOLOGY ADMIN								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	257,791	92,809	0	1.00		
2.00		0.00	0	0	0	2.00		
3.00		0.00	0	0	0	3.00		
TOTALS			257,791	92,809				
E - INTEREST RECLASS								
1.00	INTEREST EXPENSE	113.00	0	1,574,693	11	1.00		
2.00		0.00	0	0	11	2.00		
3.00		0.00	0	0	0	3.00		
TOTALS			0	1,574,693				
F - DEPRECIATION								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	24,207	9	1.00		
2.00	OPERATION OF PLANT	7.00	0	39,923	9	2.00		
3.00	NURSING ADMINISTRATION	13.00	0	365,151	0	3.00		
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	33,684	0	4.00		
5.00	PHARMACY	15.00	0	6,652	0	5.00		
6.00	ADULTS & PEDIATRICS	30.00	0	7,835	0	6.00		
7.00	INTENSIVE CARE UNIT	31.00	0	5,044	0	7.00		
8.00	SUBPROVIDER - IPF	40.00	0	10,279	0	8.00		
9.00	NURSERY	43.00	0	1,051	0	9.00		
10.00	OPERATING ROOM	50.00	0	294,752	0	10.00		
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,023	0	11.00		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	64,892	0	12.00		
13.00	RADIOISOTOPE	56.00	0	4,928	0	13.00		
14.00	CT SCAN	57.00	0	1,843	0	14.00		
15.00	MRI	58.00	0	4,140	0	15.00		
16.00	CARDIAC CATHETERIZATION	59.00	0	20,208	0	16.00		
17.00	LABORATORY	60.00	0	2,923	0	17.00		
18.00	RESPIRATORY THERAPY	65.00	0	12,361	0	18.00		
19.00	ELECTROCARDIOLOGY	69.00	0	24,139	0	19.00		
20.00	EMERGENCY	91.00	0	2,282	0	20.00		
21.00	INTEREST EXPENSE	113.00	0	4,942,756	0	21.00		
TOTALS			0	5,879,073				
H - BILLABLE SUPPLIES								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	89,452	0	1.00		
2.00	ADULTS & PEDIATRICS	30.00	0	759,640	0	2.00		
3.00	INTENSIVE CARE UNIT	31.00	0	576,643	0	3.00		
4.00	SUBPROVIDER - IPF	40.00	0	72,982	0	4.00		
5.00	NURSERY	43.00	0	19,709	0	5.00		
6.00	OPERATING ROOM	50.00	0	4,326,128	0	6.00		
7.00	RECOVERY ROOM	51.00	0	19,624	0	7.00		
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	161,144	0	8.00		
9.00	ANESTHESIOLOGY	53.00	0	120,551	0	9.00		
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	321,858	0	10.00		
11.00	RADIOISOTOPE	56.00	0	3,136	0	11.00		
12.00	CT SCAN	57.00	0	73,509	0	12.00		
13.00	MRI	58.00	0	6,853	0	13.00		
14.00	CARDIAC CATHETERIZATION	59.00	0	490,048	0	14.00		
15.00	LABORATORY	60.00	0	2,337	0	15.00		
16.00	RESPIRATORY THERAPY	65.00	0	62,259	0	16.00		
17.00	PHYSICAL THERAPY	66.00	0	18	0	17.00		
18.00	ELECTROCARDIOLOGY	69.00	0	16,338	0	18.00		
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,555	0	19.00		
20.00	WOUND CARE	76.01	0	381	0	20.00		
21.00	CARDIAC REHABILITATION	76.97	0	1,484	0	21.00		
22.00	CLINIC	90.00	0	99,860	0	22.00		
23.00	ACI	90.01	0	125,417	0	23.00		
24.00	EMERGENCY	91.00	0	764,499	0	24.00		
TOTALS			0	8,116,425				
I - DRUGS CHARGED TO PATIENTS								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,891	0	1.00		
2.00	PHARMACY	15.00	0	31,403,849	0	2.00		
3.00	ADULTS & PEDIATRICS	30.00	0	4,741	0	3.00		
4.00	INTENSIVE CARE UNIT	31.00	0	1,025	0	4.00		

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	SUBPROVIDER - IPF	40.00	0	55	0		5.00
6.00	NURSERY	43.00	0	67	0		6.00
7.00	OPERATING ROOM	50.00	0	32,719	0		7.00
8.00	RECOVERY ROOM	51.00	0	286	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,655	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	116,354	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,802	0		11.00
12.00	CT SCAN	57.00	0	3,843	0		12.00
13.00	MRI	58.00	0	88	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	517	0		14.00
15.00	LABORATORY	60.00	0	4	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	638	0		16.00
17.00	CLINIC	90.00	0	606	0		17.00
18.00	ACI	90.01	0	10,427	0		18.00
19.00	EMERGENCY	91.00	0	2,421	0		19.00
	TOTALS		0	31,584,988			
J - RENT AND LEASES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,272	10		1.00
2.00	OPERATION OF PLANT	7.00	0	650	10		2.00
3.00	HOUSEKEEPING	9.00	0	4,225	0		3.00
4.00	PHARMACY	15.00	0	343,002	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	37,279	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	23,104	0		6.00
7.00	OPERATING ROOM	50.00	0	40,650	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,519	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	103,908	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	2,735	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	83,706	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	461,313	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	390	0		13.00
14.00	CLINIC	90.00	0	198,192	0		14.00
	TOTALS		0	1,310,945			
K - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	191,193	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	191,193			
L - IMPLANTIBLES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	958	0		1.00
2.00	OPERATING ROOM	50.00	0	4,162,364	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	211,576	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	3,142	0		4.00
5.00	CLINIC	90.00	0	59,834	0		5.00
6.00	EMERGENCY	91.00	0	1,305	0		6.00
	TOTALS		0	4,439,179			
N - NEGATIVE SALARIES							
1.00	SOCIAL SERVICE	17.00	0	23,237	0		1.00
2.00	LABORATORY	60.00	0	1,682	0		2.00
	TOTALS		0	24,919			
O - REGIONAL ALLOC RCL							
1.00	ADMINISTRATIVE & GENERAL	5.00	79,545	5,812	0		1.00
	TOTALS		79,545	5,812			
P - ACI RECLASS							
1.00	ACI	90.01	183,819	0	0		1.00
	TOTALS		183,819	0			
500.00	Grand Total: Decreases		1,365,695	55,330,380			500.00

Increases					Decreases					
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00		
A - CAFETERIA										
1.00	CAFETERIA	11.00	0	1,775,552	DIETARY	10.00	0	1,775,552		1.00
	TOTALS		0	1,775,552	TOTALS		0	1,775,552		
B - NURSERY										
1.00	NURSERY	43.00	844,540	228,042	DELIVERY ROOM & LABOR ROOM	52.00	13,209	271,100		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	43,058	ADULTS & PEDIATRICS	30.00	831,331	0		2.00
	TOTALS		844,540	271,100	TOTALS		844,540	271,100		
C - PROPERTY										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	63,692	INTEREST EXPENSE	113.00	0	63,692		1.00
	TOTALS		0	63,692	TOTALS		0	63,692		
D - RADIOLOGY ADMIN										
1.00	RADIOISOTOPE	56.00	15,027	5,410	RADIOLOGY-DIAGNOSTIC	54.00	257,791	92,809		1.00
2.00	CT SCAN	57.00	190,017	68,409		0.00	0	0		2.00
3.00	MRI	58.00	52,747	18,990		0.00	0	0		3.00
	TOTALS		257,791	92,809	TOTALS		257,791	92,809		
E - INTEREST RECLASS										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,188,764	INTEREST EXPENSE	113.00	0	1,574,693		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	385,823		0.00	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	106		0.00	0	0		3.00
	TOTALS		0	1,574,693	TOTALS		0	1,574,693		
F - DEPRECIATION										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,272,115	ADMINISTRATIVE & GENERAL	5.00	0	24,207		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,606,958	OPERATION OF PLANT	7.00	0	39,923		2.00
3.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	365,151		3.00
4.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	33,684		4.00
5.00		0.00	0	0	PHARMACY	15.00	0	6,652		5.00
6.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	7,835		6.00
7.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	5,044		7.00
8.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	10,279		8.00
9.00		0.00	0	0	NURSERY	43.00	0	1,051		9.00
10.00		0.00	0	0	OPERATING ROOM	50.00	0	294,752		10.00
11.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	10,023		11.00
12.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	64,892		12.00
13.00		0.00	0	0	RADIOISOTOPE	56.00	0	4,928		13.00
14.00		0.00	0	0	CT SCAN	57.00	0	1,843		14.00
15.00		0.00	0	0	MRI	58.00	0	4,140		15.00
16.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	20,208		16.00
17.00		0.00	0	0	LABORATORY	60.00	0	2,923		17.00
18.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	12,361		18.00
19.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	24,139		19.00
20.00		0.00	0	0	EMERGENCY	91.00	0	2,282		20.00
21.00		0.00	0	0	INTEREST EXPENSE	113.00	0	4,942,756		21.00
	TOTALS		0	5,879,073	TOTALS		0	5,879,073		
H - BILLABLE SUPPLIES										
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,116,425	CENTRAL SERVICES & SUPPLY	14.00	0	89,452		1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	759,640		2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	576,643		3.00
4.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	72,982		4.00
5.00		0.00	0	0	NURSERY	43.00	0	19,709		5.00
6.00		0.00	0	0	OPERATING ROOM	50.00	0	4,326,128		6.00
7.00		0.00	0	0	RECOVERY ROOM	51.00	0	19,624		7.00
8.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	161,144		8.00
9.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	120,551		9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	321,858		10.00
11.00		0.00	0	0	RADIOISOTOPE	56.00	0	3,136		11.00
12.00		0.00	0	0	CT SCAN	57.00	0	73,509		12.00
13.00		0.00	0	0	MRI	58.00	0	6,853		13.00
14.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	490,048		14.00
15.00		0.00	0	0	LABORATORY	60.00	0	2,337		15.00
16.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	62,259		16.00
17.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	18		17.00
18.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	16,338		18.00
19.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	2,555		19.00

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
20.00	0.00	0	0	0	WOUND CARE	76.01	0	381	20.00
21.00	0.00	0	0	0	CARDIAC REHABILITATION	76.97	0	1,484	21.00
22.00	0.00	0	0	0	CLINIC	90.00	0	99,860	22.00
23.00	0.00	0	0	0	ACI	90.01	0	125,417	23.00
24.00	0.00	0	0	0	EMERGENCY	91.00	0	764,499	24.00
TOTALS		0	8,116,425	TOTALS		0	8,116,425		
I - DRUGS CHARGED TO PATIENTS									
1.00	73.00	0	31,584,988	CENTRAL SERVICES & SUPPLY	14.00	0	1,891	1.00	
2.00	0.00	0	0	PHARMACY	15.00	0	31,403,849	2.00	
3.00	0.00	0	0	ADULTS & PEDIATRICS	30.00	0	4,741	3.00	
4.00	0.00	0	0	INTENSIVE CARE UNIT	31.00	0	1,025	4.00	
5.00	0.00	0	0	SUBPROVIDER - IPF	40.00	0	55	5.00	
6.00	0.00	0	0	NURSERY	43.00	0	67	6.00	
7.00	0.00	0	0	OPERATING ROOM	50.00	0	32,719	7.00	
8.00	0.00	0	0	RECOVERY ROOM	51.00	0	286	8.00	
9.00	0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	1,655	9.00	
10.00	0.00	0	0	ANESTHESIOLOGY	53.00	0	116,354	10.00	
11.00	0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	3,802	11.00	
12.00	0.00	0	0	CT SCAN	57.00	0	3,843	12.00	
13.00	0.00	0	0	MRI	58.00	0	88	13.00	
14.00	0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	517	14.00	
15.00	0.00	0	0	LABORATORY	60.00	0	4	15.00	
16.00	0.00	0	0	ELECTROCARDIOLOGY	69.00	0	638	16.00	
17.00	0.00	0	0	CLINIC	90.00	0	606	17.00	
18.00	0.00	0	0	ACI	90.01	0	10,427	18.00	
19.00	0.00	0	0	EMERGENCY	91.00	0	2,421	19.00	
TOTALS		0	31,584,988	TOTALS		0	31,584,988		
J - RENT AND LEASES									
1.00	1.00	0	792,535	ADMINISTRATIVE & GENERAL	5.00	0	9,272	1.00	
2.00	2.00	0	488,541	OPERATION OF PLANT	7.00	0	650	2.00	
3.00	13.00	0	8,194	HOUSEKEEPING	9.00	0	4,225	3.00	
4.00	60.00	0	21,675	PHARMACY	15.00	0	343,002	4.00	
5.00	0.00	0	0	ADULTS & PEDIATRICS	30.00	0	37,279	5.00	
6.00	0.00	0	0	INTENSIVE CARE UNIT	31.00	0	23,104	6.00	
7.00	0.00	0	0	OPERATING ROOM	50.00	0	40,650	7.00	
8.00	0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	2,519	8.00	
9.00	0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	103,908	9.00	
10.00	0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	2,735	10.00	
11.00	0.00	0	0	RESPIRATORY THERAPY	65.00	0	83,706	11.00	
12.00	0.00	0	0	PHYSICAL THERAPY	66.00	0	461,313	12.00	
13.00	0.00	0	0	ELECTROCARDIOLOGY	69.00	0	390	13.00	
14.00	0.00	0	0	CLINIC	90.00	0	198,192	14.00	
TOTALS		0	1,310,945	TOTALS		0	1,310,945		
K - INSURANCE									
1.00	1.00	0	179,193	ADMINISTRATIVE & GENERAL	5.00	0	191,193	1.00	
2.00	2.00	0	12,000		0.00	0	0	2.00	
TOTALS		0	191,193	TOTALS		0	191,193		
L - IMPLANTIBLES									
1.00	72.00	0	4,439,179	CENTRAL SERVICES & SUPPLY	14.00	0	958	1.00	
2.00	0.00	0	0	OPERATING ROOM	50.00	0	4,162,364	2.00	
3.00	0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	211,576	3.00	
4.00	0.00	0	0	RESPIRATORY THERAPY	65.00	0	3,142	4.00	
5.00	0.00	0	0	CLINIC	90.00	0	59,834	5.00	
6.00	0.00	0	0	EMERGENCY	91.00	0	1,305	6.00	
TOTALS		0	4,439,179	TOTALS		0	4,439,179		
N - NEGATIVE SALARIES									
1.00	17.00	23,237	0	SOCIAL SERVICE	17.00	0	23,237	1.00	
2.00	60.00	1,682	0	LABORATORY	60.00	0	1,682	2.00	
TOTALS		24,919	0	TOTALS		0	24,919		
O - REGIONAL ALLOC RCL									
1.00	54.00	79,545	5,812	ADMINISTRATIVE & GENERAL	5.00	79,545	5,812	1.00	
TOTALS		79,545	5,812	TOTALS		79,545	5,812		

RECLASSIFICATIONS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
6/28/2021 2:54 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
P - ACI RECLASS									
1.00	ACI	90.01	0	183,819	ACI	90.01	183,819	0	1.00
	TOTALS		0	183,819	TOTALS		183,819	0	
500.00	Grand Total: Increases		1,206,795	55,489,280	Grand Total: Decreases		1,365,695	55,330,380	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part I
Date/Time Prepared:
6/28/2021 2:54 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	3,750,000	0	0	0	0	1.00
2.00	Land Improvements	312,035	0	0	0	0	2.00
3.00	Buildings and Fixtures	112,022,821	899,244	0	899,244	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	23,136,181	267,002	0	267,002	0	5.00
6.00	Movable Equipment	42,119,853	1,535,397	0	1,535,397	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	181,340,890	2,701,643	0	2,701,643	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	181,340,890	2,701,643	0	2,701,643	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	3,750,000	0				1.00
2.00	Land Improvements	312,035	0				2.00
3.00	Buildings and Fixtures	112,922,065	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	23,403,183	0				5.00
6.00	Movable Equipment	43,655,250	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	184,042,533	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	184,042,533	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part II
Date/Time Prepared:
6/28/2021 2:54 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet A-7
Part III
Date/Time Prepared:
6/28/2021 2:54 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	140,387,282	0	140,387,282	0.762798	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	43,655,251	0	43,655,251	0.237202	0	2.00
3.00	Total (sum of lines 1-2)	184,042,533	0	184,042,533	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	2,689,752	792,535	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,892,574	488,541	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,582,326	1,281,076	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	1,274,851	179,193	0	0	4,936,331	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	385,823	12,000	0	0	2,778,938	2.00
3.00	Total (sum of lines 1-2)	1,660,674	191,193	0	0	7,715,269	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0304

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

Worksheet A-8

Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,956,995	CAP REL COSTS-BLDG & FIXT		1.00	9	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-635,158	CAP REL COSTS-MVBLE EQUIP		2.00	9	2.00
3.00	Investment income - other (chapter 2)	B	-3,076	ADMINISTRATIVE & GENERAL		5.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-49,224	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-25,113	OPERATION OF PLANT		7.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,532,357				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	2,717,264				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	0	DIETARY		10.00	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	0	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
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.01
19.02	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.02
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0304

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

Worksheet A-8

Date/Time Prepared:
6/28/2021 2:54 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		
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	B	-268,983	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	OTHER REVENUE	B	-18,200	OPERATION OF PLANT	7.00	0	33.01
33.02	OTHER REVENUE	B	-315,449	DIETARY	10.00	9	33.02
33.03	OTHER REVENUE	B	-5,750	PHARMACY	15.00	0	33.03
33.04	OTHER REVENUE	B	-1,231	MEDICAL RECORDS & LIBRARY	16.00	0	33.04
33.05	OTHER REVENUE	B	-425	OPERATING ROOM	50.00	0	33.05
33.06	OTHER REVENUE	B	-5,320	DELIVERY ROOM & LABOR ROOM	52.00	0	33.06
33.07	OTHER REVENUE	B	-1,440	RADIOLOGY-DIAGNOSTIC	54.00	0	33.07
33.08	OTHER REVENUE	B	-3,104	CARDIAC CATHETERIZATION	59.00	0	33.08
33.09	OTHER REVENUE	B	-2,690	LABORATORY	60.00	0	33.09
33.10	OTHER REVENUE	B	-39,617	EMERGENCY	91.00	0	33.10
33.11	CHARITY & COMMUNITY SERVICES	A	-50,328	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	CHARITY & COMMUNITY SERVICES	A	-14,057	SOCIAL SERVICE	17.00	0	33.12
33.13	ENTERTAINMENT	A	-159	SUBPROVIDER - IPF	40.00	0	33.13
33.14	ENTERTAINMENT	A	-746	OPERATING ROOM	50.00	0	33.14
33.15	ENTERTAINMENT	A	-155	ELECTROCARDIOLOGY	69.00	0	33.15
33.16	ENTERTAINMENT	A	-45	CLINIC	90.00	0	33.16
33.17	ENTERTAINMENT	A	-317	NURSING ADMINISTRATION	13.00	0	33.17
33.18	DUES & LOBBYING	A	-23,631	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	DUES & LOBBYING	A	-68	OPERATING ROOM	50.00	0	33.19
33.20	DUES & LOBBYING	A	-9,066	ELECTROCARDIOLOGY	69.00	0	33.20
33.21	DUES & LOBBYING	A	-45	RECOVERY ROOM	51.00	0	33.21
33.22	ADVERTISING & MARKETING	A	-404	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	ADVERTISING & MARKETING	A	-72	CENTRAL SERVICES & SUPPLY	14.00	0	33.23
33.24	ADVERTISING & MARKETING	A	-746	CLINIC	90.00	0	33.24
33.25	ADVERTISING & MARKETING	A	-1,530	ACI	90.01	0	33.25
33.26	PROPERTY TAXES	A	-63,692	CAP REL COSTS-BLDG & FIXT	1.00	13	33.26
33.27	HOSPICE	A	-560	RADIOLOGY-DIAGNOSTIC	54.00	0	33.27
33.28	HOSPICE	A	-520	CT SCAN	57.00	0	33.28
33.29	HOSPICE	A	-2,054	LABORATORY	60.00	0	33.29
33.30	HOSPICE	A	-8,542	RESPIRATORY THERAPY	65.00	0	33.30
33.31	HOSPICE	A	-15	SPEECH PATHOLOGY	68.00	0	33.31
33.32	HOSPICE	A	-158	ELECTROCARDIOLOGY	69.00	0	33.32
33.33	HOSPICE	A	-2,725	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.33
33.34	HOSPICE	A	-267	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	33.34
33.35	HOSPICE	A	-35,494	DRUGS CHARGED TO PATIENTS	73.00	0	33.35
33.36	HOSPICE	A	-2,991	EMERGENCY	91.00	0	33.36
33.37	HOSPICE	A	-243,169	ADULTS & PEDIATRICS	30.00	0	33.37
33.38	HOSPICE	A	-29,364	INTENSIVE CARE UNIT	31.00	0	33.38
33.39	FEDERAL & STATE INCOME TAX	A	-830	ADMINISTRATIVE & GENERAL	5.00	0	33.39
33.40	FEDERAL & STATE INCOME TAX	A	-56	LABORATORY	60.00	0	33.40
33.41	AMBULANCE	A	-17	OPERATION OF PLANT	7.00	0	33.41
33.42	AMBULANCE	A	-1,170	CENTRAL SERVICES & SUPPLY	14.00	0	33.42
33.43	AMBULANCE	A	-4,600	LABORATORY	60.00	0	33.43
33.44	AMBULANCE	A	-9,003	EMERGENCY	91.00	0	33.44
33.45	CORPORATE SPONSORSHIP	A	-19,000	ADMINISTRATIVE & GENERAL	5.00	0	33.45
33.46	NON ALLOWABLE BORROWING	A	-1,763	INTEREST EXPENSE	113.00	0	33.46
33.47	SELF INSURANCE	A	-903,549	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.47
33.48	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.48
33.49	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.49
33.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.50
33.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.51
33.52	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.52
33.53	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.53
33.54	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.54
33.55	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.55
33.56	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.56
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,577,776				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0304

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

Worksheet A-8

Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN:14-0304

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

Worksheet A-8-1

Date/Time Prepared:
6/28/2021 2:54 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFFICE	4,948	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MIDWEST HOME OFFICE	29,608	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MIDWEST HOME OFFICE	15,919,490	0	3.00
3.01	14.00	CENTRAL SERVICES & SUPPLY	MIDWEST HOME OFFICE	870,366	0	3.01
3.02	15.00	PHARMACY	MIDWEST HOME OFFICE	261,538	0	3.02
3.03	16.00	MEDICAL RECORDS & LIBRARY	MIDWEST HOME OFFICE	45,055	0	3.03
3.04	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFF INT	86,087	0	3.04
3.05	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	179,883	0	3.05
3.06	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	891,166	0	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	7,604,120	7,777,282	3.07
4.00	14.00	CENTRAL SERVICES & SUPPLY	AHS HOME OFFICE	282,154	0	4.00
4.01	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	3,635	51,510	4.01
4.02	113.00	INTEREST EXPENSE	AHS HOME OFFICE	1,576,455	1,975,438	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	4,942,239	20,423,223	4.03
4.04	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	189,801	0	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	AMITA HOME OFFICE	157,667	99,495	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			33,044,212	30,326,948	5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	B		0.00	ADVENTHEALTH	0.00	6.00
7.00	B		0.00	AMITA HEALTH	0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet A-8-1 Date/Time Prepared: 6/28/2021 2:54 pm
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	Net Adjustment (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4,948	9		1.00
2.00	29,608	9		2.00
3.00	15,919,490	0		3.00
3.01	870,366	0		3.01
3.02	261,538	0		3.02
3.03	45,055	0		3.03
3.04	86,087	11		3.04
3.05	179,883	9		3.05
3.06	891,166	9		3.06
3.07	-173,162	0		3.07
4.00	282,154	0		4.00
4.01	-47,875	0		4.01
4.02	-398,983	0		4.02
4.03	-15,480,984	0		4.03
4.04	189,801	9		4.04
4.05	58,172	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
5.00	2,717,264			5.00

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

Related Organization(s) and/or Home Office	
Type of Business	
6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HOME OFFICE		6.00
7.00	HOME OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0304

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

Worksheet A-8-2

Date/Time Prepared:
6/28/2021 2:54 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,118,880	996,888	121,992	211,500	878	1.00
2.00	17.00	SOCIAL SERVICE	15,705	0	15,705	211,500	105	2.00
3.00	31.00	INTENSIVE CARE UNIT	98,481	98,481	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	16,355	4,417	11,938	181,300	69	4.00
5.00	50.00	OPERATING ROOM	675,409	583,671	91,738	246,400	674	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	385,471	385,471	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	21,833	0	21,833	239,400	134	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	516,264	516,264	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	9,890	0	9,890	211,500	124	9.00
10.00	69.00	ELECTROCARDIOLOGY	232,263	154,680	77,583	211,500	321	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	266,743	252,083	14,660	211,500	122	11.00
12.00	76.01	WOUND CARE	13,333	0	13,333	211,500	212	12.00
13.00	90.00	CLINIC	123,671	43,167	80,504	211,500	368	13.00
14.00	90.01	ACI	27,891	-9,013	27,976	211,500	207	14.00
15.00	91.00	EMERGENCY	391,520	331,620	59,900	211,500	525	15.00
200.00			3,913,709	3,357,729	547,052		3,739	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	89,277	4,464	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	10,677	534	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	6,014	301	0	0	0	4.00
5.00	50.00	OPERATING ROOM	79,843	3,992	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	15,423	771	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	12,609	630	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	32,640	1,632	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	12,405	620	0	0	0	11.00
12.00	76.01	WOUND CARE	21,557	1,078	0	0	0	12.00
13.00	90.00	CLINIC	37,419	1,871	0	0	0	13.00
14.00	90.01	ACI	21,048	1,052	0	0	0	14.00
15.00	91.00	EMERGENCY	53,383	2,669	0	0	0	15.00
200.00			392,295	19,614	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	89,277	32,715	1,029,603		1.00
2.00	17.00	SOCIAL SERVICE	0	10,677	5,028	5,028		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	98,481		3.00
4.00	40.00	SUBPROVIDER - IPF	0	6,014	5,924	10,341		4.00
5.00	50.00	OPERATING ROOM	0	79,843	11,895	595,566		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	385,471		6.00
7.00	53.00	ANESTHESIOLOGY	0	15,423	6,410	6,410		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	516,264		8.00
9.00	65.00	RESPIRATORY THERAPY	0	12,609	0	0		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	32,640	44,943	199,623		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	12,405	2,255	254,338		11.00
12.00	76.01	WOUND CARE	0	21,557	0	0		12.00
13.00	90.00	CLINIC	0	37,419	43,085	86,252		13.00
14.00	90.01	ACI	0	21,048	6,928	6,843		14.00
15.00	91.00	EMERGENCY	0	53,383	6,517	338,137		15.00
200.00			0	392,295	165,700	3,532,357		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
6/28/2021 2:54 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,936,331	4,936,331			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,778,938		2,778,938		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,760,467	0	4,760,467		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	38,133,893	205,835	115,876	357,704	5.00
7.00	00700	OPERATION OF PLANT	5,522,294	258,594	145,577	155,109	7.00
9.00	00900	HOUSEKEEPING	2,884,213	23,686	13,334	0	9.00
10.00	01000	DIETARY	308,453	124,630	70,161	0	10.00
11.00	01100	CAFETERIA	1,775,552	46,474	26,163	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,304,085	77,614	43,693	125,339	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,245,573	82,274	46,317	1,117	14.00
15.00	01500	PHARMACY	868,673	32,593	18,349	24,051	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	53,675	48,469	27,286	0	16.00
17.00	01700	SOCIAL SERVICE	1,799	10,275	5,785	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,560,746	884,720	498,060	892,535	30.00
31.00	03100	INTENSIVE CARE UNIT	2,321,439	168,496	94,856	247,372	31.00
40.00	04000	SUBPROVIDER - IPF	2,493,356	209,882	118,155	262,470	40.00
43.00	04300	NURSERY	1,073,953	51,306	28,883	97,888	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,582,881	519,226	292,301	511,667	50.00
51.00	05100	RECOVERY ROOM	631,189	50,678	28,530	67,641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,459,850	180,667	101,707	181,150	52.00
53.00	05300	ANESTHESIOLOGY	80,316	8,879	4,998	8,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,466,119	328,840	185,122	207,839	54.00
56.00	05600	RADIOISOTOPE	179,158	104,093	58,600	18,626	56.00
57.00	05700	CT SCAN	856,457	18,641	10,494	74,062	57.00
58.00	05800	MRI	312,723	13,111	7,381	31,724	58.00
59.00	05900	CARDIAC CATHETERIZATION	594,484	16,033	9,026	62,682	59.00
60.00	06000	LABORATORY	6,349,262	56,536	31,827	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,157,161	7,696	4,332	106,844	65.00
66.00	06600	PHYSICAL THERAPY	4,815,532	196,187	110,444	539	66.00
67.00	06700	OCCUPATIONAL THERAPY	136,930	13,596	7,654	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,381	1,197	674	0	68.00
69.00	06900	ELECTROCARDIOLOGY	727,021	8,366	4,709	57,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,268	19,667	11,072	11,727	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,271,308	0	0	18,268	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,438,912	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,694,557	0	0	248,628	73.00
74.00	07400	RENAL DIALYSIS	540,860	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	76.00
76.01	03950	WOUND CARE	17,395	37,054	20,860	412	76.01
76.97	07697	CARDIAC REHABILITATION	102,067	23,102	13,005	10,873	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,048,678	108,853	61,280	326,615	90.00
90.01	09001	ACI	2,111,354	768,457	432,607	155,561	90.01
91.00	09100	EMERGENCY	3,922,460	208,813	117,553	410,704	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	160,661,763	4,914,540	2,766,671	4,674,982	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	192,102	11,715	6,595	19,993	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,696,184	0	0	0	192.00
194.00	07950	FOUNDATION	5,500	6,741	3,795	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	36,032	0	0	0	194.02
194.03	07953	OP PHARMACY	4,248,769	3,335	1,877	52,373	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	220,692	0	0	13,119	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	168,061,042	4,936,331	2,778,938	4,760,467	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.00	7.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	38,813,308				5.00
7.00	00700	OPERATION OF PLANT	1,826,309	7,907,883			7.00
9.00	00900	HOUSEKEEPING	877,252	41,885	3,840,370		9.00
10.00	01000	DIETARY	151,125	220,389	107,599	982,357	10.00
11.00	01100	CAFETERIA	555,015	82,183	40,124	726,926	3,252,437
13.00	01300	NURSING ADMINISTRATION	465,688	137,248	67,008	0	65,562
14.00	01400	CENTRAL SERVICES & SUPPLY	413,000	145,489	71,031	0	24,840
15.00	01500	PHARMACY	283,385	57,636	28,139	0	141,134
16.00	01600	MEDICAL RECORDS & LIBRARY	38,868	85,711	41,846	0	0
17.00	01700	SOCIAL SERVICE	5,363	18,170	8,871	0	4,155
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,254,091	1,564,497	763,824	176,066	744,192
31.00	03100	INTENSIVE CARE UNIT	850,504	297,959	145,471	28,684	156,447
40.00	04000	SUBPROVIDER - IPF	926,090	371,145	181,202	50,121	251,025
43.00	04300	NURSERY	375,987	90,726	44,295	0	69,192
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,073,908	918,173	448,274	0	426,984
51.00	05100	RECOVERY ROOM	233,646	89,617	43,753	0	36,439
52.00	05200	DELIVERY ROOM & LABOR ROOM	577,593	319,482	155,979	0	136,545
53.00	05300	ANESTHESIOLOGY	30,740	15,701	7,665	0	7,794
54.00	05400	RADIOLOGY-DIAGNOSTIC	957,339	581,503	283,904	0	147,660
56.00	05600	RADIOISOTOPE	108,252	184,073	89,869	0	10,004
57.00	05700	CT SCAN	288,186	32,964	16,094	0	56,176
58.00	05800	MRI	109,592	23,186	11,320	0	25,492
59.00	05900	CARDIAC CATHETERIZATION	204,874	28,352	13,842	0	37,734
60.00	06000	LABORATORY	1,933,232	99,975	48,810	0	6,411
65.00	06500	RESPIRATORY THERAPY	383,195	13,609	6,644	0	90,486
66.00	06600	PHYSICAL THERAPY	1,538,358	346,926	169,378	0	315
67.00	06700	OCCUPATIONAL THERAPY	47,502	24,042	11,738	0	0
68.00	06800	SPEECH PATHOLOGY	4,280	2,117	1,034	0	0
69.00	06900	ELECTROCARDIOLOGY	239,569	14,793	7,222	0	43,425
70.00	07000	ELECTROENCEPHALOGRAPHY	51,572	34,778	16,980	0	10,304
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,489,376	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,333,014	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	10,193,161	0	0	0	0
74.00	07400	RENAL DIALYSIS	162,421	0	0	0	0
76.00	03020	ANCILLARY	0	0	0	0	0
76.01	03950	WOUND CARE	22,739	65,524	31,991	0	300
76.97	07697	CARDIAC REHABILITATION	44,759	40,852	19,945	0	7,510
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,064,699	192,490	93,978	0	71,143
90.01	09001	ACI	1,041,441	1,358,900	663,448	560	316,459
91.00	09100	EMERGENCY	1,399,266	369,255	180,279	0	299,319
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,555,391	7,869,350	3,821,557	982,357	3,187,047
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	69,191	20,716	10,114	0	19,409
192.00	19200	PHYSICIANS' PRIVATE OFFICES	809,669	0	0	0	0
194.00	07950	FOUNDATION	4,816	11,920	5,820	0	0
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	PROF OFFICE BUILDINGS	10,820	0	0	0	0
194.03	07953	OP PHARMACY	1,293,207	5,897	2,879	0	29,781
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	70,214	0	0	0	16,200
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	38,813,308	7,907,883	3,840,370	982,357	3,252,437

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	2,286,237					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,029,641				14.00
15.00	01500	PHARMACY	0	0	1,453,960			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	295,855		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	54,418	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	676,355	192,077	215	14,219	31,233	30.00
31.00	03100	INTENSIVE CARE UNIT	142,186	145,806	46	2,947	5,088	31.00
40.00	04000	SUBPROVIDER - IPF	228,143	18,454	2	3,562	8,891	40.00
43.00	04300	NURSERY	62,885	4,983	3	1,057	3,432	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	388,063	1,093,871	1,484	26,393	0	50.00
51.00	05100	RECOVERY ROOM	33,118	4,962	13	2,291	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	124,098	40,746	75	1,922	0	52.00
53.00	05300	ANESTHESIOLOGY	7,084	30,482	5,277	7,302	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81,383	172	15,911	0	54.00
56.00	05600	RADIOISOTOPE	0	793	0	1,992	0	56.00
57.00	05700	CT SCAN	0	18,587	174	25,161	0	57.00
58.00	05800	MRI	0	1,733	4	5,592	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	123,910	23	2,512	0	59.00
60.00	06000	LABORATORY	0	591	0	35,872	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	15,742	0	5,023	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5	0	7,660	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	766	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	202	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,131	29	6,697	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	646	0	810	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,186	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,062	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,424,152	70,812	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	700	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	96	0	2	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	375	0	213	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	64,658	25,250	27	3,391	0	90.00
90.01	09001	ACI	287,612	31,712	473	5,767	0	90.01
91.00	09100	EMERGENCY	272,035	193,306	110	31,831	5,774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,286,237	2,029,641	1,432,279	295,855	54,418	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OP PHARMACY	0	0	21,681	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
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)	2,286,237	2,029,641	1,453,960	295,855	54,418	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part I
Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	18,252,830	0	18,252,830
31.00	03100	INTENSIVE CARE UNIT	4,607,301	0	4,607,301
40.00	04000	SUBPROVIDER - IPF	5,122,498	0	5,122,498
43.00	04300	NURSERY	1,904,590	0	1,904,590
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	12,283,225	0	12,283,225
51.00	05100	RECOVERY ROOM	1,221,877	0	1,221,877
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,279,814	0	3,279,814
53.00	05300	ANESTHESIOLOGY	214,409	0	214,409
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,255,792	0	5,255,792
56.00	05600	RADIOISOTOPE	755,460	0	755,460
57.00	05700	CT SCAN	1,396,996	0	1,396,996
58.00	05800	MRI	541,858	0	541,858
59.00	05900	CARDIAC CATHETERIZATION	1,093,472	0	1,093,472
60.00	06000	LABORATORY	8,562,516	0	8,562,516
65.00	06500	RESPIRATORY THERAPY	1,790,732	0	1,790,732
66.00	06600	PHYSICAL THERAPY	7,185,344	0	7,185,344
67.00	06700	OCCUPATIONAL THERAPY	242,228	0	242,228
68.00	06800	SPEECH PATHOLOGY	21,885	0	21,885
69.00	06900	ELECTROCARDIOLOGY	1,113,626	0	1,113,626
70.00	07000	ELECTROENCEPHALOGRAPHY	286,824	0	286,824
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,784,138	0	10,784,138
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,781,988	0	5,781,988
73.00	07300	DRUGS CHARGED TO PATIENTS	45,631,310	0	45,631,310
74.00	07400	RENAL DIALYSIS	703,981	0	703,981
76.00	03020	ANCILLARY	0	0	0
76.01	03950	WOUND CARE	196,373	0	196,373
76.97	07697	CARDIAC REHABILITATION	262,701	0	262,701
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	5,061,062	0	5,061,062
90.01	09001	ACI	7,174,351	0	7,174,351
91.00	09100	EMERGENCY	7,410,705	0	7,410,705
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	158,139,886	0	158,139,886
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	349,835	0	349,835
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,505,853	0	3,505,853
194.00	07950	FOUNDATION	38,592	0	38,592
194.01	07951	MARKETING	0	0	0
194.02	07952	PROF OFFICE BUILDINGS	46,852	0	46,852
194.03	07953	OP PHARMACY	5,659,799	0	5,659,799
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	320,225	0	320,225
200.00		Cross Foot Adjustments	0	0	0
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118 through 201)	168,061,042	0	168,061,042

COST ALLOCATION STATISTICS

Provider CCN:14-0304

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

Worksheet Non-CMS Wo

Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	2	MEALS SERVED	10.00
11.00	CAFETERIA	3	TOTAL HOUR S	11.00
13.00	NURSING ADMINISTRATION	4	TOTAL HOUR S	13.00
14.00	CENTRAL SERVICES & SUPPLY	5	COSTED REQUIS.	14.00
15.00	PHARMACY	6	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHAR GES	16.00
17.00	SOCIAL SERVICE	7	PATIENT DA YS	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	205,835	115,876	321,711	5.00
7.00	00700	OPERATION OF PLANT	0	258,594	145,577	404,171	7.00
9.00	00900	HOUSEKEEPING	0	23,686	13,334	37,020	9.00
10.00	01000	DIETARY	0	124,630	70,161	194,791	10.00
11.00	01100	CAFETERIA	0	46,474	26,163	72,637	11.00
13.00	01300	NURSING ADMINISTRATION	0	77,614	43,693	121,307	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	82,274	46,317	128,591	14.00
15.00	01500	PHARMACY	0	32,593	18,349	50,942	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,469	27,286	75,755	16.00
17.00	01700	SOCIAL SERVICE	0	10,275	5,785	16,060	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	884,720	498,060	1,382,780	30.00
31.00	03100	INTENSIVE CARE UNIT	0	168,496	94,856	263,352	31.00
40.00	04000	SUBPROVIDER - IPF	0	209,882	118,155	328,037	40.00
43.00	04300	NURSERY	0	51,306	28,883	80,189	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	519,226	292,301	811,527	50.00
51.00	05100	RECOVERY ROOM	0	50,678	28,530	79,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	180,667	101,707	282,374	52.00
53.00	05300	ANESTHESIOLOGY	0	8,879	4,998	13,877	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	328,840	185,122	513,962	54.00
56.00	05600	RADIOISOTOPE	0	104,093	58,600	162,693	56.00
57.00	05700	CT SCAN	0	18,641	10,494	29,135	57.00
58.00	05800	MRI	0	13,111	7,381	20,492	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,033	9,026	25,059	59.00
60.00	06000	LABORATORY	0	56,536	31,827	88,363	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,696	4,332	12,028	65.00
66.00	06600	PHYSICAL THERAPY	0	196,187	110,444	306,631	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,596	7,654	21,250	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,197	674	1,871	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,366	4,709	13,075	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,667	11,072	30,739	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
76.00	03020	ANCILLARY	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	37,054	20,860	57,914	76.01
76.97	07697	CARDIAC REHABILITATION	0	23,102	13,005	36,107	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	108,853	61,280	170,133	90.00
90.01	09001	ACI	0	768,457	432,607	1,201,064	90.01
91.00	09100	EMERGENCY	0	208,813	117,553	326,366	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,914,540	2,766,671	7,681,211	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,715	6,595	18,310	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	6,741	3,795	10,536	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	194.02
194.03	07953	OP PHARMACY	0	3,335	1,877	5,212	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	4,936,331	2,778,938	7,715,269	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.00	7.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	321,711				5.00
7.00	00700	OPERATION OF PLANT	15,137	419,308			7.00
9.00	00900	HOUSEKEEPING	7,271	2,221	46,512		9.00
10.00	01000	DIETARY	1,253	11,686	1,303	209,033	10.00
11.00	01100	CAFETERIA	4,600	4,358	486	154,681	236,762 11.00
13.00	01300	NURSING ADMINISTRATION	3,860	7,277	812	0	4,773 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,423	7,714	860	0	1,808 14.00
15.00	01500	PHARMACY	2,349	3,056	341	0	10,274 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	322	4,545	507	0	0 16.00
17.00	01700	SOCIAL SERVICE	44	963	107	0	302 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,971	82,958	9,254	37,465	54,173 30.00
31.00	03100	INTENSIVE CARE UNIT	7,049	15,799	1,762	6,103	11,389 31.00
40.00	04000	SUBPROVIDER - IPF	7,676	19,680	2,195	10,665	18,273 40.00
43.00	04300	NURSERY	3,116	4,811	536	0	5,037 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,189	48,685	5,429	0	31,082 50.00
51.00	05100	RECOVERY ROOM	1,937	4,752	530	0	2,653 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,787	16,940	1,889	0	9,940 52.00
53.00	05300	ANESTHESIOLOGY	255	833	93	0	567 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,935	30,834	3,438	0	10,749 54.00
56.00	05600	RADIOISOTOPE	897	9,760	1,088	0	728 56.00
57.00	05700	CT SCAN	2,389	1,748	195	0	4,089 57.00
58.00	05800	MRI	908	1,229	137	0	1,856 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,698	1,503	168	0	2,747 59.00
60.00	06000	LABORATORY	16,023	5,301	591	0	467 60.00
65.00	06500	RESPIRATORY THERAPY	3,176	722	80	0	6,587 65.00
66.00	06600	PHYSICAL THERAPY	12,750	18,395	2,051	0	23 66.00
67.00	06700	OCCUPATIONAL THERAPY	394	1,275	142	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	35	112	13	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	1,986	784	87	0	3,161 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	427	1,844	206	0	750 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,633	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,048	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,498	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	1,346	0	0	0	0 74.00
76.00	03020	ANCILLARY	0	0	0	0	0 76.00
76.01	03950	WOUND CARE	188	3,474	387	0	22 76.01
76.97	07697	CARDIAC REHABILITATION	371	2,166	242	0	547 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,825	10,207	1,138	0	5,179 90.00
90.01	09001	ACI	8,632	72,054	8,035	119	23,037 90.01
91.00	09100	EMERGENCY	11,598	19,579	2,183	0	21,789 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	302,996	417,265	46,285	209,033	232,002 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	573	1,098	122	0	1,413 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,711	0	0	0	0 192.00
194.00	07950	FOUNDATION	40	632	70	0	0 194.00
194.01	07951	MARKETING	0	0	0	0	0 194.01
194.02	07952	PROF OFFICE BUILDINGS	90	0	0	0	0 194.02
194.03	07953	OP PHARMACY	10,719	313	35	0	2,168 194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	582	0	0	0	1,179 194.04
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)	321,711	419,308	46,512	209,033	236,762 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	138,029					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	142,396				14.00
15.00	01500	PHARMACY	0	0	66,962			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	81,129		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17,476	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,834	13,476	10	3,912	10,031	30.00
31.00	03100	INTENSIVE CARE UNIT	8,584	10,230	2	811	1,634	31.00
40.00	04000	SUBPROVIDER - IPF	13,774	1,295	0	980	2,855	40.00
43.00	04300	NURSERY	3,797	350	0	291	1,102	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,429	76,742	68	7,263	0	50.00
51.00	05100	RECOVERY ROOM	1,999	348	1	630	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,492	2,859	3	529	0	52.00
53.00	05300	ANESTHESIOLOGY	428	2,139	243	2,009	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,710	8	4,378	0	54.00
56.00	05600	RADIOISOTOPE	0	56	0	548	0	56.00
57.00	05700	CT SCAN	0	1,304	8	6,923	0	57.00
58.00	05800	MRI	0	122	0	1,539	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,693	1	691	0	59.00
60.00	06000	LABORATORY	0	41	0	9,871	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,104	0	1,382	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,108	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	211	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	56	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	290	1	1,843	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	45	0	223	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,427	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,769	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	65,590	19,203	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	193	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	7	0	1	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	26	0	59	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,904	1,772	1	933	0	90.00
90.01	09001	ACI	17,364	2,225	22	1,587	0	90.01
91.00	09100	EMERGENCY	16,424	13,562	5	8,759	1,854	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	138,029	142,396	65,963	81,129	17,476	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OP PHARMACY	0	0	999	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
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)	138,029	142,396	66,962	81,129	17,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet B
Part II
Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	1,661,864	0	30.00
31.00	03100	INTENSIVE CARE UNIT	326,715	0	31.00
40.00	04000	SUBPROVIDER - IPF	405,430	0	40.00
43.00	04300	NURSERY	99,229	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,021,414	0	50.00
51.00	05100	RECOVERY ROOM	92,058	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	326,813	0	52.00
53.00	05300	ANESTHESIOLOGY	20,444	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	577,014	0	54.00
56.00	05600	RADIOISOTOPE	175,770	0	56.00
57.00	05700	CT SCAN	45,791	0	57.00
58.00	05800	MRI	26,283	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	40,560	0	59.00
60.00	06000	LABORATORY	120,657	0	60.00
65.00	06500	RESPIRATORY THERAPY	25,079	0	65.00
66.00	06600	PHYSICAL THERAPY	341,958	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,272	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,087	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,227	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,234	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,060	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,817	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	169,291	0	73.00
74.00	07400	RENAL DIALYSIS	1,539	0	74.00
76.00	03020	ANCILLARY	0	0	76.00
76.01	03950	WOUND CARE	61,993	0	76.01
76.97	07697	CARDIAC REHABILITATION	39,518	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	202,092	0	90.00
90.01	09001	ACI	1,334,139	0	90.01
91.00	09100	EMERGENCY	422,119	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,654,467	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,516	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,711	0	192.00
194.00	07950	FOUNDATION	11,278	0	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	90	0	194.02
194.03	07953	OP PHARMACY	19,446	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	1,761	0	194.04
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)	7,715,269	0	202.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL			In Lieu of Form CMS-2552-10			
COST ALLOCATION - STATISTICAL BASIS				Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet B-1 Date/Time Prepared: 6/28/2021 2:54 pm		
Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	346,372					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		346,372				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	41,071,535			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,443	14,443	3,086,126	-38,813,308	129,247,734	5.00
7.00	00700	OPERATION OF PLANT	18,145	18,145	1,338,216	0	6,081,574	7.00
9.00	00900	HOUSEKEEPING	1,662	1,662	0	0	2,921,233	9.00
10.00	01000	DIETARY	8,745	8,745	0	0	503,244	10.00
11.00	01100	CAFETERIA	3,261	3,261	0	0	1,848,189	11.00
13.00	01300	NURSING ADMINISTRATION	5,446	5,446	1,081,373	0	1,550,731	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,773	5,773	9,638	0	1,375,281	14.00
15.00	01500	PHARMACY	2,287	2,287	207,506	0	943,666	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,401	3,401	0	0	129,430	16.00
17.00	01700	SOCIAL SERVICE	721	721	0	0	17,859	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,079	62,079	7,700,525	0	10,836,061	30.00
31.00	03100	INTENSIVE CARE UNIT	11,823	11,823	2,134,229	0	2,832,163	31.00
40.00	04000	SUBPROVIDER - IPF	14,727	14,727	2,264,490	0	3,083,863	40.00
43.00	04300	NURSERY	3,600	3,600	844,540	0	1,252,030	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,433	36,433	4,414,458	0	6,906,075	50.00
51.00	05100	RECOVERY ROOM	3,556	3,556	583,583	0	778,038	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,677	12,677	1,562,893	0	1,923,374	52.00
53.00	05300	ANESTHESIOLOGY	623	623	70,499	0	102,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,074	23,074	1,793,156	0	3,187,920	54.00
56.00	05600	RADIOISOTOPE	7,304	7,304	160,700	0	360,477	56.00
57.00	05700	CT SCAN	1,308	1,308	638,974	0	959,654	57.00
58.00	05800	MRI	920	920	273,699	0	364,939	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,125	1,125	540,795	0	682,225	59.00
60.00	06000	LABORATORY	3,967	3,967	0	0	6,437,625	60.00
65.00	06500	RESPIRATORY THERAPY	540	540	921,805	0	1,276,033	65.00
66.00	06600	PHYSICAL THERAPY	13,766	13,766	4,649	0	5,122,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	954	954	0	0	158,180	67.00
68.00	06800	SPEECH PATHOLOGY	84	84	0	0	14,252	68.00
69.00	06900	ELECTROCARDIOLOGY	587	587	497,504	0	797,760	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,380	1,380	101,177	0	171,734	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	157,608	0	8,289,576	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,438,912	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,145,063	0	33,943,185	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	540,860	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	2,600	2,600	3,554	0	75,721	76.01
76.97	07697	CARDIAC REHABILITATION	1,621	1,621	93,810	0	149,047	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,638	7,638	2,817,909	0	3,545,426	90.00
90.01	09001	ACI	53,921	53,921	1,342,123	0	3,467,979	90.01
91.00	09100	EMERGENCY	14,652	14,652	3,543,396	0	4,659,530	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	344,843	344,843	40,333,998	-38,813,308	121,728,912	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	822	822	172,495	0	230,405	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,696,184	192.00
194.00	07950	FOUNDATION	473	473	0	0	16,036	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	36,032	194.02
194.03	07953	OP PHARMACY	234	234	451,857	0	4,306,354	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	113,185	0	233,811	194.04
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)	4,936,331	2,778,938	4,760,467		38,813,308	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.251530	8.022987	0.115907		0.300302	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		321,711	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.002489	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0304

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

Worksheet B-1

Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0304

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

Worksheet B-1

Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOUR S)	NURSING ADMINISTRATION (TOTAL HOUR S)	
			7.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	313,784					7.00
9.00	00900	HOUSEKEEPING	1,662	312,122				9.00
10.00	01000	DIETARY	8,745	8,745	357,790			10.00
11.00	01100	CAFETERIA	3,261	3,261	264,758	1,041,984		11.00
13.00	01300	NURSING ADMINISTRATION	5,446	5,446	0	21,004	805,904	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,773	5,773	0	7,958	0	14.00
15.00	01500	PHARMACY	2,287	2,287	0	45,215	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,401	3,401	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	721	721	0	1,331	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	62,079	62,079	64,126	238,417	238,417	30.00
31.00	03100	INTENSIVE CARE UNIT	11,823	11,823	10,447	50,121	50,121	31.00
40.00	04000	SUBPROVIDER - IPF	14,727	14,727	18,255	80,421	80,421	40.00
43.00	04300	NURSERY	3,600	3,600	0	22,167	22,167	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,433	36,433	0	136,793	136,793	50.00
51.00	05100	RECOVERY ROOM	3,556	3,556	0	11,674	11,674	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,677	12,677	0	43,745	43,745	52.00
53.00	05300	ANESTHESIOLOGY	623	623	0	2,497	2,497	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,074	23,074	0	47,306	0	54.00
56.00	05600	RADIOISOTOPE	7,304	7,304	0	3,205	0	56.00
57.00	05700	CT SCAN	1,308	1,308	0	17,997	0	57.00
58.00	05800	MRI	920	920	0	8,167	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,125	1,125	0	12,089	0	59.00
60.00	06000	LABORATORY	3,967	3,967	0	2,054	0	60.00
65.00	06500	RESPIRATORY THERAPY	540	540	0	28,989	0	65.00
66.00	06600	PHYSICAL THERAPY	13,766	13,766	0	101	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	954	954	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	84	84	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	587	587	0	13,912	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,380	1,380	0	3,301	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
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	2,600	2,600	0	96	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,621	1,621	0	2,406	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,638	7,638	0	22,792	22,792	90.00
90.01	09001	ACI	53,921	53,921	204	101,384	101,384	90.01
91.00	09100	EMERGENCY	14,652	14,652	0	95,893	95,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	312,255	310,593	357,790	1,021,035	805,904	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	822	822	0	6,218	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	473	473	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OP PHARMACY	234	234	0	9,541	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	5,190	0	194.04
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)	7,907,883	3,840,370	982,357	3,252,437	2,286,237	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.201677	12.304067	2.745625	3.121389	2.836860	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	419,308	46,512	209,033	236,762	138,029	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.336295	0.149019	0.584234	0.227222	0.171272	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:14-0304

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

Worksheet B-1

Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (PATIENT DA YS)		
		14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,026,973				14.00
15.00	01500	PHARMACY	0	32,061,177			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	661,980,469		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	29,433	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	759,640	4,741	31,808,903	16,893	30.00
31.00	03100	INTENSIVE CARE UNIT	576,643	1,025	6,593,225	2,752	31.00
40.00	04000	SUBPROVIDER - IPF	72,982	55	7,969,661	4,809	40.00
43.00	04300	NURSERY	19,709	67	2,364,455	1,856	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,326,128	32,719	59,045,119	0	50.00
51.00	05100	RECOVERY ROOM	19,624	286	5,124,859	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	161,144	1,655	4,299,332	0	52.00
53.00	05300	ANESTHESIOLOGY	120,551	116,354	16,334,538	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	321,858	3,802	35,594,315	0	54.00
56.00	05600	RADIOISOTOPE	3,136	0	4,456,511	0	56.00
57.00	05700	CT SCAN	73,509	3,843	56,287,902	0	57.00
58.00	05800	MRI	6,853	88	12,510,708	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	490,048	517	5,620,536	0	59.00
60.00	06000	LABORATORY	2,337	4	80,251,278	0	60.00
65.00	06500	RESPIRATORY THERAPY	62,259	0	11,238,108	0	65.00
66.00	06600	PHYSICAL THERAPY	18	0	17,137,136	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,714,733	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	452,173	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,338	638	14,983,070	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,555	0	1,812,669	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,602,537	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	22,510,451	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,403,849	158,525,312	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,565,067	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	76.00
76.01	03950	WOUND CARE	381	0	4,263	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,484	0	476,171	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	99,860	606	7,585,766	0	90.00
90.01	09001	ACI	125,417	10,427	12,901,182	0	90.01
91.00	09100	EMERGENCY	764,499	2,421	71,210,489	3,123	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,026,973	31,583,097	661,980,469	29,433	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	194.02
194.03	07953	OP PHARMACY	0	478,080	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,029,641	1,453,960	295,855	54,418	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.252853	0.045350	0.000447	1.848877	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	142,396	66,962	81,129	17,476	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.017740	0.002089	0.000123	0.593755	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

Health Financial Systems			ADVENTIST BOLINGBROOK HOSPITAL			In Lieu of Form CMS-2552-10			
COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0304		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 6/28/2021 2:54 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	18,252,830		18,252,830	0	18,252,830	30.00	
31.00	03100	INTENSIVE CARE UNIT	4,607,301		4,607,301	0	4,607,301	31.00	
40.00	04000	SUBPROVIDER - IPF	5,122,498		5,122,498	5,924	5,128,422	40.00	
43.00	04300	NURSERY	1,904,590		1,904,590	0	1,904,590	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	12,283,225		12,283,225	11,895	12,295,120	50.00	
51.00	05100	RECOVERY ROOM	1,221,877		1,221,877	0	1,221,877	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,279,814		3,279,814	0	3,279,814	52.00	
53.00	05300	ANESTHESIOLOGY	214,409		214,409	6,410	220,819	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,255,792		5,255,792	0	5,255,792	54.00	
56.00	05600	RADIOISOTOPE	755,460		755,460	0	755,460	56.00	
57.00	05700	CT SCAN	1,396,996		1,396,996	0	1,396,996	57.00	
58.00	05800	MRI	541,858		541,858	0	541,858	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,093,472		1,093,472	0	1,093,472	59.00	
60.00	06000	LABORATORY	8,562,516		8,562,516	0	8,562,516	60.00	
65.00	06500	RESPIRATORY THERAPY	1,790,732	0	1,790,732	0	1,790,732	65.00	
66.00	06600	PHYSICAL THERAPY	7,185,344	0	7,185,344	0	7,185,344	66.00	
67.00	06700	OCCUPATIONAL THERAPY	242,228	0	242,228	0	242,228	67.00	
68.00	06800	SPEECH PATHOLOGY	21,885	0	21,885	0	21,885	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,113,626		1,113,626	44,943	1,158,569	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	286,824		286,824	2,255	289,079	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,784,138		10,784,138	0	10,784,138	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,781,988		5,781,988	0	5,781,988	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	45,631,310		45,631,310	0	45,631,310	73.00	
74.00	07400	RENAL DIALYSIS	703,981		703,981	0	703,981	74.00	
76.00	03020	ANCILLARY	0		0	0	0	76.00	
76.01	03950	WOUND CARE	196,373		196,373	0	196,373	76.01	
76.97	07697	CARDIAC REHABILITATION	262,701		262,701	0	262,701	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	5,061,062		5,061,062	43,085	5,104,147	90.00	
90.01	09001	ACI	7,174,351		7,174,351	6,928	7,181,279	90.01	
91.00	09100	EMERGENCY	7,410,705		7,410,705	6,517	7,417,222	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,847,895		2,847,895		2,847,895	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	160,987,781	0	160,987,781	127,957	161,115,738	200.00	
201.00		Less Observation Beds	2,847,895		2,847,895		2,847,895	201.00	
202.00		Total (see instructions)	158,139,886	0	158,139,886	127,957	158,267,843	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
6/28/2021 2:54 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	23,209,148		23,209,148			30.00		
31.00	03100	INTENSIVE CARE UNIT	6,593,225		6,593,225			31.00		
40.00	04000	SUBPROVIDER - IPF	7,969,661		7,969,661			40.00		
43.00	04300	NURSERY	2,364,455		2,364,455			43.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	10,860,370	48,184,749	59,045,119	0.208031	0.000000	50.00		
51.00	05100	RECOVERY ROOM	1,670,820	3,454,039	5,124,859	0.238422	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,554,342	744,990	4,299,332	0.762866	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	4,245,489	12,089,049	16,334,538	0.013126	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,908,343	27,685,972	35,594,315	0.147658	0.000000	54.00		
56.00	05600	RADIOISOTOPE	961,893	3,494,618	4,456,511	0.169518	0.000000	56.00		
57.00	05700	CT SCAN	14,899,806	41,388,096	56,287,902	0.024819	0.000000	57.00		
58.00	05800	MRI	2,310,900	10,199,808	12,510,708	0.043312	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	4,084,215	1,536,321	5,620,536	0.194549	0.000000	59.00		
60.00	06000	LABORATORY	33,064,537	47,186,741	80,251,278	0.106696	0.000000	60.00		
65.00	06500	RESPIRATORY THERAPY	9,986,195	1,251,913	11,238,108	0.159345	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	2,105,177	15,031,959	17,137,136	0.419285	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	1,331,950	382,783	1,714,733	0.141263	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	376,040	76,133	452,173	0.048400	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	5,533,672	9,449,398	14,983,070	0.074326	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	132,108	1,680,561	1,812,669	0.158233	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,550,651	7,051,886	11,602,537	0.029464	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,124,913	17,385,538	22,510,451	0.256858	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	25,461,927	133,063,385	158,525,312	0.287849	0.000000	73.00		
74.00	07400	RENAL DIALYSIS	1,520,813	44,254	1,565,067	0.449809	0.000000	74.00		
76.00	03020	ANCILLARY	0	0	0	0.000000	0.000000	76.00		
76.01	03950	WOUND CARE	0	4,263	4,263	46.064509	0.000000	76.01		
76.97	07697	CARDIAC REHABILITATION	8,447	467,724	476,171	0.551695	0.000000	76.97		
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	47,416	7,538,350	7,585,766	0.667179	0.000000	90.00		
90.01	09001	ACI	1,916	12,899,266	12,901,182	0.556100	0.000000	90.01		
91.00	09100	EMERGENCY	16,563,950	54,646,539	71,210,489	0.104068	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,831,555	6,768,200	8,599,755	0.331160	0.000000	92.00		
	SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00		
200.00		Subtotal (see instructions)	198,273,934	463,706,535	661,980,469			200.00		
201.00		Less Observation Beds						201.00		
202.00		Total (see instructions)	198,273,934	463,706,535	661,980,469			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
6/28/2021 2:54 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.208233		50.00
51.00	05100	RECOVERY ROOM	0.238422		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.762866		52.00
53.00	05300	ANESTHESIOLOGY	0.013519		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147658		54.00
56.00	05600	RADIOISOTOPE	0.169518		56.00
57.00	05700	CT SCAN	0.024819		57.00
58.00	05800	MRI	0.043312		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.194549		59.00
60.00	06000	LABORATORY	0.106696		60.00
65.00	06500	RESPIRATORY THERAPY	0.159345		65.00
66.00	06600	PHYSICAL THERAPY	0.419285		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.141263		67.00
68.00	06800	SPEECH PATHOLOGY	0.048400		68.00
69.00	06900	ELECTROCARDIOLOGY	0.077325		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.159477		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.929464		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.256858		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287849		73.00
74.00	07400	RENAL DIALYSIS	0.449809		74.00
76.00	03020	ANCILLARY	0.000000		76.00
76.01	03950	WOUND CARE	46.064509		76.01
76.97	07697	CARDIAC REHABILITATION	0.551695		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.672858		90.00
90.01	09001	ACI	0.556637		90.01
91.00	09100	EMERGENCY	0.104159		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.331160		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
6/28/2021 2:54 pm

				Title XIX	Hospital	Cost			
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,252,830		18,252,830	0	18,252,830	30.00	
31.00	03100	INTENSIVE CARE UNIT	4,607,301		4,607,301	0	4,607,301	31.00	
40.00	04000	SUBPROVIDER - IPF	5,122,498		5,122,498	5,924	5,128,422	40.00	
43.00	04300	NURSERY	1,904,590		1,904,590	0	1,904,590	43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,283,225		12,283,225	11,895	12,295,120	50.00	
51.00	05100	RECOVERY ROOM	1,221,877		1,221,877	0	1,221,877	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,279,814		3,279,814	0	3,279,814	52.00	
53.00	05300	ANESTHESIOLOGY	214,409		214,409	6,410	220,819	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,255,792		5,255,792	0	5,255,792	54.00	
56.00	05600	RADIOISOTOPE	755,460		755,460	0	755,460	56.00	
57.00	05700	CT SCAN	1,396,996		1,396,996	0	1,396,996	57.00	
58.00	05800	MRI	541,858		541,858	0	541,858	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,093,472		1,093,472	0	1,093,472	59.00	
60.00	06000	LABORATORY	8,562,516		8,562,516	0	8,562,516	60.00	
65.00	06500	RESPIRATORY THERAPY	1,790,732	0	1,790,732	0	1,790,732	65.00	
66.00	06600	PHYSICAL THERAPY	7,185,344	0	7,185,344	0	7,185,344	66.00	
67.00	06700	OCCUPATIONAL THERAPY	242,228	0	242,228	0	242,228	67.00	
68.00	06800	SPEECH PATHOLOGY	21,885	0	21,885	0	21,885	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,113,626		1,113,626	44,943	1,158,569	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	286,824		286,824	2,255	289,079	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,784,138		10,784,138	0	10,784,138	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,781,988		5,781,988	0	5,781,988	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	45,631,310		45,631,310	0	45,631,310	73.00	
74.00	07400	RENAL DIALYSIS	703,981		703,981	0	703,981	74.00	
76.00	03020	ANCILLARY	0		0	0	0	76.00	
76.01	03950	WOUND CARE	196,373		196,373	0	196,373	76.01	
76.97	07697	CARDIAC REHABILITATION	262,701		262,701	0	262,701	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,061,062		5,061,062	43,085	5,104,147	90.00	
90.01	09001	ACI	7,174,351		7,174,351	6,928	7,181,279	90.01	
91.00	09100	EMERGENCY	7,410,705		7,410,705	6,517	7,417,222	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,847,895		2,847,895		2,847,895	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	160,987,781	0	160,987,781	127,957	161,115,738	200.00	
201.00		Less Observation Beds	2,847,895		2,847,895		2,847,895	201.00	
202.00		Total (see instructions)	158,139,886	0	158,139,886	127,957	158,267,843	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
6/28/2021 2:54 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	23,209,148		23,209,148			30.00		
31.00	03100	INTENSIVE CARE UNIT	6,593,225		6,593,225			31.00		
40.00	04000	SUBPROVIDER - IPF	7,969,661		7,969,661			40.00		
43.00	04300	NURSERY	2,364,455		2,364,455			43.00		
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	10,860,370	48,184,749	59,045,119	0.208031	0.208031	50.00		
51.00	05100	RECOVERY ROOM	1,670,820	3,454,039	5,124,859	0.238422	0.238422	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,554,342	744,990	4,299,332	0.762866	0.762866	52.00		
53.00	05300	ANESTHESIOLOGY	4,245,489	12,089,049	16,334,538	0.013126	0.013126	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,908,343	27,685,972	35,594,315	0.147658	0.147658	54.00		
56.00	05600	RADIOISOTOPE	961,893	3,494,618	4,456,511	0.169518	0.169518	56.00		
57.00	05700	CT SCAN	14,899,806	41,388,096	56,287,902	0.024819	0.024819	57.00		
58.00	05800	MRI	2,310,900	10,199,808	12,510,708	0.043312	0.043312	58.00		
59.00	05900	CARDIAC CATHETERIZATION	4,084,215	1,536,321	5,620,536	0.194549	0.194549	59.00		
60.00	06000	LABORATORY	33,064,537	47,186,741	80,251,278	0.106696	0.106696	60.00		
65.00	06500	RESPIRATORY THERAPY	9,986,195	1,251,913	11,238,108	0.159345	0.159345	65.00		
66.00	06600	PHYSICAL THERAPY	2,105,177	15,031,959	17,137,136	0.419285	0.419285	66.00		
67.00	06700	OCCUPATIONAL THERAPY	1,331,950	382,783	1,714,733	0.141263	0.141263	67.00		
68.00	06800	SPEECH PATHOLOGY	376,040	76,133	452,173	0.048400	0.048400	68.00		
69.00	06900	ELECTROCARDIOLOGY	5,533,672	9,449,398	14,983,070	0.074326	0.074326	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	132,108	1,680,561	1,812,669	0.158233	0.158233	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,550,651	7,051,886	11,602,537	0.029464	0.029464	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,124,913	17,385,538	22,510,451	0.256858	0.256858	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	25,461,927	133,063,385	158,525,312	0.287849	0.287849	73.00		
74.00	07400	RENAL DIALYSIS	1,520,813	44,254	1,565,067	0.449809	0.449809	74.00		
76.00	03020	ANCILLARY	0	0	0	0.000000	0.000000	76.00		
76.01	03950	WOUND CARE	0	4,263	4,263	46.064509	46.064509	76.01		
76.97	07697	CARDIAC REHABILITATION	8,447	467,724	476,171	0.551695	0.551695	76.97		
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	47,416	7,538,350	7,585,766	0.667179	0.667179	90.00		
90.01	09001	ACI	1,916	12,899,266	12,901,182	0.556100	0.556100	90.01		
91.00	09100	EMERGENCY	16,563,950	54,646,539	71,210,489	0.104068	0.104068	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,831,555	6,768,200	8,599,755	0.331160	0.331160	92.00		
	SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00		
200.00		Subtotal (see instructions)	198,273,934	463,706,535	661,980,469			200.00		
201.00		Less Observation Beds						201.00		
202.00		Total (see instructions)	198,273,934	463,706,535	661,980,469			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet C
Part I
Date/Time Prepared:
6/28/2021 2:54 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
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
76.00	03020	ANCILLARY	0.000000		76.00
76.01	03950	WOUND CARE	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	ACI	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet D
Part I
Date/Time Prepared:
6/28/2021 2:54 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	1,661,864	0	1,661,864	20,016	83.03	30.00
31.00	INTENSIVE CARE UNIT	326,715		326,715	2,752	118.72	31.00
40.00	SUBPROVIDER - IPF	405,430	0	405,430	4,809	84.31	40.00
43.00	NURSERY	99,229		99,229	1,856	53.46	43.00
200.00	Total (lines 30 through 199)	2,493,238		2,493,238	29,433		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	5,349	444,127				
31.00	INTENSIVE CARE UNIT	795	94,382				
40.00	SUBPROVIDER - IPF	3,882	327,291				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	10,026	865,800				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 6/28/2021 2:54 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	1,021,414	59,045,119	0.017299	3,111,543	53,827	50.00
51.00 05100 RECOVERY ROOM	92,058	5,124,859	0.017963	424,787	7,630	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	326,813	4,299,332	0.076015	0	0	52.00
53.00 05300 ANESTHESIOLOGY	20,444	16,334,538	0.001252	1,012,874	1,268	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	577,014	35,594,315	0.016211	2,712,598	43,974	54.00
56.00 05600 RADIOISOTOPE	175,770	4,456,511	0.039441	379,518	14,969	56.00
57.00 05700 CT SCAN	45,791	56,287,902	0.000814	4,712,807	3,836	57.00
58.00 05800 MRI	26,283	12,510,708	0.002101	733,684	1,541	58.00
59.00 05900 CARDIAC CATHETERIZATION	40,560	5,620,536	0.007216	1,062,475	7,667	59.00
60.00 06000 LABORATORY	120,657	80,251,278	0.001503	10,230,823	15,377	60.00
65.00 06500 RESPIRATORY THERAPY	25,079	11,238,108	0.002232	3,486,584	7,782	65.00
66.00 06600 PHYSICAL THERAPY	341,958	17,137,136	0.019954	794,709	15,858	66.00
67.00 06700 OCCUPATIONAL THERAPY	23,272	1,714,733	0.013572	535,832	7,272	67.00
68.00 06800 SPEECH PATHOLOGY	2,087	452,173	0.004615	174,335	805	68.00
69.00 06900 ELECTROCARDIOLOGY	21,227	14,983,070	0.001417	2,006,173	2,843	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	34,234	1,812,669	0.018886	54,898	1,037	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,060	11,602,537	0.001901	909,845	1,730	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	13,817	22,510,451	0.000614	1,791,240	1,100	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	169,291	158,525,312	0.001068	7,575,436	8,091	73.00
74.00 07400 RENAL DIALYSIS	1,539	1,565,067	0.000983	856,050	841	74.00
76.00 03020 ANCILLARY	0	0	0.000000	0	0	76.00
76.01 03950 WOUND CARE	61,993	4,263	14.542106	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	39,518	476,171	0.082991	2,282	189	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	202,092	7,585,766	0.026641	10,337	275	90.00
90.01 09001 ACI	1,334,139	12,901,182	0.103412	1,354	140	90.01
91.00 09100 EMERGENCY	422,119	71,210,489	0.005928	4,946,559	29,323	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	259,292	8,599,755	0.030151	684,750	20,646	92.00
200.00 Total (lines 50 through 199)	5,420,521	621,843,980		48,211,493	248,021	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0304		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part III Date/Time Prepared: 6/28/2021 2:54 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days		
			4.00	5.00	6.00	7.00		8.00		
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	20,016	0.00	5,349		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,752	0.00	795		31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	4,809	0.00	3,882		40.00	
43.00	04300	NURSERY	0	0	1,856	0.00	0		43.00	
200.00		Total (lines 30 through 199)	0	0	29,433		10,026		200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost						
			9.00	13.00						
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0						
31.00	03100	INTENSIVE CARE UNIT	0	0						
40.00	04000	SUBPROVIDER - IPF	0	0						
43.00	04300	NURSERY	0	0						
200.00		Total (lines 30 through 199)	0	0						

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 6/28/2021 2:54 pm
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Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
76.00	03020 ANCILLARY	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ACI	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0304		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 6/28/2021 2:54 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	59,045,119	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	5,124,859	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,299,332	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	16,334,538	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	35,594,315	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	4,456,511	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	56,287,902	0.000000	57.00
58.00	05800	MRI	0	0	0	0	12,510,708	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	5,620,536	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	80,251,278	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	11,238,108	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	17,137,136	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,714,733	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	452,173	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	14,983,070	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,812,669	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,602,537	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	22,510,451	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	158,525,312	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,565,067	0.000000	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	0.000000	76.00
76.01	03950	WOUND CARE	0	0	0	0	4,263	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	476,171	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	7,585,766	0.000000	90.00
90.01	09001	ACI	0	0	0	0	12,901,182	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	0	71,210,489	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	8,599,755	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	621,843,980		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN:14-0304 Period: From 01/01/2020 To 12/31/2020 Worksheet D Part IV Date/Time Prepared: 6/28/2021 2:54 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	3,111,543	0	9,151,214	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	424,787	0	419,522	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	911	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,012,874	0	2,241,788	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	2,712,598	0	2,982,262	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	379,518	0	858,716	0	56.00
57.00	05700	CT SCAN	0.000000	4,712,807	0	6,235,079	0	57.00
58.00	05800	MRI	0.000000	733,684	0	1,377,541	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,062,475	0	488,414	0	59.00
60.00	06000	LABORATORY	0.000000	10,230,823	0	2,817,564	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,486,584	0	269,239	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	794,709	0	32,113	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	535,832	0	17,888	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	174,335	0	2,624	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,006,173	0	1,646,732	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	54,898	0	271,879	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	909,845	0	1,070,948	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,791,240	0	5,430,100	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,575,436	0	7,720,912	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	856,050	0	7,650	0	74.00
76.00	03020	ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950	WOUND CARE	0.000000	0	0	182	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	2,282	0	161,241	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	10,337	0	283,876	0	90.00
90.01	09001	ACI	0.000000	1,354	0	1,547,311	0	90.01
91.00	09100	EMERGENCY	0.000000	4,946,559	0	4,329,204	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	684,750	0	898,845	0	92.00
200.00		Total (lines 50 through 199)		48,211,493	0	50,263,755	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 6/28/2021 2:54 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		21.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
76.00	03020	ANCILLARY	0	0		76.00
76.01	03950	WOUND CARE	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ACI	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0304		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part V Date/Time Prepared: 6/28/2021 2:54 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.208031	9,151,214	6	0	1,903,736	50.00
51.00	05100	RECOVERY ROOM	0.238422	419,522	0	0	100,023	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.762866	911	0	0	695	52.00
53.00	05300	ANESTHESIOLOGY	0.013126	2,241,788	0	0	29,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147658	2,982,262	0	0	440,355	54.00
56.00	05600	RADIOISOTOPE	0.169518	858,716	0	0	145,568	56.00
57.00	05700	CT SCAN	0.024819	6,235,079	0	0	154,748	57.00
58.00	05800	MRI	0.043312	1,377,541	0	0	59,664	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.194549	488,414	0	0	95,020	59.00
60.00	06000	LABORATORY	0.106696	2,817,564	11,573	0	300,623	60.00
65.00	06500	RESPIRATORY THERAPY	0.159345	269,239	2	0	42,902	65.00
66.00	06600	PHYSICAL THERAPY	0.419285	32,113	0	0	13,464	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.141263	17,888	0	0	2,527	67.00
68.00	06800	SPEECH PATHOLOGY	0.048400	2,624	0	0	127	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074326	1,646,732	0	0	122,395	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158233	271,879	0	0	43,020	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.929464	1,070,948	0	0	995,408	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.256858	5,430,100	0	0	1,394,765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287849	7,720,912	293	19,385	2,222,457	73.00
74.00	07400	RENAL DIALYSIS	0.449809	7,650	0	0	3,441	74.00
76.00	03020	ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950	WOUND CARE	46.064509	182	0	0	8,384	76.01
76.97	07697	CARDIAC REHABILITATION	0.551695	161,241	0	0	88,956	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.667179	283,876	68	0	189,396	90.00
90.01	09001	ACI	0.556100	1,547,311	366	0	860,460	90.01
91.00	09100	EMERGENCY	0.104068	4,329,204	110	0	450,532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.331160	898,845	55	0	297,662	92.00
200.00		Subtotal (see instructions)		50,263,755	12,473	19,385	9,965,754	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		50,263,755	12,473	19,385	9,965,754	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/28/2021 2:54 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	1	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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	1,235	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	84	5,580	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 ANCILLARY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	45	0	90.00
90.01	09001 ACI	204	0	90.01
91.00	09100 EMERGENCY	11	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	18	0	92.00
200.00	Subtotal (see instructions)	1,598	5,580	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	1,598	5,580	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN:14-0304	Period: From 01/01/2020	Worksheet D
		Component CCN:14-S304	To 12/31/2020	Part II
				Date/Time Prepared: 6/28/2021 2:54 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,021,414	59,045,119	0.017299	7,153	124	50.00
51.00	05100 RECOVERY ROOM	92,058	5,124,859	0.017963	2,779	50	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	326,813	4,299,332	0.076015	0	0	52.00
53.00	05300 ANESTHESIOLOGY	20,444	16,334,538	0.001252	2,186	3	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	577,014	35,594,315	0.016211	123,524	2,002	54.00
56.00	05600 RADIOISOTOPE	175,770	4,456,511	0.039441	1,638	65	56.00
57.00	05700 CT SCAN	45,791	56,287,902	0.000814	231,830	189	57.00
58.00	05800 MRI	26,283	12,510,708	0.002101	3,713	8	58.00
59.00	05900 CARDIAC CATHETERIZATION	40,560	5,620,536	0.007216	0	0	59.00
60.00	06000 LABORATORY	120,657	80,251,278	0.001503	1,060,745	1,594	60.00
65.00	06500 RESPIRATORY THERAPY	25,079	11,238,108	0.002232	66,836	149	65.00
66.00	06600 PHYSICAL THERAPY	341,958	17,137,136	0.019954	241,110	4,811	66.00
67.00	06700 OCCUPATIONAL THERAPY	23,272	1,714,733	0.013572	116,370	1,579	67.00
68.00	06800 SPEECH PATHOLOGY	2,087	452,173	0.004615	23,616	109	68.00
69.00	06900 ELECTROCARDIOLOGY	21,227	14,983,070	0.001417	92,082	130	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	34,234	1,812,669	0.018886	1,308	25	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,060	11,602,537	0.001901	2,218	4	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,817	22,510,451	0.000614	14,249	9	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	169,291	158,525,312	0.001068	943,446	1,008	73.00
74.00	07400 RENAL DIALYSIS	1,539	1,565,067	0.000983	20,438	20	74.00
76.00	03020 ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950 WOUND CARE	61,993	4,263	14.542106	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	39,518	476,171	0.082991	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	202,092	7,585,766	0.026641	0	0	90.00
90.01	09001 ACI	1,334,139	12,901,182	0.103412	0	0	90.01
91.00	09100 EMERGENCY	422,119	71,210,489	0.005928	502,785	2,981	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,599,755	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	5,161,229	621,843,980		3,458,026	14,860	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
 THROUGH COSTS

Provider CCN:14-0304

Period:

Worksheet D

Component CCN:14-S304

From 01/01/2020

Part IV

To 12/31/2020

Date/Time Prepared:

6/28/2021 2:54 pm

Cost Center Description		Title XVIII					Subprovider - IP#	PPS
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	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
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ACI	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

Health Financial Systems			ADVENTIST BOLINGBROOK HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0304		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part IV Date/Time Prepared: 6/28/2021 2:54 pm	
				Component CCN:14-S304					
				Title XVIII		Subprovider - IP#		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
			4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	59,045,119	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	5,124,859	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,299,332	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	16,334,538	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	35,594,315	0.000000	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	4,456,511	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	56,287,902	0.000000	57.00	
58.00	05800	MRI	0	0	0	12,510,708	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,620,536	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	80,251,278	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,238,108	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	17,137,136	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,714,733	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	452,173	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,983,070	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,812,669	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,602,537	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,510,451	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	158,525,312	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	1,565,067	0.000000	74.00	
76.00	03020	ANCILLARY	0	0	0	0	0.000000	76.00	
76.01	03950	WOUND CARE	0	0	0	4,263	0.000000	76.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	476,171	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	7,585,766	0.000000	90.00	
90.01	09001	ACI	0	0	0	12,901,182	0.000000	90.01	
91.00	09100	EMERGENCY	0	0	0	71,210,489	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,599,755	0.000000	92.00	
200.00		Total (lines 50 through 199)	0	0	0	621,843,980		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN:14-0304 Period: From 01/01/2020 Worksheet D
THROUGH COSTS Component CCN:14-S304 To 12/31/2020 Part IV
Date/Time Prepared: 6/28/2021 2:54 pm

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	7,153	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,779	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,186	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	123,524	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	1,638	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	231,830	0	2,544	0	57.00
58.00	05800 MRI	0.000000	3,713	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,060,745	0	598	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	66,836	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	241,110	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	116,370	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	23,616	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	92,082	0	732	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,308	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,218	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	14,249	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	943,446	0	990	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	20,438	0	0	0	74.00
76.00	03020 ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950 WOUND CARE	0.000000	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 ACI	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	502,785	0	6,164	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		3,458,026	0	11,028	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN:14-0304 Period: From 01/01/2020 Worksheet D
THROUGH COSTS Component CCN:14-S304 To 12/31/2020 Part IV
Date/Time Prepared: 6/28/2021 2:54 pm

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII Subprovider - IP#	PPS
		21.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
76.00	03020 ANCILLARY	0	0		76.00
76.01	03950 WOUND CARE	0	0		76.01
76.97	07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0		90.00
90.01	09001 ACI	0	0		90.01
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00	Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/28/2021 2:54 pm
		Component CCN:14-S304		

		Title XVIII		Subprovider - IP#		PPS	
Cost Center Description		Cost to Charge	Charges		Costs		
		Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.208031	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.238422	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.762866	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.013126	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147658	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.169518	0	0	0	56.00
57.00	05700	CT SCAN	0.024819	2,544	0	0	57.00
58.00	05800	MRI	0.043312	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.194549	0	0	0	59.00
60.00	06000	LABORATORY	0.106696	598	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.159345	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.419285	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.141263	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.048400	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074326	732	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158233	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.929464	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.256858	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287849	990	0	1,385	73.00
74.00	07400	RENAL DIALYSIS	0.449809	0	0	0	74.00
76.00	03020	ANCILLARY	0.000000	0	0	0	76.00
76.01	03950	WOUND CARE	46.064509	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.551695	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.667179	0	0	0	90.00
90.01	09001	ACI	0.556100	0	0	0	90.01
91.00	09100	EMERGENCY	0.104068	6,164	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.331160	0	0	0	92.00
200.00		Subtotal (see instructions)		11,028	0	1,385	200.00
201.00		Less PBP Clinic Lab. Services-Program			0	0	201.00
		Only Charges					
202.00		Net Charges (line 200 - line 201)		11,028	0	1,385	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 6/28/2021 2:54 pm
		Component CCN:14-S304		

			Title XVIII		Subprovider - IP#	PPS
Cost Center Description	Costs		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00				
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	399		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ANCILLARY	0	0		76.00
76.01	03950	WOUND CARE	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	ACI	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	399		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	399		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 6/28/2021 2:54 pm
				Component CCN:14-S304		
				Title XIX	Subprovider - IP#	TEFRA
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	1,021,414	59,045,119	0.017299	0	0	50.00
51.00 05100 RECOVERY ROOM	92,058	5,124,859	0.017963	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	326,813	4,299,332	0.076015	0	0	52.00
53.00 05300 ANESTHESIOLOGY	20,444	16,334,538	0.001252	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	577,014	35,594,315	0.016211	0	0	54.00
56.00 05600 RADIOISOTOPE	175,770	4,456,511	0.039441	0	0	56.00
57.00 05700 CT SCAN	45,791	56,287,902	0.000814	0	0	57.00
58.00 05800 MRI	26,283	12,510,708	0.002101	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	40,560	5,620,536	0.007216	0	0	59.00
60.00 06000 LABORATORY	120,657	80,251,278	0.001503	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	25,079	11,238,108	0.002232	0	0	65.00
66.00 06600 PHYSICAL THERAPY	341,958	17,137,136	0.019954	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	23,272	1,714,733	0.013572	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	2,087	452,173	0.004615	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	21,227	14,983,070	0.001417	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	34,234	1,812,669	0.018886	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,060	11,602,537	0.001901	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	13,817	22,510,451	0.000614	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	169,291	158,525,312	0.001068	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,539	1,565,067	0.000983	0	0	74.00
76.00 03020 ANCILLARY	0	0	0.000000	0	0	76.00
76.01 03950 WOUND CARE	61,993	4,263	14.542106	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	39,518	476,171	0.082991	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	202,092	7,585,766	0.026641	0	0	90.00
90.01 09001 ACI	1,334,139	12,901,182	0.103412	0	0	90.01
91.00 09100 EMERGENCY	422,119	71,210,489	0.005928	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	8,599,755	0.000000	0	0	92.00
200.00 Total (lines 50 through 199)	5,161,229	621,843,980		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN:14-0304 Component CCN:14-S304	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 6/28/2021 2:54 pm
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Cost Center Description		Title XIX					Subprovider - IP#	TEFRA
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020 ANCILLARY	0	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	0	0	0	0	0	90.00
90.01	09001 ACI	0	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0304

Period:

Worksheet D

Component CCN:14-S304

From 01/01/2020

Part IV

To 12/31/2020

Date/Time Prepared:

6/28/2021 2:54 pm

			Title XIX		Subprovider - IPF		TEFRA	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	59,045,119	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,124,859	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,299,332	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	16,334,538	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	35,594,315	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	4,456,511	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	56,287,902	0.000000	57.00
58.00	05800	MRI	0	0	0	12,510,708	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,620,536	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	80,251,278	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,238,108	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,137,136	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,714,733	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	452,173	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,983,070	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,812,669	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,602,537	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,510,451	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	158,525,312	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,565,067	0.000000	74.00
76.00	03020	ANCILLARY	0	0	0	0	0.000000	76.00
76.01	03950	WOUND CARE	0	0	0	4,263	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	476,171	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	7,585,766	0.000000	90.00
90.01	09001	ACI	0	0	0	12,901,182	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	71,210,489	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,599,755	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	621,843,980		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN:14-0304 Period: From 01/01/2020 To 12/31/2020 Worksheet D Part IV Date/Time Prepared: 6/28/2021 2:54 pm

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03020 ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950 WOUND CARE	0.000000	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 ACI	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN:14-0304 Period: From 01/01/2020 Worksheet D
THROUGH COSTS Component CCN:14-S304 To 12/31/2020 Part IV
Date/Time Prepared: 6/28/2021 2:54 pm

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XIX	Subprovider - IP#	TEFRA
		21.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
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
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
76.00	03020 ANCILLARY	0	0			76.00
76.01	03950 WOUND CARE	0	0			76.01
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.01	09001 ACI	0	0			90.01
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00	Total (lines 50 through 199)	0	0			200.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 6/28/2021 2:54 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)			20,016	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			20,016	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)			16,893	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			5,349	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			18,252,830	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)			18,252,830	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			18,252,830	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)			911.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,877,807	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)			4,877,807	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 6/28/2021 2:54 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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,607,301	2,752	1,674.16	795	1,330,957	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,433,960	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,642,724	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					38,509	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					248,021	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					786,530	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,856,194	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,123	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					911.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,847,895	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0304

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

Worksheet D-1

Date/Time Prepared:
6/28/2021 2:54 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	1,661,864	18,252,830	0.091047	2,847,895	259,292
91.00	Nursing School cost	0	18,252,830	0.000000	2,847,895	0
92.00	Allied health cost	0	18,252,830	0.000000	2,847,895	0
93.00	All other Medical Education	0	18,252,830	0.000000	2,847,895	0

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0304	Period: From 01/01/2020	Worksheet D-1	
		Component CCN:14-S304	To 12/31/2020	Date/Time Prepared: 6/28/2021 2:54 pm	
		Title XVIII	Subprovider - IP#	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,809	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,809	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,809	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			3,882	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			5,128,422	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)			5,128,422	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27, minus line 36)			5,128,422	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)			1,066.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,139,842	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)			4,139,842	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
			Component CCN:14-S304		Date/Time Prepared: 6/28/2021 2:54 pm
			Title XVIII	Subprovider - IP#	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)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
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)					615,301
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,755,143
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					327,291
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,860
52.00 Total Program excludable cost (sum of lines 50 and 51)					342,151
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,412,992
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0304

Period:

Worksheet D-1

Component CCN:14-S304

From 01/01/2020
To 12/31/2020Date/Time Prepared:
6/28/2021 2:54 pm

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	405,430	5,128,422	0.079056	0	0	90.00
91.00	Nursing School cost	0	5,128,422	0.000000	0	0	91.00
92.00	Allied health cost	0	5,128,422	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,128,422	0.000000	0	0	93.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0304	Period: From 01/01/2020	Worksheet D-1	
		Component CCN:14-S304	To 12/31/2020	Date/Time Prepared: 6/28/2021 2:54 pm	
		Title XIX	Subprovider - IP#	TEFRA	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,809	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,809	2.00	
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,809	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		0	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00	
15.00	Total nursery days (title V or XIX only)		1,856	15.00	
16.00	Nursery days (title V or XIX only)		410	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)		5,122,498	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)		5,122,498	27.00	
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT					
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00	
29.00	Private room charges (excluding swing-bed charges)		0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27, minus line 36)		5,122,498	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)		1,065.19	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		0	41.00	

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1
			Component CCN:14-S304		Date/Time Prepared: 6/28/2021 2:54 pm
			Title XIX	Subprovider - IP#	TEFRA
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)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0304

Period:

Worksheet D-1

Component CCN:14-S304

From 01/01/2020
To 12/31/2020Date/Time Prepared:
6/28/2021 2:54 pm

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	0	5,122,498	0.000000	0	0	90.00
91.00	Nursing School cost	0	5,122,498	0.000000	0	0	91.00
92.00	Allied health cost	0	5,122,498	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,122,498	0.000000	0	0	93.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 6/28/2021 2:54 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		7,005,564	30.00
31.00	03100	INTENSIVE CARE UNIT		2,250,169	31.00
40.00	04000	SUBPROVIDER - IPF		18,238	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.208233	3,111,543	50.00
51.00	05100	RECOVERY ROOM	0.238422	424,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.762866	0	52.00
53.00	05300	ANESTHESIOLOGY	0.013519	1,012,874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147658	2,712,598	54.00
56.00	05600	RADIOISOTOPE	0.169518	379,518	56.00
57.00	05700	CT SCAN	0.024819	4,712,807	57.00
58.00	05800	MRI	0.043312	733,684	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.194549	1,062,475	59.00
60.00	06000	LABORATORY	0.106696	10,230,823	60.00
65.00	06500	RESPIRATORY THERAPY	0.159345	3,486,584	65.00
66.00	06600	PHYSICAL THERAPY	0.419285	794,709	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.141263	535,832	67.00
68.00	06800	SPEECH PATHOLOGY	0.048400	174,335	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077325	2,006,173	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.159477	54,898	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.929464	909,845	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.256858	1,791,240	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287849	7,575,436	73.00
74.00	07400	RENAL DIALYSIS	0.449809	856,050	74.00
76.00	03020	ANCILLARY	0.000000	0	76.00
76.01	03950	WOUND CARE	46.064509	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.551695	2,282	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.672858	10,337	90.00
90.01	09001	ACI	0.556637	1,354	90.01
91.00	09100	EMERGENCY	0.104159	4,946,559	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.331160	684,750	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		48,211,493	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)		48,211,493	202.00

Health Financial Systems			ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0304 Component CCN:14-S304		Period: From 01/01/2020 To 12/31/2020 Worksheet D-3 Date/Time Prepared: 6/28/2021 2:54 pm	
			Title XVIII		Subprovider - IPF PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		6,471,729		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.208233	7,153	1,489	50.00
51.00	05100	RECOVERY ROOM	0.238422	2,779	663	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.762866	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.013519	2,186	30	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.147658	123,524	18,239	54.00
56.00	05600	RADIOISOTOPE	0.169518	1,638	278	56.00
57.00	05700	CT SCAN	0.024819	231,830	5,754	57.00
58.00	05800	MRI	0.043312	3,713	161	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.194549	0	0	59.00
60.00	06000	LABORATORY	0.106696	1,060,745	113,177	60.00
65.00	06500	RESPIRATORY THERAPY	0.159345	66,836	10,650	65.00
66.00	06600	PHYSICAL THERAPY	0.419285	241,110	101,094	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.141263	116,370	16,439	67.00
68.00	06800	SPEECH PATHOLOGY	0.048400	23,616	1,143	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077325	92,082	7,120	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.159477	1,308	209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.929464	2,218	2,062	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.256858	14,249	3,660	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287849	943,446	271,570	73.00
74.00	07400	RENAL DIALYSIS	0.449809	20,438	9,193	74.00
76.00	03020	ANCILLARY	0.000000	0	0	76.00
76.01	03950	WOUND CARE	46.064509	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.551695	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.672858	0	0	90.00
90.01	09001	ACI	0.556637	0	0	90.01
91.00	09100	EMERGENCY	0.104159	502,785	52,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.331160	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,458,026	615,301	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)		3,458,026		202.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 6/28/2021 2:54 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)	9,756,520		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	689,452		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)	68,951		2.03	
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	27,469		2.04	
3.00	Managed Care Simulated Payments	0		3.00	
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	100.66		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)	4.28		30.00	
31.00	Percentage of Medicaid patient days (see instructions)	25.23		31.00	
32.00	Sum of lines 30 and 31	29.51		32.00	
33.00	Allowable disproportionate share percentage (see instructions)	13.56		33.00	
34.00	Disproportionate share adjustment (see instructions)	455,819		34.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 6/28/2021 2:54 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	829,130	846,329	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	620,715	213,321	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	834,036		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	14,832,247		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		14,832,247	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,111,800	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		52,188	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		15,996,235	59.00
60.00	Primary payer payments		25,101	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		15,971,134	61.00
62.00	Deductibles billed to program beneficiaries		1,275,208	62.00
63.00	Coinsurance billed to program beneficiaries		40,128	63.00
64.00	Allowable bad debts (see instructions)		253,237	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		164,604	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		170,956	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,820,402	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		32,062	70.93
70.94	HRR adjustment amount (see instructions)		-153,704	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 6/28/2021 2:54 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)		14,698,760	71.00
71.01	Sequestration adjustment (see instructions)		97,012	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		14,474,265	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)		127,483	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		576,315	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN:14-0304

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

Worksheet DSH

Date/Time Prepared:
6/28/2021 2:54 pm

		Title XVIII		Hospital		PPS	
		Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	4.28	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	25.23	0.00			25.23	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	29.51	0.00			25.23	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle Urban - If pickle worksheet NA)					Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	100.66	0.00			100.66	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	13.56	0.00			10.03	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	4.28	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	927	0			927	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	938	0			938	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	11	0			11	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	10	0			10	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	3,434	0			3,434	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	130	0			130	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	5,450	0			5,450	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	21,501	0			21,501	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	97	0			97	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	21,598	0			21,598	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	25.23	0.00			25.23	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN:14-0304

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

Worksheet DSH

Date/Time Prepared:
6/28/2021 2:54 pm

		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	13.56		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		13.56		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		13.56		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN:14-0304

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

Worksheet DSH

Date/Time Prepared:
6/28/2021 2:54 pm

Title XVIII

Hospital

PPS

		Revised		
		Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	10.03		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	10.03		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	10.03		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/28/2021 2:54 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	9,756,520	0	9,756,520		9,756,520	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,689,452	0		3,689,452	3,689,452	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	68,951	0	68,951		68,951	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	27,469	0		27,469	27,469	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	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	0.1356	0.1356	0.1356	0.1356		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	455,819	0	330,746	125,073	455,819	11.00
11.01	Uncompensated care payments	36.00	834,036	0	843,093	275,884	1,118,977	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	14,832,247	0	10,714,369	4,117,878	14,832,247	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,832,247	0	10,714,369	4,117,878	14,832,247	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,111,800	0	820,557	291,243	1,111,800	16.00
17.00	Special add-on payments for new technologies	54.00	52,188	0	0	52,188	52,188	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/28/2021 2:54 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	11,534,926	4,461,309	15,996,235
		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	1,037,016	0	765,244	271,772	1,037,016
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	10,904	0	8,174	2,730	10,904
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	0.0616	0.0616	0.0616	0.0616	
25.00	Disproportionate share adjustment (see instructions)	11.00	63,880	0	47,139	16,741	63,880
26.00	Total prospective capital payments (see instructions)	12.00	1,111,800	0	820,557	291,243	1,111,800
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
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.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/28/2021 2:54 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	9,756,520	9,756,520		9,756,520	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,689,452		3,689,452	3,689,452	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	68,951	68,951		68,951	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	27,469		27,469	27,469	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1356	0.1356	0.1356		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	455,819	330,746	125,073	455,819	11.00
11.01	Uncompensated care payments	36.00	834,036	818,654	208,415	1,027,069	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	14,832,247	10,781,838	4,050,409	14,832,247	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	14,832,247	10,781,838	4,050,409	14,832,247	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,111,800	820,557	291,243	1,111,800	16.00
17.00	Special add-on payments for new technologies	54.00	52,188	0	52,188	52,188	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			11,602,395	4,393,840	15,996,235	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/28/2021 2:54 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	1,037,016	765,244	271,772	1,037,016	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	10,904	8,174	2,730	10,904	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	0.0616	0.0616	0.0616		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	63,880	47,139	16,741	63,880	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,111,800	820,557	291,243	1,111,800	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	32,062	13,578	18,484	32,062	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-153,704	-102,444	-51,260	-153,704	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 6/28/2021 2:54 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			7,178	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			9,965,754	2.00
3.00	OPPS payments			8,989,440	3.00
4.00	Outlier payment (see instructions)			64,005	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)			7,178	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			31,858	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)			31,858	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)			31,858	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			24,680	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)			7,178	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)			9,053,445	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			180	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			1,600,399	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)			7,460,044	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)			7,460,044	30.00
31.00	Primary payer payments			12,753	31.00
32.00	Subtotal (line 30 minus line 31)			7,447,291	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)			280,568	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			182,369	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			219,554	36.00
37.00	Subtotal (see instructions)			7,629,660	37.00
38.00	MSP-LCC reconciliation amount from PS&R			135	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)			7,629,525	40.00
40.01	Sequestration adjustment (see instructions)			50,355	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			7,560,612	41.00
41.01	Interim payments-PARHM			0	41.01
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			0	42.01
43.00	Balance due provider/program (see instructions)			18,558	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 6/28/2021 2:54 pm	
		Title XVIII	Hospital	PPS	
				Overrides	
				1.00	
WORKSHEET OVERRIDE VALUES					
112.00	Override of Ancillary service charges (line 12)				0112.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 6/28/2021 2:54 pm	
		Component CCN:14-S304			
		Title XVIII	Subprovider - IP#	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		399	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,107	2.00	
3.00	OPPS payments		1,394	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)		399	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		1,385	12.00	
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00	
14.00	Total reasonable charges (sum of lines 12 and 13)		1,385	14.00	
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00	
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00	
18.00	Total customary charges (see instructions)		1,385	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		986	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)		399	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)		1,394	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)		137	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)		1,656	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)		1,656	30.00	
31.00	Primary payer payments		0	31.00	
32.00	Subtotal (line 30 minus line 31)		1,656	32.00	
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00	
34.00	Allowable bad debts (see instructions)		0	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00	
37.00	Subtotal (see instructions)		1,656	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50	
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)		1,656	40.00	
40.01	Sequestration adjustment (see instructions)		11	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		1,420	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)		225	43.00	
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)		0	90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00	
92.00	The rate used to calculate the Time Value of Money		0.00	92.00	
93.00	Time Value of Money (see instructions)		0	93.00	
94.00	Total (sum of lines 91 and 93)		0	94.00	

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10		
CALCULATION OF REIMBURSEMENT SETTLEMENT				Provider CCN:14-0304	Period: From 01/01/2020	Worksheet E
				Component CCN:14-S304	To 12/31/2020	Part B
				Date/Time Prepared: 6/28/2021 2:54 pm		
				Title XVIII	Subprovider - IP#	PPS
						Overrides
						1.00
WORKSHEET OVERRIDE VALUES						
112.00	Override of Ancillary service charges (line 12)					0112.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0304		Period: From 01/01/2020 To 12/31/2020	
		Title XVIII		Hospital	
		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		14,278,207		7,392,700
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		216,251		167,912
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	10/22/2020	20,193		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-20,193		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		14,474,265		7,560,612
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		127,483		18,558
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		14,601,748		7,579,170
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part I Date/Time Prepared: 6/28/2021 2:54 pm	
		Title XVIII		Subprovider - IP#	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		4,117,586		1,420
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	11/24/2020	9,922		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		9,922		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,127,508		1,420
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		34,089		225
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		4,161,597		1,645
				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:14-0304

Period:
From 01/01/2020
To 12/31/2020Worksheet E-1
Part II
Date/Time Prepared:
6/28/2021 2:54 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
				Overrides
				1.00
	CONTRACTOR OVERRIDES			
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part II Date/Time Prepared: 6/28/2021 2:54 pm
		Component CCN:14-S304		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		4,327,130	1.00
2.00	Net IPF PPS Outlier Payments		7,691	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		13.139344	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		4,334,821	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		4,334,821	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		4,334,821	18.00
19.00	Deductibles		172,832	19.00
20.00	Subtotal (line 18 minus line 19)		4,161,989	20.00
21.00	Coinurance		9,856	21.00
22.00	Subtotal (line 20 minus line 21)		4,152,133	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		57,097	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		37,113	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		51,384	25.00
26.00	Subtotal (sum of lines 22 and 24)		4,189,246	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		4,189,246	31.00
31.01	Sequestration adjustment (see instructions)		27,649	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		4,127,508	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		34,089	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		7,691	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 6/28/2021 2:54 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3, column 2)	02, 10,026	3,956		26.00
27.00	Total Inpatient Days (see instructions)	24,551	24,551		27.00
28.00	Ratio of inpatient days to total inpatient days	0.408374	0.161134		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 6/28/2021 2:54 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,565,067	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			19,397,867	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			25,101	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			19,372,766	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			9,974,438	42.00
43.00	Primary payer payments (see instructions)			12,753	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			9,961,685	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			29,334,451	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.660410	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.339590	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0	50.00

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

Provider CCN:14-0304

Period:

Worksheet G

From 01/01/2020

Date/Time Prepared:

To 12/31/2020

6/28/2021 2:54 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	32,573,517	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	78,896,392	0	0	0	4.00
5.00	Other receivable	3,970,858	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-54,776,974	0	0	0	6.00
7.00	Inventory	3,295,910	0	0	0	7.00
8.00	Prepaid expenses	182,325	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	64,142,028	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,750,000	0	0	0	12.00
13.00	Land improvements	312,035	0	0	0	13.00
14.00	Accumulated depreciation	-179,337	0	0	0	14.00
15.00	Buildings	111,311,357	0	0	0	15.00
16.00	Accumulated depreciation	-45,941,723	0	0	0	16.00
17.00	Leasehold improvements	1,710,040	0	0	0	17.00
18.00	Accumulated depreciation	-1,315,681	0	0	0	18.00
19.00	Fixed equipment	23,403,183	0	0	0	19.00
20.00	Accumulated depreciation	-19,799,244	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	43,555,919	0	0	0	23.00
24.00	Accumulated depreciation	-38,405,423	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)	78,401,126	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	339,473	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	3,623,539	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,963,012	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	146,506,166	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,561,371	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,039,074	0	0	0	38.00
39.00	Payroll taxes payable	127,366	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,523,525	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	16,008,989	0	0	0	43.00
44.00	Other current liabilities	25,304,992	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	59,565,317	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	62,616,817	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,702,376	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	64,319,193	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	123,884,510	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	22,621,656	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)	22,621,656	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	146,506,166	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0304

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

Worksheet G-1

Date/Time Prepared:
6/28/2021 2:54 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		16,361,315		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		6,951,125				2.00
3.00	Total (sum of line 1 and line 2)		23,312,440		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		23,312,440		0		11.00
12.00	UNRESTRICTED ASSETS	690,786		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)		690,786		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		22,621,654		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	UNRESTRICTED ASSETS		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		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES			Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet G-2 Parts I & II Date/Time Prepared: 6/28/2021 2:54 pm
Cost Center Description			Inpatient	Outpatient	Total
			1.00	2.00	3.00
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital		25,573,603		25,573,603
2.00	SUBPROVIDER - IPF		7,969,661		7,969,661
3.00	SUBPROVIDER - IRF				
4.00	SUBPROVIDER				
5.00	Swing bed - SNF		0		0
6.00	Swing bed - NF		0		0
7.00	SKILLED NURSING FACILITY				
8.00	NURSING FACILITY				
9.00	OTHER LONG TERM CARE				
10.00	Total general inpatient care services (sum of lines 1-9)		33,543,264		33,543,264
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT		6,593,225		6,593,225
12.00	CORONARY CARE UNIT				
13.00	BURN INTENSIVE CARE UNIT				
14.00	SURGICAL INTENSIVE CARE UNIT				
15.00	OTHER SPECIAL CARE (SPECIFY)				
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)		6,593,225		6,593,225
17.00	Total inpatient routine care services (sum of lines 10 and 16)		40,136,489		40,136,489
18.00	Ancillary services		139,692,608	381,854,180	521,546,788
19.00	Outpatient services		18,444,837	81,852,355	100,297,192
20.00	RURAL HEALTH CLINIC		0	0	0
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
22.00	HOME HEALTH AGENCY				
23.00	AMBULANCE SERVICES				
24.00	CMHC				
25.00	AMBULATORY SURGICAL CENTER (D.P.)				
26.00	HOSPICE				
27.00	HOSPICE		671,515	6,529	678,044
27.01	PHARMACY		0	2,319	2,319
27.02	PHYSICIAN REVENUE		0	650,000	650,000
27.03	OTHER		-301,262	367,466	66,204
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)		6,398,644,187	464,732,849	663,377,036
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			173,638,818	
30.00	BAD DEBT		3,199,977		
31.00			0		
32.00			0		
33.00			0		
34.00			0		
35.00			0		
36.00	Total additions (sum of lines 30-35)			3,199,977	
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)			176,838,795	

STATEMENT OF REVENUES AND EXPENSES	Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet G-3 Date/Time Prepared: 6/28/2021 2:54 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	663,377,036	1.00
2.00	Less contractual allowances and discounts on patients' accounts	490,755,956	2.00
3.00	Net patient revenues (line 1 minus line 2)	172,621,080	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	176,838,795	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,217,715	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR REVENUE; OTHER OPER; NON OPER	11,171,553	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	11,171,553	25.00
26.00	Total (line 5 plus line 25)	6,953,838	26.00
27.00	OTHER EXPENSES (NONRECURRING)	2,713	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,713	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,951,125	29.00

Health Financial Systems		ADVENTIST BOLINGBROOK HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0304	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 6/28/2021 2:54 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		1,037,016	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01	
2.00	Capital DRG outlier payments		10,904	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)		53.94	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)	4.28		7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)	25.23		8.00	
9.00	Sum of lines 7 and 8	29.51		9.00	
10.00	Allowable disproportionate share percentage (see instructions)	6.16		10.00	
11.00	Disproportionate share adjustment (see instructions)	63,880		11.00	
12.00	Total prospective capital payments (see instructions)	1,111,800		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	