

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
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN:14-0065 Period: From 01/01/2021 To 12/31/2021 Worksheet S Parts I-III
 SETTLEMENT SUMMARY EXPIRES 03-31-2022 Date/Time Prepared: 5/23/2022 3:20 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 5/23/2022	Time: 3:20 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status	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 BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST LAGRANGE MEMORIAL HOSPITAL (14-0065) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Danae Still	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Danae Still		2
3	Signatory Title	CFO		3
4	Date	(Dated when report is electronic)		4

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	-1,148,834	845,769	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	83,725	-416		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	-1,065,109	845,353	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:20 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street:5101 S. WILLOW SPRINGS ROAD			PO Box:				1.00			
2.00	City: LAGRANGE			State: IL		Zip Code:60525		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			ADVENTIST LAGRANGE MEMORIAL HOSPITAL	140065	16984	1	06/30/1966	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF			ADVENTIST LA GRANGE REHAB SUBPROV.	14T065	16984	5	01/01/2015	N	P	O
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
17.10	Hospital-Based (CORF) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021	12/31/2021		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.					N	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	Y		22.03	
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.04	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:20 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	530	75	0	0	2,726	26	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	53	25	0	0	357		25.00	
					Urban/Rural Status	Date of Geographic Reclassification			
					1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
					Beginning:	Ending:			
					1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					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)					with	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					submit	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. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					or "N"	Y		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.					GME			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.					Nin			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:20 pm	
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" Y for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/23/2022 3:20 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	1.78	16.86	0.095494	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	0.00	20.53	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:20 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	yes or N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	full or N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:20 pm
		V	XIX	
		1.00	2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR N Section §412.113(c). Enter "Y" for yes or "N" for no.			108.00
		Physical	Occupational	Speech
		1.00	2.00	3.00
				4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			109.00
			1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00
			1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N	111.00
			1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.		N	112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N	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:	1,981,782	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.		Y	118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	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

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021	
				Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:20 pm	
		1.00		2.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HF8013 140.00	
		1.00		2.00	
		2.00		3.00	
		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		2.00	
		2.00		3.00	
		3.00			
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.			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			146.00	
		1.00		2.00	
		2.00		3.00	
		3.00			
Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
		N		147.00	
Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
		N		148.00	
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	
		2.00		3.00	
		3.00		4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N		N	
156.00	Subprovider - IPF	N		N	
157.00	Subprovider - IRF	N		N	
158.00	SUBPROVIDER	N		N	
159.00	SNF	N		N	
160.00	HOME HEALTH AGENCY	N		N	
161.00	CMHC	N		N	
161.10	CORF	N		N	
		1.00		2.00	
		2.00		3.00	
		3.00		4.00	
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	
		2.00		3.00	
		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)			0.00 166.00	
		1.00		2.00	
		2.00		3.00	
		3.00		4.00	
		4.00		5.00	
		5.00			
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:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:20 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 LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/23/2022 3:20 pm	
			Y/N 1.00	Date 2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N 1.00	Legal Oper. 2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider 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 programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N 1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		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	04/07/2022	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021	
		Worksheet S-2 Part II Date/Time Prepared: 5/23/2022 3:20 pm			
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N		20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	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.	MIKE	THOMPSON		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338	MIKE.M.THOMPSON@ADVENTHEALTH.COM		43.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/23/2022 3:20 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.	MANAGER REIMBURSEMENT SERVICES			41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:20 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	132	48,180	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)		132	48,180	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,855	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
10.01 BURN INTENSIVE CARE UNIT	33.01	0	0	0.00	0	10.01
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)		159	58,035	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
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)		177				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:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:20 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,393	531	27,253			1.00
2.00	HMO and other (see instructions)	7,039	2,752				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	987	357				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	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	13,393	531	27,253			7.00
8.00	INTENSIVE CARE UNIT	1,022	74	3,370			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
10.01	BURN INTENSIVE CARE UNIT	0	0	0			10.01
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	14,415	605	30,623	20.53	556.57	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	3,198	78	5,809	0.00	24.02	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			312			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
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)				20.53	580.59	27.00
28.00	Observation Bed Days		45	4,152			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:20 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	3,058	88	6,699	1.00
2.00 HMO and other (see instructions)			1,252	595		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				30		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
10.01 BURN INTENSIVE CARE UNIT						10.01
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	3,058	88	6,699	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	263	6	469	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
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:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/23/2022 3:20 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	47,913,183	0	47,913,183	1,207,617.04	39.68	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		83,670	0	83,670	656.00	127.55	4.00
4.01	Physicians - Part A - Teaching		128,638	0	128,638	1,820.00	70.68	4.01
5.00	Physician and Non Physician-Part B		203,591	0	203,591	1,596.00	127.56	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	1,381,266	0	1,381,266	45,928.00	30.07	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)		2,718,490	0	2,718,490	83,544.92	32.54	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,022,824	0	4,022,824	39,019.00	103.10	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		130,354	0	130,354	602.00	216.53	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		9,354,906	0	9,354,906	188,573.62	49.61	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)		8,415,822	0	8,415,822			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		606,684	0	606,684			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		9,323	0	9,323			22.00
22.01	Physician Part A - Teaching		18,309	0	18,309			22.01
23.00	Physician Part B		22,685	0	22,685			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		263,563	0	263,563			25.00
25.50	Home office wage-related (core)		3,268,348	0	3,268,348			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/23/2022 3:20 pm

		Wkst. A Line Number	Amount Reported	Reclassification on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	39,386	0	39,386	851.39	46.26	26.00
27.00	Administrative & General	5.00	2,395,617	0	2,395,617	46,990.32	50.98	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,609,491	0	1,609,491	54,818.66	29.36	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)		2,344,070	0	2,344,070	95,828.00	24.46	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		772,594	0	772,594	28,477.00	27.13	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	1,294,046	0	1,294,046	25,020.05	51.72	38.00
39.00	Central Services and Supply	14.00	606,466	0	606,466	24,427.53	24.83	39.00
40.00	Pharmacy	15.00	2,197,910	0	2,197,910	50,427.97	43.59	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	952	0	952	24.03	39.62	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/23/2022 3:20 pm

	Worksheet A Line Number	Amount Reported	Reclassification on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	49,316,352	0	49,316,352	1,282,578.04	38.45	1.00
2.00	Excluded area salaries (see instructions)	2,718,490	0	2,718,490	83,544.92	32.54	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,597,862	0	46,597,862	1,199,033.12	38.86	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,508,084	0	13,508,084	228,194.62	59.20	4.00
5.00	Subtotal wage-related costs (see inst.)	11,693,493	0	11,693,493	0.00	25.09	5.00
6.00	Total (sum of lines 3 thru 5)	71,799,439	0	71,799,439	1,427,227.74	50.31	6.00
7.00	Total overhead cost (see instructions)	11,260,532	0	11,260,532	326,864.95	34.45	7.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2022 3:20 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		1,571,474	1.00	
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00	
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00	
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00	
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)					
5.00	401K/TSA Plan Administration fees		0	5.00	
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00	
7.00	Employee Managed Care Program Administration Fees		0	7.00	
HEALTH AND INSURANCE COST					
8.00	Health Insurance (Purchased or Self Funded)		0	8.00	
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01	
8.02	Health Insurance (Self Funded with a Third Party Administrator)		3,680,096	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		97,792	10.00	
11.00	Life Insurance (If employee is owner or beneficiary)		-76,379	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)		261,953	13.00	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00	
15.00	'Workers' Compensation Insurance		290,429	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		3,498,407	17.00	
18.00	Medicare Taxes - Employers Portion Only		0	18.00	
19.00	Unemployment Insurance		-49,751	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		62,365	23.00	
24.00	Total Wage Related cost (Sum of lines 1 -23)		9,336,386	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:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/23/2022 3:20 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		4,022,824	9,336,386 1.00
2.00	Hospital		4,022,824	8,421,937 2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			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		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	914,449 18.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/23/2022 3:20 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)		0.228742	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,289,359	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		79,713,949	6.00	
7.00	Medicaid cost (line 1 times line 6)		18,233,928	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		7,944,569	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12, 16 and 17)		8,714,456	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)	9,296,564	1,431,120	10,727,684	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,126,515	1,431,120	3,557,635	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)	2,126,515	1,431,120	3,557,635	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)		1,575,784	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		503,720	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		774,953	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		800,831	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		454,417	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,012,052	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,956,621	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021		Worksheet A Date/Time Prepared: 5/23/2022 3:20 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	12,463,246	12,463,246		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,738,753	3,738,753		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	39,386	5,856,960	5,896,346	0	5,896,346		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,395,617	38,270,564	40,666,181	-135,150	40,531,031		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	1,609,491	7,777,520	9,387,011	-1,727,808	7,659,203		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	443,031	443,031		8.00
9.00	00900	HOUSEKEEPING	0	3,521,740	3,521,740	-458,388	3,063,352		9.00
10.00	01000	DIETARY	0	3,348,042	3,348,042	-2,175,740	1,172,302		10.00
11.00	01100	CAFETERIA	0	0	0	2,155,941	2,155,941		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	1,294,046	1,154,367	2,448,413	-523,936	1,924,477		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	606,466	1,155,259	1,761,725	-8,006	1,753,719		14.00
15.00	01500	PHARMACY	2,197,910	6,153,644	8,351,554	-5,845,863	2,505,691		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	65,837	65,837	0	65,837		16.00
17.00	01700	SOCIAL SERVICE	952	29,689	30,641	0	30,641		17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,381,266	115,258	1,496,524	-723	1,495,801		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,026,044	550,091	2,576,135	-840	2,575,295		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	12,645,582	2,902,198	15,547,780	-1,057,190	14,490,590		30.00
31.00	03100	INTENSIVE CARE UNIT	2,754,798	1,768,298	4,523,096	-558,400	3,964,696		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.01
41.00	04100	SUBPROVIDER - IRF	1,942,649	1,099,806	3,042,455	-94,402	2,948,053		41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	0	0	0		43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,279,009	20,212,008	24,491,017	-14,267,278	10,223,739		50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0		50.01
50.02	05002	DAY SURGERY	0	0	0	0	0		50.02
51.00	05100	RECOVERY ROOM	741,283	106,243	847,526	-44,445	803,081		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,428,047	3,693,524	6,121,571	-2,040,361	4,081,210		54.00
54.01	05401	NUCLEAR MEDICINE	203,714	28,788	232,502	22,191	254,693		54.01
54.02	05402	ULTRASOUND	0	0	0	0	0		54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0		54.04
54.05	05407	PET SCAN	0	0	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
57.00	05700	CT SCAN	604,403	160,203	764,606	204,577	969,183		57.00
58.00	05800	MRI	279,496	45,794	325,290	48,281	373,571		58.00
59.00	05900	CARDIAC CATHETERIZATION	578,384	2,405,491	2,983,875	-1,555,821	1,428,054		59.00
60.00	06000	LABORATORY	0	5,691,113	5,691,113	-143,403	5,547,710		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	1,439,555	593,275	2,032,830	-402,384	1,630,446		65.00
66.00	06600	PHYSICAL THERAPY	1,277,404	2,998,555	4,275,959	-218,509	4,057,450		66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0		66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0		66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0		66.03
67.00	06700	OCCUPATIONAL THERAPY	895,377	65,410	960,787	0	960,787		67.00
68.00	06800	SPEECH PATHOLOGY	244,262	19,108	263,370	0	263,370		68.00
69.00	06900	ELECTROCARDIOLOGY	817,537	668,958	1,486,495	-76,073	1,410,422		69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0		69.01
69.02	06902	CARDIAC REHAB	316,932	40,655	357,587	-5,526	352,061		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	17,720	721	18,441	-22	18,419		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,034,069	7,034,069		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,957,121	11,957,121		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,005,575	6,005,575		73.00
76.00	03020	HEMODIALYSIS	0	832,290	832,290	0	832,290		76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0		76.01
76.02	03950	WOUND CARE	562,247	548,765	1,111,012	-482,366	628,646		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00	09000	CLINIC	198,779	16,994	215,773	0	215,773		90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0		90.01
91.00	09100	EMERGENCY	3,358,986	1,588,739	4,947,725	-563,484	4,384,241		91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0		91.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/23/2022 3:20 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	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		10,492,809	10,492,809	-10,870,384	-377,575	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	47,137,342	123,978,716	171,116,058	816,283	171,932,341	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	155,865	31,834	187,699	-1,861	185,838	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	621,985	621,985	0	621,985	192.00
192.01	19201	CFPC CLINIC	593,492	501,760	1,095,252	-263,698	831,554	192.01
194.00	07950	OFFICE BUILDINGS	26,484	1,072,636	1,099,120	-550,724	548,396	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	47,913,183	126,206,931	174,120,114	0	174,120,114	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/23/2022 3:20 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	-1,135,905	11,327,341	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	891,065	4,629,818	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	5,896,346	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	3,679,389	44,210,420	5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700 OPERATION OF PLANT	-66,131	7,593,072	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	443,031	8.00
9.00	00900 HOUSEKEEPING	0	3,063,352	9.00
10.00	01000 DIETARY	0	1,172,302	10.00
11.00	01100 CAFETERIA	-304,846	1,851,095	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	-913	1,923,564	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	457,307	2,211,026	14.00
15.00	01500 PHARMACY	33,783	2,539,474	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	25,726	91,563	16.00
17.00	01700 SOCIAL SERVICE	391	31,032	17.00
20.00	02000 NURSING PROGRAM	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	1,495,801	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	-403,868	2,171,427	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-841,903	13,648,687	30.00
31.00	03100 INTENSIVE CARE UNIT	-38,646	3,926,050	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT	0	0	33.01
41.00	04100 SUBPROVIDER - IRF	0	2,948,053	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
45.00	04500 NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-2,081,984	8,141,755	50.00
50.01	05001 ENDOSCOPY	0	0	50.01
50.02	05002 DAY SURGERY	0	0	50.02
51.00	05100 RECOVERY ROOM	0	803,081	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-718,461	3,362,749	54.00
54.01	05401 NUCLEAR MEDICINE	0	254,693	54.01
54.02	05402 ULTRASOUND	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407 PET SCAN	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	969,183	57.00
58.00	05800 MRI	0	373,571	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,428,054	59.00
60.00	06000 LABORATORY	-259	5,547,451	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	-3,627	1,626,819	65.00
66.00	06600 PHYSICAL THERAPY	-301	4,057,149	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	960,787	67.00
68.00	06800 SPEECH PATHOLOGY	0	263,370	68.00
69.00	06900 ELECTROCARDIOLOGY	-310,096	1,100,326	69.00
69.01	06901 VASCULAR LAB	0	0	69.01
69.02	06902 CARDIAC REHAB	-25	352,036	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	18,419	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	-1,114	7,032,955	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	-155	11,956,966	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-62,325	5,943,250	73.00
76.00	03020 HEMODIALYSIS	0	832,290	76.00
76.01	03952 LITHOTRIPSY	0	0	76.01
76.02	03950 WOUND CARE	-1,031	627,615	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-92	215,681	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	90.01
91.00	09100 EMERGENCY	-641,812	3,742,429	91.00
91.01	09101 OP DEPARTMENT	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	377,575	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,148,258	170,784,083	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	185,838	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-621,985	0	192.00
192.01	19201	CFPC CLINIC	0	831,554	192.01
194.00	07950	OFFICE BUILDINGS	0	548,396	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	FOUNDATION	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-1,770,243	172,349,871	200.00

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	209,035	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	707,970	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	189	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
	TOTALS		0	917,194	
B - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	772,991	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	772,991	
C - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,034,069	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	69,519	2.00
3.00	PHARMACY	15.00	0	21,067	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	TOTALS		0	7,124,655	
D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,005,575	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
	TOTALS		0	6,005,575	
E - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,824,269	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,808,024	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
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	10,632,293		
	F - RECRUITMENT BONUS					
1.00		0.00	0	0		1.00
	TOTALS		0	0		
	G - MISCELLANEOUS RECLASS					
1.00		0.00	0	0		1.00
	TOTALS		0	0		
	H - RADIOLOGY SALARIES					
1.00	OPERATING ROOM	50.00	38,008	2,782		1.00
2.00	NUCLEAR MEDICINE	54.01	24,182	1,770		2.00
3.00	CT SCAN	57.00	216,867	15,875		3.00
4.00	MRI	58.00	54,592	3,997		4.00
	TOTALS		333,649	24,424		
	J - CAFETERIA					
1.00	CAFETERIA	11.00	0	2,155,941		1.00
	TOTALS		0	2,155,941		
	K - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,656,951		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	222,759		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	334		3.00
	TOTALS		0	3,880,044		
	M - IMPLANTIBLES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,255		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,957,121		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	11,962,376		
	N - LAUNDRY SERVICES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	443,031		1.00
	TOTALS		0	443,031		
500.00	Grand Total: Increases		333,649	43,918,524		500.00

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	A - RENT AND LEASES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	570	10	1.00	
2.00	OPERATION OF PLANT	7.00	0	2,200	10	2.00	
3.00	HOUSEKEEPING	9.00	0	540	0	3.00	
4.00	DIETARY	10.00	0	360	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	109,749	0	5.00	
6.00	PHARMACY	15.00	0	421,061	0	6.00	
7.00	I&R SERVICES-OTHER PRGM COSTS	22.00	0	840	0	7.00	
	APPRV						
8.00	INTENSIVE CARE UNIT	31.00	0	120	0	8.00	
9.00	OPERATING ROOM	50.00	0	103,732	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,603	0	10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	1,980	0	11.00	
12.00	LABORATORY	60.00	0	81,054	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	4,775	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	161,540	0	14.00	
15.00	ELECTROCARDIOLOGY	69.00	0	830	0	15.00	
16.00	CARDIAC REHAB	69.02	0	120	0	16.00	
17.00	EMERGENCY	91.00	0	120	0	17.00	
	TOTALS		0	917,194			
B - PROPERTY TAXES							
1.00	INTEREST EXPENSE	113.00	0	231,012	13	1.00	
2.00	OFFICE BUILDINGS	194.00	0	541,979	0	2.00	
	TOTALS		0	772,991			
C - MEDICAL SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	104,227	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	459	0	2.00	
3.00	HOUSEKEEPING	9.00	0	121	0	3.00	
4.00	DIETARY	10.00	0	6,639	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	16,688	0	5.00	
6.00	I&R SERVICES-SALARY & FRINGES	21.00	0	89	0	6.00	
	APPRV						
7.00	ADULTS & PEDIATRICS	30.00	0	997,911	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	526,854	0	8.00	
9.00	SUBPROVIDER - IRF	41.00	0	82,904	0	9.00	
10.00	OPERATING ROOM	50.00	0	3,264,142	0	10.00	
11.00	RECOVERY ROOM	51.00	0	40,891	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	519,263	0	12.00	
13.00	NUCLEAR MEDICINE	54.01	0	3,217	0	13.00	
14.00	CT SCAN	57.00	0	22,602	0	14.00	
15.00	MRI	58.00	0	5,958	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	251,933	0	16.00	
17.00	LABORATORY	60.00	0	59,654	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	387,593	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	54,814	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	35,671	0	20.00	
21.00	CARDIAC REHAB	69.02	0	5,406	0	21.00	
22.00	WOUND CARE	76.02	0	181,507	0	22.00	
23.00	EMERGENCY	91.00	0	540,884	0	23.00	
24.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,861	0	24.00	
25.00	CFPC CLINIC	192.01	0	13,367	0	25.00	
	TOTALS		0	7,124,655			
D - DRUGS CHARGED TO PATIENTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,365	0	2.00	
3.00	PHARMACY	15.00	0	5,428,714	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	13,656	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	6,004	0	5.00	
6.00	SUBPROVIDER - IRF	41.00	0	448	0	6.00	
7.00	OPERATING ROOM	50.00	0	89,451	0	7.00	
8.00	RECOVERY ROOM	51.00	0	3,554	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	253,080	0	9.00	
10.00	NUCLEAR MEDICINE	54.01	0	544	0	10.00	
11.00	CT SCAN	57.00	0	5,563	0	11.00	
12.00	MRI	58.00	0	210	0	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	1,637	0	13.00	
14.00	ELECTROCARDIOLOGY	69.00	0	1,581	0	14.00	
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	22	0	15.00	
16.00	EMERGENCY	91.00	0	4,372	0	16.00	
17.00	CFPC CLINIC	192.01	0	191,372	0	17.00	
	TOTALS		0	6,005,575			

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	E - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	30,685	9		1.00	
2.00	OPERATION OF PLANT	7.00	0	1,725,149	9		2.00	
3.00	HOUSEKEEPING	9.00	0	14,696	0		3.00	
4.00	DIETARY	10.00	0	12,800	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	0	397,499	0		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	77,604	0		6.00	
7.00	PHARMACY	15.00	0	17,155	0		7.00	
8.00	I&R SERVICES-SALARY & FRINGES	21.00	0	634	0		8.00	
	APPRV							
9.00	ADULTS & PEDIATRICS	30.00	0	45,623	0		9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	25,422	0		10.00	
11.00	SUBPROVIDER - IRF	41.00	0	11,050	0		11.00	
12.00	OPERATING ROOM	50.00	0	906,413	0		12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	105,190	0		13.00	
14.00	MRI	58.00	0	4,140	0		14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	354,103	0		15.00	
16.00	LABORATORY	60.00	0	2,695	0		16.00	
17.00	RESPIRATORY THERAPY	65.00	0	10,016	0		17.00	
18.00	PHYSICAL THERAPY	66.00	0	2,155	0		18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	37,991	0		19.00	
20.00	WOUND CARE	76.02	0	7,886	0		20.00	
21.00	EMERGENCY	91.00	0	16,397	0		21.00	
22.00	INTEREST EXPENSE	113.00	0	6,759,328	0		22.00	
23.00	CFPC CLINIC	192.01	0	58,917	0		23.00	
24.00	OFFICE BUILDINGS	194.00	0	8,745	0		24.00	
	TOTALS		0	10,632,293				
	F - RECRUITMENT BONUS							
1.00		0.00	0	0	0		1.00	
	TOTALS		0	0				
	G - MISCELLANEOUS RECLASS							
1.00		0.00	0	0	0		1.00	
	TOTALS		0	0				
	H - RADIOLOGY SALARIES							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	333,649	24,424	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
	TOTALS		333,649	24,424				
	J - CAFETERIA							
1.00	DIETARY	10.00	0	2,155,941	0		1.00	
	TOTALS		0	2,155,941				
	K - INTEREST EXPENSE							
1.00		0.00	0	0	11		1.00	
2.00		0.00	0	0	11		2.00	
3.00	INTEREST EXPENSE	113.00	0	3,880,044	0		3.00	
	TOTALS		0	3,880,044				
	M - IMPLANTIBLES							
1.00	OPERATING ROOM	50.00	0	9,944,330	0		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	777,152	0		2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	946,168	0		3.00	
4.00	WOUND CARE	76.02	0	292,973	0		4.00	
5.00	EMERGENCY	91.00	0	1,711	0		5.00	
6.00	CFPC CLINIC	192.01	0	42	0		6.00	
	TOTALS		0	11,962,376				
	N - LAUNDRY SERVICES							
1.00	HOUSEKEEPING	9.00	0	443,031	0		1.00	
	TOTALS		0	443,031				
500.00	Grand Total: Decreases		333,649	43,918,524			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/23/2022 3:20 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	9,779,429	0	0	0	0	1.00
2.00	Land Improvements	6,813,116	0	0	0	0	2.00
3.00	Buildings and Fixtures	247,648,287	2,045,345	0	2,045,345	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	41,471,361	0	0	0	0	5.00
6.00	Movable Equipment	66,597,332	3,000,381	0	3,000,381	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	372,309,525	5,045,726	0	5,045,726	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	372,309,525	5,045,726	0	5,045,726	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	9,779,429	0				1.00
2.00	Land Improvements	6,813,116	0				2.00
3.00	Buildings and Fixtures	249,693,632	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	41,471,361	0				5.00
6.00	Movable Equipment	69,597,713	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	377,355,251	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	377,355,251	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/23/2022 3:20 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:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/23/2022 3:20 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	259,527,717	0	259,527,717	0.825249	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	54,956,265	0	54,956,265	0.174751	0	2.00
3.00	Total (sum of lines 1-2)	314,483,982	0	314,483,982	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	8,097,910	209,035	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,737,864	707,970	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,835,774	917,005	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	3,020,396	0	0	0	11,327,341	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	183,984	0	0	0	4,629,818	2.00
3.00	Total (sum of lines 1-2)	3,204,380	0	0	0	15,957,159	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/23/2022 3:20 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				3.00		4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-636,555	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-38,775	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00	Investment income - other (chapter 2)	B	-58	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)		0			0.00	0	7.00
8.00	Television and radio service (chapter 21)		0			0.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,240,530				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	7,266,599				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests		0			0.00	0	14.00
15.00	Rental of quarters to 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		0			0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	COMMUNITY BENEFIT	A	-30,000	ADMINISTRATIVE & GENERAL		5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/23/2022 3:20 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00	5.00	
33.01	COMMUNITY BENEFIT	A		391	SOCIAL SERVICE	17.00	0	33.01
33.02	ENTERTAINMENT	A		-173	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	ENTERTAINMENT	A		-913	NURSING ADMINISTRATION	13.00	0	33.03
33.04	ENTERTAINMENT	A		-2,401	PHARMACY	15.00	0	33.04
33.05	ENTERTAINMENT	A		-164	I&R SERVICES-OTHER PRGM COSTS	22.00	0	33.05
					APPRV			
33.06	ENTERTAINMENT	A		-1,469	ADULTS & PEDIATRICS	30.00	0	33.06
33.07	ENTERTAINMENT	A		-1,274	OPERATING ROOM	50.00	0	33.07
33.08	ENTERTAINMENT	A		-364	WOUND CARE	76.02	0	33.08
33.09	ENTERTAINMENT	A		-105	EMERGENCY	91.00	0	33.09
36.00	AMBULANCE TRANSPORT	A		-1,812	INTENSIVE CARE UNIT	31.00	0	36.00
36.01	AMBULANCE TRANSPORT	A		-6,468	RADIOLOGY-DIAGNOSTIC	54.00	0	36.01
36.02	AMBULANCE TRANSPORT	A		-92	CLINIC	90.00	0	36.02
36.03	AMBULANCE TRANSPORT	A		-14,442	EMERGENCY	91.00	0	36.03
38.00	OTHER OPERATING REVENUE	B		-4,839	ELECTROCARDIOLOGY	69.00	0	38.00
38.01	OTHER OPERATING REVENUE	B		-386,918	ADMINISTRATIVE & GENERAL	5.00	0	38.01
41.00	OTHER OPERATING REVENUE	B		-66,131	OPERATION OF PLANT	7.00	0	41.00
42.00	OTHER OPERATING REVENUE	B		-304,846	CAFETERIA	11.00	0	42.00
43.00	OTHER OPERATING REVENUE	B		-1,707	PHARMACY	15.00	0	43.00
43.01	OTHER OPERATING REVENUE	B		-2,457	MEDICAL RECORDS & LIBRARY	16.00	0	43.01
43.02	OTHER OPERATING REVENUE	B		-55,574	I&R SERVICES-OTHER PRGM COSTS	22.00	0	43.02
					APPRV			
44.00	OTHER OPERATING REVENUE	B		1,013	ADULTS & PEDIATRICS	30.00	0	44.00
44.01	OTHER OPERATING REVENUE	B		-250	RADIOLOGY-DIAGNOSTIC	54.00	0	44.01
44.02	OTHER OPERATING REVENUE	B		-25	CARDIAC REHAB	69.02	0	44.02
44.03	OTHER OPERATING REVENUE	B		-19,003	EMERGENCY	91.00	0	44.03
44.04	LOSS ON SALE DISPOSAL PPE	B		-9,446	OPERATING ROOM	50.00	0	44.04
44.05	GAIN ON SALE DISPOSAL PPE	B		877	ADMINISTRATIVE & GENERAL	5.00	0	44.05
45.00	PROPERTY TAX	A		-772,991	CAP REL COSTS-BLDG & FIXT	1.00	13	45.00
45.01	PHYSICIAN EXPENSE	A		-621,985	PHYSICIANS' PRIVATE OFFICES	192.00	0	45.01
45.10	LOBBYING	A		-10,033	I&R SERVICES-OTHER PRGM COSTS	22.00	0	45.10
					APPRV			
45.11	LOBBYING	A		-7,601	ELECTROCARDIOLOGY	69.00	0	45.11
45.16	MALPRACTICE	A		-338,097	I&R SERVICES-OTHER PRGM COSTS	22.00	0	45.16
					APPRV			
45.20	HOSPICE	A		-1,293	RADIOLOGY-DIAGNOSTIC	54.00	0	45.20
45.21	HOSPICE	A		-259	LABORATORY	60.00	0	45.21
45.22	HOSPICE	A		-3,627	RESPIRATORY THERAPY	65.00	0	45.22
45.23	HOSPICE	A		-301	PHYSICAL THERAPY	66.00	0	45.23
45.24	HOSPICE	A		-1,114	MEDICAL SUPPLIES CHARGED TO	71.00	0	45.24
					PATIENT			
45.25	HOSPICE	A		-155	IMPL. DEV. CHARGED TO	72.00	0	45.25
					PATIENTS			
45.26	HOSPICE	A		-62,325	DRUGS CHARGED TO PATIENTS	73.00	0	45.26
45.27	HOSPICE	A		-763	EMERGENCY	91.00	0	45.27
45.28	HOSPICE	A		-348,824	ADULTS & PEDIATRICS	30.00	0	45.28
45.29	HOSPICE	A		-36,834	INTENSIVE CARE UNIT	31.00	0	45.29
45.31	ADVERTISING & MARKETING	A		-4,240	ADMINISTRATIVE & GENERAL	5.00	0	45.31
45.34	OFFSET NON ALLOW BORROWING	A		-1,800	INTEREST EXPENSE	113.00	0	45.34
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			-1,770,243				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS Provider CCN:14-0065 Period: From 01/01/2021 To 12/31/2021 Worksheet A-8-1 Date/Time Prepared: 5/23/2022 3:20 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	10,018	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MIDWEST HOME OFFICE	5,103	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MIDWEST HOME OFFICE	18,668,455	18,812,375	3.00
3.01	14.00	CENTRAL SERVICES & SUPPLY	MIDWEST HOME OFFICE	457,307	0	3.01
3.02	15.00	PHARMACY	MIDWEST HOME OFFICE	37,891	0	3.02
4.00	16.00	MEDICAL RECORDS & LIBRARY	MIDWEST HOME OFFICE	90,537	0	4.00
4.03	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFF INT	695,698	695,698	4.03
4.04	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	115,235	0	4.04
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	924,737	0	4.05
4.07	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	4,145,918	6,928,348	4.07
4.09	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	103	62,457	4.09
4.10	113.00	INTEREST EXPENSE	AHS HOME OFFICE	3,881,844	3,502,469	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	7,839,160	0	4.11
4.12	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	148,388	0	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	AMITA HOME OFFICE	247,552	0	4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			37,267,946	30,001,347	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 the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B		0.00	ADVENTHEALTH	100.00	6.00
7.00	B		0.00	AMITA HEALTH	100.00	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:14-0065 Period: From 01/01/2021 To 12/31/2021 Worksheet A-8-1 Date/Time Prepared: 5/23/2022 3:20 pm

	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	10,018	9		1.00
2.00	5,103	9		2.00
3.00	-143,920	0		3.00
3.01	457,307	0		3.01
3.02	37,891	0		3.02
4.00	90,537	0		4.00
4.03	0	11		4.03
4.04	115,235	9		4.04
4.05	924,737	9		4.05
4.07	-2,782,430	0		4.07
4.09	-62,354	0		4.09
4.10	379,375	0		4.10
4.11	7,839,160	0		4.11
4.12	148,388	9		4.12
4.13	247,552	0		4.13
5.00	7,266,599			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 the requested 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:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
5/23/2022 3:20 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	1,113,438	1,024,886	88,552	211,500	521	1.00
2.00	30.00	ADULTS & PEDIATRICS	492,725	492,475	250	211,500	1	2.00
3.00	31.00	INTENSIVE CARE UNIT	7,550	0	7,550	211,500	76	3.00
4.00	50.00	OPERATING ROOM	2,074,764	2,071,264	3,500	246,400	40	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	710,450	710,450	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	336,714	240,378	96,336	211,500	385	6.00
7.00	76.02	WOUND CARE	8,497	0	8,497	211,500	77	7.00
8.00	91.00	EMERGENCY	616,838	607,499	9,339	211,500	159	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,360,976	5,146,952	214,024		1,259	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	52,977	2,649	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	102	5	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	7,728	386	0	0	0	3.00
4.00	50.00	OPERATING ROOM	4,739	237	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	39,148	1,957	0	0	0	6.00
7.00	76.02	WOUND CARE	7,830	392	0	0	0	7.00
8.00	91.00	EMERGENCY	16,167	808	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			128,691	6,434	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	52,977	35,575	1,060,461		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	102	148	492,623		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	7,728	0	0		3.00
4.00	50.00	OPERATING ROOM	0	4,739	0	2,071,264		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	710,450		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	39,148	57,188	297,566		6.00
7.00	76.02	WOUND CARE	0	7,830	667	667		7.00
8.00	91.00	EMERGENCY	0	16,167	0	607,499		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	128,691	93,578	5,240,530		200.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/23/2022 3:20 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	11,327,341	11,327,341				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,629,818		4,629,818			2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,896,346	0	0	5,896,346		4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	44,210,420	150,847	61,656	295,054	44,717,977	5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	7,593,072	4,743,211	1,938,691	198,231	14,473,205	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	443,031	20,412	8,343	0	471,786	8.00	
9.00	00900	HOUSEKEEPING	3,063,352	190,941	78,043	0	3,332,336	9.00	
10.00	01000	DIETARY	1,172,302	53,784	21,983	0	1,248,069	10.00	
11.00	01100	CAFETERIA	1,851,095	136,576	55,823	0	2,043,494	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	1,923,564	16,595	6,783	159,380	2,106,322	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	2,211,026	199,769	81,651	74,695	2,567,141	14.00	
15.00	01500	PHARMACY	2,539,474	61,401	25,096	270,703	2,896,674	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	91,563	90,110	36,831	0	218,504	16.00	
17.00	01700	SOCIAL SERVICE	31,032	43,910	17,947	117	93,006	17.00	
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,495,801	0	0	170,122	1,665,923	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,171,427	622,955	254,620	249,536	3,298,538	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	13,648,687	1,861,446	760,828	1,557,500	17,828,461	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,926,050	175,906	71,898	339,292	4,513,146	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01	
41.00	04100	SUBPROVIDER - IRF	2,948,053	238,966	97,672	239,264	3,523,955	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,141,755	574,299	234,733	531,701	9,482,488	50.00	
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01	
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	803,081	53,933	22,044	91,299	970,357	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,362,749	506,409	206,984	257,954	4,334,096	54.00	
54.01	05401	NUCLEAR MEDICINE	254,693	18,254	7,461	28,069	308,477	54.01	
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02	
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03	
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04	
54.05	05407	PET SCAN	0	0	0	0	0	54.05	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700	CT SCAN	969,183	28,211	11,531	101,151	1,110,076	57.00	
58.00	05800	MRI	373,571	24,892	10,174	41,148	449,785	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,428,054	152,673	62,402	71,236	1,714,365	59.00	
60.00	06000	LABORATORY	5,547,451	137,737	56,297	0	5,741,485	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	1,626,819	49,785	20,348	177,301	1,874,253	65.00	
66.00	06600	PHYSICAL THERAPY	4,057,149	165,949	67,828	157,330	4,448,256	66.00	
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01	
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02	
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03	
67.00	06700	OCCUPATIONAL THERAPY	960,787	13,741	5,616	110,278	1,090,422	67.00	
68.00	06800	SPEECH PATHOLOGY	263,370	0	0	30,084	293,454	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,100,326	44,806	18,314	100,691	1,264,137	69.00	
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01	
69.02	06902	CARDIAC REHAB	352,036	63,060	25,775	39,035	479,906	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	18,419	0	0	2,182	20,601	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,032,955	0	0	0	7,032,955	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,956,966	0	0	0	11,956,966	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	5,943,250	0	0	0	5,943,250	73.00	
76.00	03020	HEMODIALYSIS	832,290	0	0	0	832,290	76.00	
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01	
76.02	03950	WOUND CARE	627,615	0	0	69,249	696,864	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	215,681	141,056	57,654	24,482	438,873	90.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:20 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	
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,742,429	310,573	126,940	413,706	4,593,648	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	170,784,083	10,892,207	4,451,966	5,800,790	170,075,541	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	185,838	30,701	12,548	19,197	248,284	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	831,554	240,626	98,351	73,097	1,243,628	192.01
194.00	07950	OFFICE BUILDINGS	548,396	36,027	14,725	3,262	602,410	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	11,616	4,748	0	16,364	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	116,164	47,480	0	163,644	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	172,349,871	11,327,341	4,629,818	5,896,346	172,349,871	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	44,717,977					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	5,077,446	0	19,550,651			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	165,511	0	62,031	699,328		8.00
9.00	00900	HOUSEKEEPING	1,169,040	0	580,266	0	5,081,642	9.00
10.00	01000	DIETARY	437,844	0	163,449	0	43,927	10.00
11.00	01100	CAFETERIA	716,892	0	415,052	0	111,546	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	738,934	0	50,432	0	13,554	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	900,597	0	607,095	0	163,158	14.00
15.00	01500	PHARMACY	1,016,202	0	186,597	0	50,148	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	76,655	0	273,843	0	73,596	16.00
17.00	01700	SOCIAL SERVICE	32,628	0	133,442	0	35,863	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	584,434	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,157,183	0	1,893,150	0	508,786	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,254,474	0	5,656,906	523,133	1,520,300	30.00
31.00	03100	INTENSIVE CARE UNIT	1,583,288	0	534,575	64,689	143,668	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
41.00	04100	SUBPROVIDER - IRF	1,236,263	0	726,214	111,506	195,171	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,326,618	0	1,745,285	0	469,047	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	340,418	0	163,903	0	44,049	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,520,475	0	1,538,969	0	413,600	54.00
54.01	05401	NUCLEAR MEDICINE	108,219	0	55,475	0	14,909	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	389,434	0	85,734	0	23,041	57.00
58.00	05800	MRI	157,792	0	75,647	0	20,330	58.00
59.00	05900	CARDIAC CATHETERIZATION	601,428	0	463,970	0	124,693	59.00
60.00	06000	LABORATORY	2,014,211	0	418,582	0	112,494	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	657,520	0	151,295	0	40,661	65.00
66.00	06600	PHYSICAL THERAPY	1,560,524	0	504,316	0	135,535	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	382,539	0	41,757	0	11,222	67.00
68.00	06800	SPEECH PATHOLOGY	102,949	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	443,481	0	136,165	0	36,595	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	168,359	0	191,640	0	51,503	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	7,227	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,467,280	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,194,707	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,084,993	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	291,981	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	244,472	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	153,964	0	428,668	0	115,205	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,611,530	0	943,827	0	253,654	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,977,512	0	18,228,285	699,328	4,726,255	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	87,102	0	93,298	0	25,074	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	436,286	0	731,258	0	196,526	192.01
194.00	07950	OFFICE BUILDINGS	211,336	0	109,487	0	29,425	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	5,741	0	35,302	0	9,487	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	353,021	0	94,875	194.03
194.04	07954	HHA TRANSITIONAL CARE	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)	44,717,977	0	19,550,651	699,328	5,081,642	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,893,289					10.00
11.00	01100	CAFETERIA	0	3,286,984				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	96,960	0	3,006,202		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	45,441	0	0	4,283,432	14.00
15.00	01500	PHARMACY	0	164,685	0	0	19,587	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	71	0	0	72	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	103,495	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	151,807	0	0	2,382	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,416,277	947,501	0	2,248,793	51,242	30.00
31.00	03100	INTENSIVE CARE UNIT	175,131	206,412	0	278,077	15,628	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
41.00	04100	SUBPROVIDER - IRF	301,881	145,559	0	479,332	5,439	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	323,465	0	0	537,131	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	55,543	0	0	786	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	156,929	0	0	188,211	54.00
54.01	05401	NUCLEAR MEDICINE	0	17,076	0	0	1,267	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	61,536	0	0	14,544	57.00
58.00	05800	MRI	0	25,033	0	0	2,491	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	43,337	0	0	123,592	59.00
60.00	06000	LABORATORY	0	0	0	0	7,801	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	107,863	0	0	8,975	65.00
66.00	06600	PHYSICAL THERAPY	0	95,713	0	0	387	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	67,089	0	0	10	67.00
68.00	06800	SPEECH PATHOLOGY	0	18,302	0	0	9	68.00
69.00	06900	ELECTROCARDIOLOGY	0	61,256	0	0	17,166	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	23,747	0	0	502	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,328	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,204,711	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,047,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	42,128	0	0	1,167	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	14,894	0	0	163	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	251,682	0	0	27,456	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,893,289	3,228,852	0	3,006,202	4,278,589	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,679	0	0	159	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	44,469	0	0	4,667	192.01
194.00	07950	OFFICE BUILDINGS	0	1,984	0	0	17	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	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)	1,893,289	3,286,984	0	3,006,202	4,283,432	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
		15.00	16.00	17.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	4,333,893				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	642,598			16.00
17.00	01700	SOCIAL SERVICE	0	0	295,082		17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,353,852	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	45,329	220,737	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,604	27,295	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
41.00	04100	SUBPROVIDER - IRF	0	9,341	47,050	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	88,208	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	8,833	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	38,304	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	7,081	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	63,506	0	0	57.00
58.00	05800	MRI	0	15,986	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,657	0	0	59.00
60.00	06000	LABORATORY	0	69,073	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	13,424	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,707	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	4,076	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,274	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,126	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	1,503	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	324	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,208	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	54,852	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,333,893	50,749	0	0	73.00
76.00	03020	HEMODIALYSIS	0	2,142	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	9,370	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	514	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	77,407	0	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	20.00	21.00	
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,333,893	642,598	295,082	0	2,353,852	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
192.01	19201	CFPC CLINIC	0	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,333,893	642,598	295,082	0	2,353,852	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/23/2022 3:20 pm
Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
20.00 02000	NURSING PROGRAM					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,011,846				22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,710,252	0	43,004,620	-6,291,467	30.00
31.00 03100	INTENSIVE CARE UNIT	143,193	0	7,740,775	-191,262	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01 03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
41.00 04100	SUBPROVIDER - IRF	0	0	6,781,711	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	546,497	0	16,702,196	-729,954	50.00
50.01 05001	ENDOSCOPY	0	0	0	0	50.01
50.02 05002	DAY SURGERY	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	0	0	1,583,889	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	8,190,584	0	54.00
54.01 05401	NUCLEAR MEDICINE	0	0	512,504	0	54.01
54.02 05402	ULTRASOUND	0	0	0	0	54.02
54.03 05403	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04 05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05 05405	PET SCAN	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	0	0	1,747,871	0	57.00
58.00 05800	MRI	0	0	747,064	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	3,086,042	0	59.00
60.00 06000	LABORATORY	0	0	8,363,646	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	2,853,991	0	65.00
66.00 06600	PHYSICAL THERAPY	317,586	0	7,185,636	-424,198	66.00
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,597,115	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	415,988	0	68.00
69.00 06900	ELECTROCARDIOLOGY	373,254	0	2,480,480	-498,554	69.00
69.01 06901	VASCULAR LAB	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	0	0	917,160	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	29,480	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,724,154	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,254,395	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	12,412,885	0	73.00
76.00 03020	HEMODIALYSIS	0	0	1,126,413	0	76.00
76.01 03952	LITHOTRIPSY	0	0	0	0	76.01
76.02 03950	WOUND CARE	0	0	994,001	0	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	494,606	0	1,812,925	-660,644	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	426,458	0	8,328,823	-569,619	7,759,204	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,011,846	0	167,594,348	-9,365,698	158,228,650	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	465,596	0	465,596	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	0	2,656,834	0	2,656,834	192.01
194.00	07950	OFFICE BUILDINGS	0	0	954,659	0	954,659	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	66,894	0	66,894	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	611,540	0	611,540	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,011,846	0	172,349,871	-9,365,698	162,984,173	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	150,847	61,656	212,503	0	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	4,743,211	1,938,691	6,681,902	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	20,412	8,343	28,755	0	8.00
9.00	00900	HOUSEKEEPING	0	190,941	78,043	268,984	0	9.00
10.00	01000	DIETARY	0	53,784	21,983	75,767	0	10.00
11.00	01100	CAFETERIA	0	136,576	55,823	192,399	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	16,595	6,783	23,378	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	199,769	81,651	281,420	0	14.00
15.00	01500	PHARMACY	0	61,401	25,096	86,497	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	90,110	36,831	126,941	0	16.00
17.00	01700	SOCIAL SERVICE	0	43,910	17,947	61,857	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	622,955	254,620	877,575	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,861,446	760,828	2,622,274	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	175,906	71,898	247,804	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
41.00	04100	SUBPROVIDER - IRF	0	238,966	97,672	336,638	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	574,299	234,733	809,032	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	53,933	22,044	75,977	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	506,409	206,984	713,393	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	18,254	7,461	25,715	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	28,211	11,531	39,742	0	57.00
58.00	05800	MRI	0	24,892	10,174	35,066	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	152,673	62,402	215,075	0	59.00
60.00	06000	LABORATORY	0	137,737	56,297	194,034	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	49,785	20,348	70,133	0	65.00
66.00	06600	PHYSICAL THERAPY	0	165,949	67,828	233,777	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	13,741	5,616	19,357	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	44,806	18,314	63,120	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	63,060	25,775	88,835	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
	OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	141,056	57,654	198,710	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
91.00	09100	EMERGENCY	0	310,573	126,940	437,513	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	10,892,207	4,451,966	15,344,173	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,701	12,548	43,249	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	240,626	98,351	338,977	0	192.01
194.00	07950	OFFICE BUILDINGS	0	36,027	14,725	50,752	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	11,616	4,748	16,364	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	116,164	47,480	163,644	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	11,327,341	4,629,818	15,957,159	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	212,503					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	24,127	0	6,706,029			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	786	0	21,277	50,818		8.00
9.00	00900	HOUSEKEEPING	5,555	0	199,036	0	473,575	9.00
10.00	01000	DIETARY	2,081	0	56,064	0	4,094	10.00
11.00	01100	CAFETERIA	3,407	0	142,366	0	10,395	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,511	0	17,298	0	1,263	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,279	0	208,238	0	15,205	14.00
15.00	01500	PHARMACY	4,829	0	64,004	0	4,673	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	364	0	93,930	0	6,859	16.00
17.00	01700	SOCIAL SERVICE	155	0	45,772	0	3,342	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,777	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,499	0	649,366	0	47,415	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,736	0	1,940,365	38,014	141,682	30.00
31.00	03100	INTENSIVE CARE UNIT	7,523	0	183,363	4,701	13,389	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
41.00	04100	SUBPROVIDER - IRF	5,874	0	249,097	8,103	18,189	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,807	0	598,647	0	43,712	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,618	0	56,220	0	4,105	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,225	0	527,879	0	38,545	54.00
54.01	05401	NUCLEAR MEDICINE	514	0	19,028	0	1,389	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	1,850	0	29,407	0	2,147	57.00
58.00	05800	MRI	750	0	25,948	0	1,895	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,858	0	159,146	0	11,621	59.00
60.00	06000	LABORATORY	9,571	0	143,577	0	10,484	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,124	0	51,895	0	3,789	65.00
66.00	06600	PHYSICAL THERAPY	7,415	0	172,984	0	12,631	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,818	0	14,323	0	1,046	67.00
68.00	06800	SPEECH PATHOLOGY	489	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,107	0	46,706	0	3,410	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	800	0	65,734	0	4,800	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	34	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,724	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,932	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,907	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	1,387	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	1,162	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	732	0	147,037	0	10,736	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	7,658	0	323,740	0	23,639	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	208,985	0	6,252,447	50,818	440,455	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	414	0	32,002	0	2,337	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	2,073	0	250,827	0	18,315	192.01
194.00	07950	OFFICE BUILDINGS	1,004	0	37,555	0	2,742	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	27	0	12,109	0	884	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	121,089	0	8,842	194.03
194.04	07954	HHA TRANSITIONAL CARE	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)	212,503	0	6,706,029	50,818	473,575	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	138,006					10.00
11.00	01100	CAFETERIA	0	348,567				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	10,282	0	55,732		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,819	0	0	513,961	14.00
15.00	01500	PHARMACY	0	17,465	0	0	2,350	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	8	0	0	9	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,976	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	16,099	0	0	286	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,235	100,466	0	41,691	6,148	30.00
31.00	03100	INTENSIVE CARE UNIT	12,766	21,890	0	5,155	1,875	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
41.00	04100	SUBPROVIDER - IRF	22,005	15,436	0	8,886	653	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,303	0	0	64,449	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	5,890	0	0	94	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,642	0	0	22,583	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,811	0	0	152	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	6,526	0	0	1,745	57.00
58.00	05800	MRI	0	2,655	0	0	299	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,596	0	0	14,830	59.00
60.00	06000	LABORATORY	0	0	0	0	936	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	11,439	0	0	1,077	65.00
66.00	06600	PHYSICAL THERAPY	0	10,150	0	0	46	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	7,115	0	0	1	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,941	0	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,496	0	0	2,060	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	2,518	0	0	60	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	141	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	144,550	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	245,722	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	4,468	0	0	140	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,579	0	0	20	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	26,691	0	0	3,294	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	138,006	342,402	0	55,732	513,380	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,239	0	0	19	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	4,716	0	0	560	192.01
194.00	07950	OFFICE BUILDINGS	0	210	0	0	2	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	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)	138,006	348,567	0	55,732	513,961	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
		15.00	16.00	17.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	179,818				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	228,094			16.00
17.00	01700	SOCIAL SERVICE	0	0	111,143		17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	13,753	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	16,102	83,141		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,701	10,281		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0		33.01
41.00	04100	SUBPROVIDER - IRF	0	3,318	17,721		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	0	0		43.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	31,162	0		50.00
50.01	05001	ENDOSCOPY	0	0	0		50.01
50.02	05002	DAY SURGERY	0	0	0		50.02
51.00	05100	RECOVERY ROOM	0	3,138	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,607	0		54.00
54.01	05401	NUCLEAR MEDICINE	0	2,515	0		54.01
54.02	05402	ULTRASOUND	0	0	0		54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0		54.04
54.05	05407	PET SCAN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700	CT SCAN	0	22,559	0		57.00
58.00	05800	MRI	0	5,679	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,206	0		59.00
60.00	06000	LABORATORY	0	24,536	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	4,768	0		65.00
66.00	06600	PHYSICAL THERAPY	0	5,935	0		66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0		66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0		66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0		66.03
67.00	06700	OCCUPATIONAL THERAPY	0	1,448	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	453	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,215	0		69.00
69.01	06901	VASCULAR LAB	0	0	0		69.01
69.02	06902	CARDIAC REHAB	0	534	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	115	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,823	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,484	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,818	18,027	0		73.00
76.00	03020	HEMODIALYSIS	0	761	0		76.00
76.01	03952	LITHOTRIPSY	0	0	0		76.01
76.02	03950	WOUND CARE	0	3,329	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	183	0		90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0		90.01
91.00	09100	EMERGENCY	0	27,496	0		91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING PROGRAM	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	
			15.00	16.00	17.00	20.00	21.00	
91.01	09101	OP DEPARTMENT	0	0	0	0		91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0			92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	179,818	228,094	111,143	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	CFPC CLINIC	0	0	0			192.01
194.00	07950	OFFICE BUILDINGS	0	0	0			194.00
194.01	07951	MARKETING	0	0	0			194.01
194.02	07952	FOUNDATION	0	0	0			194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0			194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0			194.04
200.00		Cross Foot Adjustments				0	13,753	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	179,818	228,094	111,143	0	13,753	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING PROGRAM						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,596,240					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			5,122,854	0	5,122,854	30.00
31.00	03100	INTENSIVE CARE UNIT			511,448	0	511,448	31.00
33.00	03300	BURN INTENSIVE CARE UNIT			0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT			0	0	0	33.01
41.00	04100	SUBPROVIDER - IRF			685,920	0	685,920	41.00
42.00	04200	SUBPROVIDER			0	0	0	42.00
43.00	04300	NURSERY			0	0	0	43.00
45.00	04500	NURSING FACILITY			0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			1,597,112	0	1,597,112	50.00
50.01	05001	ENDOSCOPY			0	0	0	50.01
50.02	05002	DAY SURGERY			0	0	0	50.02
51.00	05100	RECOVERY ROOM			147,042	0	147,042	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,339,874	0	1,339,874	54.00
54.01	05401	NUCLEAR MEDICINE			51,124	0	51,124	54.01
54.02	05402	ULTRASOUND			0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING			0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY			0	0	0	54.04
54.05	05407	PET SCAN			0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0	0	55.00
57.00	05700	CT SCAN			103,976	0	103,976	57.00
58.00	05800	MRI			72,292	0	72,292	58.00
59.00	05900	CARDIAC CATHETERIZATION			413,332	0	413,332	59.00
60.00	06000	LABORATORY			383,138	0	383,138	60.00
60.01	06001	BLOOD LABORATORY			0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY			146,225	0	146,225	65.00
66.00	06600	PHYSICAL THERAPY			442,938	0	442,938	66.00
66.01	06601	FAIRVIEW REHAB CTR			0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR			0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR			0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY			45,108	0	45,108	67.00
68.00	06800	SPEECH PATHOLOGY			2,884	0	2,884	68.00
69.00	06900	ELECTROCARDIOLOGY			132,114	0	132,114	69.00
69.01	06901	VASCULAR LAB			0	0	0	69.01
69.02	06902	CARDIAC REHAB			163,281	0	163,281	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY			290	0	290	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			163,097	0	163,097	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			285,138	0	285,138	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			207,752	0	207,752	73.00
76.00	03020	HEMODIALYSIS			2,148	0	2,148	76.00
76.01	03952	LITHOTRIPSY			0	0	0	76.01
76.02	03950	WOUND CARE			9,099	0	9,099	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY			0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			358,997	0	358,997	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
90.01	09001	PAIN MGMT CLINIC			0	0	0	90.01
91.00	09100	EMERGENCY			850,031	0	850,031	91.00
91.01	09101	OP DEPARTMENT			0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY			0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF			0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE			0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	13,237,214	0	13,237,214	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			79,260	0	79,260	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.00
192.01	19201	CFPC CLINIC			615,468	0	615,468	192.01
194.00	07950	OFFICE BUILDINGS			92,265	0	92,265	194.00
194.01	07951	MARKETING			0	0	0	194.01
194.02	07952	FOUNDATION			29,384	0	29,384	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA			293,575	0	293,575	194.03
194.04	07954	HHA TRANSITIONAL CARE			0	0	0	194.04
200.00		Cross Foot Adjustments	1,596,240	0	1,609,993	0	1,609,993	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,596,240	0	15,957,159	0	15,957,159	202.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet B-1 Date/Time Prepared: 5/23/2022 3:20 pm
-------------------------------------	--	--	----------------------	---	---

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQ FT)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	682,581					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		682,581				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	47,873,797			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,090	9,090	2,395,617	-44,717,977	127,468,250	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	285,824	285,824	1,609,491	0	14,473,205	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,230	1,230	0	0	471,786	8.00
9.00	00900	HOUSEKEEPING	11,506	11,506	0	0	3,332,336	9.00
10.00	01000	DIETARY	3,241	3,241	0	0	1,248,069	10.00
11.00	01100	CAFETERIA	8,230	8,230	0	0	2,043,494	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,000	1,000	1,294,046	0	2,106,322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,038	12,038	606,466	0	2,567,141	14.00
15.00	01500	PHARMACY	3,700	3,700	2,197,910	0	2,896,674	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,430	5,430	0	0	218,504	16.00
17.00	01700	SOCIAL SERVICE	2,646	2,646	952	0	93,006	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,381,266	0	1,665,923	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	37,539	37,539	2,026,044	0	3,298,538	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	112,170	112,170	12,645,582	0	17,828,461	30.00
31.00	03100	INTENSIVE CARE UNIT	10,600	10,600	2,754,798	0	4,513,146	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
41.00	04100	SUBPROVIDER - IRF	14,400	14,400	1,942,649	0	3,523,955	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,607	34,607	4,317,017	0	9,482,488	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	3,250	3,250	741,283	0	970,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,516	30,516	2,094,398	0	4,334,096	54.00
54.01	05401	NUCLEAR MEDICINE	1,100	1,100	227,896	0	308,477	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	1,700	1,700	821,270	0	1,110,076	57.00
58.00	05800	MRI	1,500	1,500	334,088	0	449,785	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,200	9,200	578,384	0	1,714,365	59.00
60.00	06000	LABORATORY	8,300	8,300	0	0	5,741,485	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,000	3,000	1,439,555	0	1,874,253	65.00
66.00	06600	PHYSICAL THERAPY	10,000	10,000	1,277,404	0	4,448,256	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	828	828	895,377	0	1,090,422	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	244,262	0	293,454	68.00
69.00	06900	ELECTROCARDIOLOGY	2,700	2,700	817,537	0	1,264,137	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	3,800	3,800	316,932	0	479,906	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	17,720	0	20,601	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,032,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,956,966	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,943,250	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	832,290	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	562,247	0	696,864	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	8,500	8,500	198,779	0	438,873	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQ FT)				
			1.00	2.00	4.00	5A	5.00	
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	18,715	18,715	3,358,986	0	4,593,648	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	656,360	656,360	47,097,956	-44,717,977	125,357,564	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,850	1,850	155,865	0	248,284	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	14,500	14,500	593,492	0	1,243,628	192.01
194.00	07950	OFFICE BUILDINGS	2,171	2,171	26,484	0	602,410	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	700	700	0	0	16,364	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	7,000	7,000	0	-163,644	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	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)	11,327,341	4,629,818	5,896,346		44,717,977	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.594867	6.782811	0.123164		0.350817	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		212,503	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.001667	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:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQ FT)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQ FT)	DIETARY (PATIENT DA YS)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	387,667				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,230	36,432			8.00
9.00	00900	HOUSEKEEPING	0	11,506	0	374,931		9.00
10.00	01000	DIETARY	0	3,241	0	3,241	36,432	10.00
11.00	01100	CAFETERIA	0	8,230	0	8,230	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,000	0	1,000	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,038	0	12,038	0	14.00
15.00	01500	PHARMACY	0	3,700	0	3,700	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,430	0	5,430	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,646	0	2,646	0	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	37,539	0	37,539	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	112,170	27,253	112,170	27,253	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,600	3,370	10,600	3,370	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
41.00	04100	SUBPROVIDER - IRF	0	14,400	5,809	14,400	5,809	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,607	0	34,607	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	3,250	0	3,250	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,516	0	30,516	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,100	0	1,100	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	1,700	0	1,700	0	57.00
58.00	05800	MRI	0	1,500	0	1,500	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,200	0	9,200	0	59.00
60.00	06000	LABORATORY	0	8,300	0	8,300	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,000	0	3,000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,000	0	10,000	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	828	0	828	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,700	0	2,700	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	3,800	0	3,800	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	8,500	0	8,500	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	18,715	0	18,715	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQ FT)	LAUNDRY & LINEN SERVICE (PATIENT DA YS)	HOUSEKEEPING (SQ FT)	DIETARY (PATIENT DA YS)	
			6.00	7.00	8.00	9.00	10.00	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	361,446	36,432	348,710	36,432	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,850	0	1,850	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	14,500	0	14,500	0	192.01
194.00	07950	OFFICE BUILDINGS	0	2,171	0	2,171	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	700	0	700	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	7,000	0	7,000	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	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)	0	19,550,651	699,328	5,081,642	1,893,289	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	50.431559	19.195433	13.553539	51.967748	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	6,706,029	50,818	473,575	138,006	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	17.298426	1.394873	1.263099	3.788043	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:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description		CAFETERIA (GROSS SALA RIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DA YS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	43,868,689				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	1,294,046	0	36,432		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	606,466	0	0	25,010,124	14.00
15.00	01500	PHARMACY	2,197,910	0	0	114,363	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	6,005,575	16.00
17.00	01700	SOCIAL SERVICE	952	0	0	423	17.00
20.00	02000	NURSING PROGRAM	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,381,266	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,026,044	0	0	13,907	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,645,582	0	27,253	299,194	30.00
31.00	03100	INTENSIVE CARE UNIT	2,754,798	0	3,370	91,246	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	33.01
41.00	04100	SUBPROVIDER - IRF	1,942,649	0	5,809	31,759	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,317,017	0	0	3,136,204	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	741,283	0	0	4,587	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,094,398	0	0	1,098,929	54.00
54.01	05401	NUCLEAR MEDICINE	227,896	0	0	7,399	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	821,270	0	0	84,917	57.00
58.00	05800	MRI	334,088	0	0	14,543	58.00
59.00	05900	CARDIAC CATHETERIZATION	578,384	0	0	721,632	59.00
60.00	06000	LABORATORY	0	0	0	45,550	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,439,555	0	0	52,403	65.00
66.00	06600	PHYSICAL THERAPY	1,277,404	0	0	2,260	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	895,377	0	0	60	67.00
68.00	06800	SPEECH PATHOLOGY	244,262	0	0	50	68.00
69.00	06900	ELECTROCARDIOLOGY	817,537	0	0	100,226	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	316,932	0	0	2,930	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	17,720	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,034,069	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,957,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	562,247	0	0	6,816	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	198,779	0	0	949	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,358,986	0	0	160,313	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			CAFETERIA (GROSS SALA RIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DA YS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	43,092,848	0	36,432	24,981,850	6,005,575	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	155,865	0	0	927	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	593,492	0	0	27,248	0	192.01
194.00	07950	OFFICE BUILDINGS	26,484	0	0	99	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	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)	3,286,984	0	3,006,202	4,283,432	4,333,893	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.074928	0.000000	82.515426	0.171268	0.721645	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	348,567	0	55,732	513,961	179,818	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007946	0.000000	1.529754	0.020550	0.029942	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:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			INTERNS & RESIDENTS					
			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NURSING PROGRAM (ASSIGNED TIME)	SERVICES-SALARY & FRINGES		SERVICES-OTHER
						APPROV (ASSIGNED TIME)		PRGM COSTS APPROV (ASSIGNED TIME)
			16.00	17.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	691,733,550					16.00
17.00	01700	SOCIAL SERVICE	0	36,432				17.00
20.00	02000	NURSING PROGRAM	0	0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPROV	0	0		42,700		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPROV	0	0			42,700	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,793,750	27,253	0	28,684	28,684	30.00
31.00	03100	INTENSIVE CARE UNIT	8,185,572	3,370	0	872	872	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.01
41.00	04100	SUBPROVIDER - IRF	10,054,866	5,809	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	94,972,671	0	0	3,328	3,328	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	9,507,632	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	41,231,841	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	7,622,536	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	68,359,092	0	0	0	0	57.00
58.00	05800	MRI	17,208,103	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,776,962	0	0	0	0	59.00
60.00	06000	LABORATORY	74,352,160	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	14,449,736	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	17,984,103	0	0	1,934	1,934	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	4,387,339	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,371,296	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,893,751	0	0	2,273	2,273	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	1,617,928	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	349,131	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,675,939	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,043,722	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,627,541	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	2,305,846	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	10,086,383	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	553,218	0	0	3,012	3,012	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		SOCIAL SERVICE (PATIENT DAYS)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		
							SERVICES-SALARIES & FRINGES APPROV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPROV (ASSIGNED TIME)	
			16.00	17.00	20.00	21.00	22.00		
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01	
91.00	09100	EMERGENCY	83,322,432	0	0	0	2,597	2,597	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	691,733,550	36,432	0	42,700	42,700		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	0	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	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)	642,598	295,082	0	2,353,852	7,011,846		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000929	8.099528	0.000000	55.125340	164.211850		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	228,094	111,143	0	13,753	1,596,240		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000330	3.050697	0.000000	0.322084	37.382670		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000				207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet B-1 Date/Time Prepared: 5/23/2022 3:20 pm
-------------------------------------	--	----------------------	---	---

Cost Center Description		PARAMED ED PRGM	
		(ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
20.00	02000	NURSING PROGRAM	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
33.01	03301	BURN INTENSIVE CARE UNIT	33.01
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
50.02	05002	DAY SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE	54.01
54.02	05402	ULTRASOUND	54.02
54.03	05405	GRANT SQUARE IMAGING	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	54.04
54.05	05407	PET SCAN	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	FAIRVIEW REHAB CTR	66.01
66.02	06602	WESTCHESTER REHAB CTR	66.02
66.03	06603	LAGRANGE REHAB CTR	66.03
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	VASCULAR LAB	69.01
69.02	06902	CARDIAC REHAB	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	HEMODIALYSIS	76.00
76.01	03952	LITHOTRIPSY	76.01
76.02	03950	WOUND CARE	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	PAIN MGMT CLINIC	90.01
91.00	09100	EMERGENCY	91.00
91.01	09101	OP DEPARTMENT	91.01
91.02	09102	MEDICAL ONCOLOGY	91.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:20 pm

Cost Center Description			PARAMED ED PRGM	
			(ASSIGNED TIME)	
			23.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	CFPC CLINIC	0	192.01
194.00	07950	OFFICE BUILDINGS	0	194.00
194.01	07951	MARKETING	0	194.01
194.02	07952	FOUNDATION	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	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)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/23/2022 3:20 pm
--	----------------------	---	---

		Title XVIII		Hospital		PPS	
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	36,713,153		36,713,153	148	36,713,301	30.00
31.00	03100 INTENSIVE CARE UNIT	7,549,513		7,549,513	0	7,549,513	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
41.00	04100 SUBPROVIDER - IRF	6,781,711		6,781,711	0	6,781,711	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	0		0	0	0	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	15,972,242		15,972,242	0	15,972,242	50.00
50.01	05001 ENDOSCOPY	0		0	0	0	50.01
50.02	05002 DAY SURGERY	0		0	0	0	50.02
51.00	05100 RECOVERY ROOM	1,583,889		1,583,889	0	1,583,889	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,190,584		8,190,584	0	8,190,584	54.00
54.01	05401 NUCLEAR MEDICINE	512,504		512,504	0	512,504	54.01
54.02	05402 ULTRASOUND	0		0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407 PET SCAN	0		0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700 CT SCAN	1,747,871		1,747,871	0	1,747,871	57.00
58.00	05800 MRI	747,064		747,064	0	747,064	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,086,042		3,086,042	0	3,086,042	59.00
60.00	06000 LABORATORY	8,363,646		8,363,646	0	8,363,646	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,853,991	0	2,853,991	0	2,853,991	65.00
66.00	06600 PHYSICAL THERAPY	6,761,438	0	6,761,438	0	6,761,438	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	1,597,115	0	1,597,115	0	1,597,115	67.00
68.00	06800 SPEECH PATHOLOGY	415,988	0	415,988	0	415,988	68.00
69.00	06900 ELECTROCARDIOLOGY	1,981,926		1,981,926	57,188	2,039,114	69.00
69.01	06901 VASCULAR LAB	0		0	0	0	69.01
69.02	06902 CARDIAC REHAB	917,160		917,160	0	917,160	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	29,480		29,480	0	29,480	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,724,154		10,724,154	0	10,724,154	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,254,395		18,254,395	0	18,254,395	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,412,885		12,412,885	0	12,412,885	73.00
76.00	03020 HEMODIALYSIS	1,126,413		1,126,413	0	1,126,413	76.00
76.01	03952 LITHOTRIPSY	0		0	0	0	76.01
76.02	03950 WOUND CARE	994,001		994,001	667	994,668	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	1,152,281		1,152,281	0	1,152,281	90.00
90.01	09001 PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100 EMERGENCY	7,759,204		7,759,204	0	7,759,204	91.00
91.01	09101 OP DEPARTMENT	0		0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,853,813		4,853,813	0	4,853,813	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0		0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100 ISLET ACQUISITION	0		0		0	111.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	163,082,463	0	163,082,463	58,003	163,140,466	200.00
201.00	Less Observation Beds	4,853,813		4,853,813		4,853,813	201.00
202.00	Total (see instructions)	158,228,650	0	158,228,650	58,003	158,286,653	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/23/2022 3:20 pm
			Title XVIII	Hospital	PPS

			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	37,065,436		37,065,436			30.00	
31.00	03100	INTENSIVE CARE UNIT	8,185,572		8,185,572			31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0		0			33.01	
41.00	04100	SUBPROVIDER - IRF	10,054,866		10,054,866			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	0		0			43.00	
45.00	04500	NURSING FACILITY	0		0			45.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,159,363	61,813,308	94,972,671	0.168177	0.000000	50.00	
50.01	05001	ENDOSCOPY	0	0	0	0.000000	0.000000	50.01	
50.02	05002	DAY SURGERY	0	0	0	0.000000	0.000000	50.02	
51.00	05100	RECOVERY ROOM	3,101,020	6,406,612	9,507,632	0.166591	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,703,651	26,528,190	41,231,841	0.198647	0.000000	54.00	
54.01	05401	NUCLEAR MEDICINE	2,165,632	5,456,904	7,622,536	0.067235	0.000000	54.01	
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.02	
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000	54.03	
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000	54.04	
54.05	05407	PET SCAN	0	0	0	0.000000	0.000000	54.05	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
57.00	05700	CT SCAN	20,915,376	47,443,716	68,359,092	0.025569	0.000000	57.00	
58.00	05800	MRI	4,008,359	13,199,744	17,208,103	0.043414	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	9,225,385	6,551,577	15,776,962	0.195604	0.000000	59.00	
60.00	06000	LABORATORY	42,488,335	31,863,825	74,352,160	0.112487	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	12,948,168	1,501,568	14,449,736	0.197512	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	5,328,186	12,655,917	17,984,103	0.375967	0.000000	66.00	
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000	66.01	
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000	66.02	
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000	66.03	
67.00	06700	OCCUPATIONAL THERAPY	3,899,759	487,580	4,387,339	0.364028	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	1,302,287	69,009	1,371,296	0.303354	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	9,320,627	15,573,124	24,893,751	0.079615	0.000000	69.00	
69.01	06901	VASCULAR LAB	0	0	0	0.000000	0.000000	69.01	
69.02	06902	CARDIAC REHAB	25,981	1,591,947	1,617,928	0.566873	0.000000	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	293,541	55,590	349,131	0.084438	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,643,076	15,032,863	20,675,939	0.518678	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,631,160	36,412,562	59,043,722	0.309167	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	41,296,525	13,331,016	54,627,541	0.227228	0.000000	73.00	
76.00	03020	HEMODIALYSIS	2,274,370	31,476	2,305,846	0.488503	0.000000	76.00	
76.01	03952	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.01	
76.02	03950	WOUND CARE	79,698	10,006,685	10,086,383	0.098549	0.000000	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
90.00	09000	CLINIC	9,194	544,024	553,218	2.082870	0.000000	90.00	
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	0.000000	90.01	
91.00	09100	EMERGENCY	24,547,924	58,774,508	83,322,432	0.093123	0.000000	91.00	
91.01	09101	OP DEPARTMENT	0	0	0	0.000000	0.000000	91.01	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000	91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,800,211	8,928,103	11,728,314	0.413854	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
	SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal(see instructions)	317,473,702	374,259,848	691,733,550			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	317,473,702	374,259,848	691,733,550			202.00	

Health Financial Systems			ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/23/2022 3:20 pm
			Title XVIII		Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03301	BURN INTENSIVE CARE UNIT				33.01
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.168177			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
50.02	05002	DAY SURGERY	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.166591			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198647			54.00
54.01	05401	NUCLEAR MEDICINE	0.067235			54.01
54.02	05402	ULTRASOUND	0.000000			54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000			54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000			54.04
54.05	05407	PET SCAN	0.000000			54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.025569			57.00
58.00	05800	MRI	0.043414			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.195604			59.00
60.00	06000	LABORATORY	0.112487			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.197512			65.00
66.00	06600	PHYSICAL THERAPY	0.375967			66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000			66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000			66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000			66.03
67.00	06700	OCCUPATIONAL THERAPY	0.364028			67.00
68.00	06800	SPEECH PATHOLOGY	0.303354			68.00
69.00	06900	ELECTROCARDIOLOGY	0.081913			69.00
69.01	06901	VASCULAR LAB	0.000000			69.01
69.02	06902	CARDIAC REHAB	0.566873			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.084438			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.518678			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309167			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227228			73.00
76.00	03020	HEMODIALYSIS	0.488503			76.00
76.01	03952	LITHOTRIPSY	0.000000			76.01
76.02	03950	WOUND CARE	0.098615			76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	2.082870			90.00
90.01	09001	PAIN MGMT CLINIC	0.000000			90.01
91.00	09100	EMERGENCY	0.093123			91.00
91.01	09101	OP DEPARTMENT	0.000000			91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.413854			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/23/2022 3:20 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	36,713,153		36,713,153	148	36,713,301	30.00
31.00	03100 INTENSIVE CARE UNIT	7,549,513		7,549,513	0	7,549,513	31.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
33.01	03301 BURN INTENSIVE CARE UNIT	0		0	0	0	33.01
41.00	04100 SUBPROVIDER - IRF	6,781,711		6,781,711	0	6,781,711	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	0		0	0	0	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	15,972,242		15,972,242	0	15,972,242	50.00
50.01	05001 ENDOSCOPY	0		0	0	0	50.01
50.02	05002 DAY SURGERY	0		0	0	0	50.02
51.00	05100 RECOVERY ROOM	1,583,889		1,583,889	0	1,583,889	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,190,584		8,190,584	0	8,190,584	54.00
54.01	05401 NUCLEAR MEDICINE	512,504		512,504	0	512,504	54.01
54.02	05402 ULTRASOUND	0		0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407 PET SCAN	0		0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700 CT SCAN	1,747,871		1,747,871	0	1,747,871	57.00
58.00	05800 MRI	747,064		747,064	0	747,064	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,086,042		3,086,042	0	3,086,042	59.00
60.00	06000 LABORATORY	8,363,646		8,363,646	0	8,363,646	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,853,991	0	2,853,991	0	2,853,991	65.00
66.00	06600 PHYSICAL THERAPY	6,761,438	0	6,761,438	0	6,761,438	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	1,597,115	0	1,597,115	0	1,597,115	67.00
68.00	06800 SPEECH PATHOLOGY	415,988	0	415,988	0	415,988	68.00
69.00	06900 ELECTROCARDIOLOGY	1,981,926		1,981,926	57,188	2,039,114	69.00
69.01	06901 VASCULAR LAB	0		0	0	0	69.01
69.02	06902 CARDIAC REHAB	917,160		917,160	0	917,160	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	29,480		29,480	0	29,480	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,724,154		10,724,154	0	10,724,154	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,254,395		18,254,395	0	18,254,395	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,412,885		12,412,885	0	12,412,885	73.00
76.00	03020 HEMODIALYSIS	1,126,413		1,126,413	0	1,126,413	76.00
76.01	03952 LITHOTRIPSY	0		0	0	0	76.01
76.02	03950 WOUND CARE	994,001		994,001	667	994,668	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	1,152,281		1,152,281	0	1,152,281	90.00
90.01	09001 PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100 EMERGENCY	7,759,204		7,759,204	0	7,759,204	91.00
91.01	09101 OP DEPARTMENT	0		0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,853,813		4,853,813	0	4,853,813	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0		0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100 ISLET ACQUISITION	0		0		0	111.00
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	163,082,463	0	163,082,463	58,003	163,140,466	200.00
201.00	Less Observation Beds	4,853,813		4,853,813		4,853,813	201.00
202.00	Total (see instructions)	158,228,650	0	158,228,650	58,003	158,286,653	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/23/2022 3:20 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	37,065,436		37,065,436		30.00
31.00	03100	INTENSIVE CARE UNIT	8,185,572		8,185,572		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0		0		33.01
41.00	04100	SUBPROVIDER - IRF	10,054,866		10,054,866		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,159,363	61,813,308	94,972,671	0.168177	0.000000
50.01	05001	ENDOSCOPY	0	0	0	0.000000	0.000000
50.02	05002	DAY SURGERY	0	0	0	0.000000	0.000000
51.00	05100	RECOVERY ROOM	3,101,020	6,406,612	9,507,632	0.166591	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,703,651	26,528,190	41,231,841	0.198647	0.000000
54.01	05401	NUCLEAR MEDICINE	2,165,632	5,456,904	7,622,536	0.067235	0.000000
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000
54.05	05407	PET SCAN	0	0	0	0.000000	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	20,915,376	47,443,716	68,359,092	0.025569	0.000000
58.00	05800	MRI	4,008,359	13,199,744	17,208,103	0.043414	0.000000
59.00	05900	CARDIAC CATHETERIZATION	9,225,385	6,551,577	15,776,962	0.195604	0.000000
60.00	06000	LABORATORY	42,488,335	31,863,825	74,352,160	0.112487	0.000000
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	12,948,168	1,501,568	14,449,736	0.197512	0.000000
66.00	06600	PHYSICAL THERAPY	5,328,186	12,655,917	17,984,103	0.375967	0.000000
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000
67.00	06700	OCCUPATIONAL THERAPY	3,899,759	487,580	4,387,339	0.364028	0.000000
68.00	06800	SPEECH PATHOLOGY	1,302,287	69,009	1,371,296	0.303354	0.000000
69.00	06900	ELECTROCARDIOLOGY	9,320,627	15,573,124	24,893,751	0.079615	0.000000
69.01	06901	VASCULAR LAB	0	0	0	0.000000	0.000000
69.02	06902	CARDIAC REHAB	25,981	1,591,947	1,617,928	0.566873	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	293,541	55,590	349,131	0.084438	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,643,076	15,032,863	20,675,939	0.518678	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,631,160	36,412,562	59,043,722	0.309167	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	41,296,525	13,331,016	54,627,541	0.227228	0.000000
76.00	03020	HEMODIALYSIS	2,274,370	31,476	2,305,846	0.488503	0.000000
76.01	03952	LITHOTRIPSY	0	0	0	0.000000	0.000000
76.02	03950	WOUND CARE	79,698	10,006,685	10,086,383	0.098549	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	9,194	544,024	553,218	2.082870	0.000000
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	24,547,924	58,774,508	83,322,432	0.093123	0.000000
91.01	09101	OP DEPARTMENT	0	0	0	0.000000	0.000000
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,800,211	8,928,103	11,728,314	0.413854	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	317,473,702	374,259,848	691,733,550		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	317,473,702	374,259,848	691,733,550		202.00

Health Financial Systems			ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/23/2022 3:20 pm
			Title XIX		Hospital	Cost
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
33.01	03301	BURN INTENSIVE CARE UNIT				33.01
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
50.02	05002	DAY SURGERY	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	NUCLEAR MEDICINE	0.000000			54.01
54.02	05402	ULTRASOUND	0.000000			54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000			54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000			54.04
54.05	05407	PET SCAN	0.000000			54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000			66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000			66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000			66.03
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	VASCULAR LAB	0.000000			69.01
69.02	06902	CARDIAC REHAB	0.000000			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03020	HEMODIALYSIS	0.000000			76.00
76.01	03952	LITHOTRIPSY	0.000000			76.01
76.02	03950	WOUND CARE	0.000000			76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PAIN MGMT CLINIC	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	OP DEPARTMENT	0.000000			91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/23/2022 3:20 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	5,122,854	0	5,122,854	31,405	163.12	30.00
31.00	INTENSIVE CARE UNIT	511,448		511,448	3,370	151.76	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
33.01	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.01
41.00	SUBPROVIDER - IRF	685,920	0	685,920	5,809	118.08	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	6,320,222		6,320,222	40,584		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,393	2,184,666				
31.00	INTENSIVE CARE UNIT	1,022	155,099				
33.00	BURN INTENSIVE CARE UNIT	0	0				
33.01	BURN INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	3,198	377,620				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	17,613	2,717,385				

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/23/2022 3:20 pm		
				Title XVIII	Hospital	PPS		
Cost Center Description		Capital Related	Total Charges	Ratio of Cost	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		Cost (from Wkst. B, Part II, col. 26)	(from Wkst. C, Part I, col. 8)	to Charges (col. 1 ÷ col. 2)				
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,597,112	94,972,671	0.016817	15,998,885	269,053	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	147,042	9,507,632	0.015466	1,565,925	24,219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,339,874	41,231,841	0.032496	6,732,052	218,765	54.00
54.01	05401	NUCLEAR MEDICINE	51,124	7,622,536	0.006707	1,142,515	7,663	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700	CT SCAN	103,976	68,359,092	0.001521	9,341,230	14,208	57.00
58.00	05800	MRI	72,292	17,208,103	0.004201	1,753,719	7,367	58.00
59.00	05900	CARDIAC CATHETERIZATION	413,332	15,776,962	0.026198	3,845,207	100,737	59.00
60.00	06000	LABORATORY	383,138	74,352,160	0.005153	18,743,467	96,585	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	146,225	14,449,736	0.010120	5,785,014	58,544	65.00
66.00	06600	PHYSICAL THERAPY	442,938	17,984,103	0.024629	1,482,779	36,519	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	45,108	4,387,339	0.010281	746,220	7,672	67.00
68.00	06800	SPEECH PATHOLOGY	2,884	1,371,296	0.002103	353,836	744	68.00
69.00	06900	ELECTROCARDIOLOGY	132,114	24,893,751	0.005307	4,537,607	24,081	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	163,281	1,617,928	0.009920	11,018	1,112	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	290	349,131	0.000831	118,250	98	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	163,097	20,675,939	0.007888	2,726,123	21,504	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	285,138	59,043,722	0.004829	11,671,909	56,364	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	207,752	54,627,541	0.003803	16,432,766	62,494	73.00
76.00	03020	HEMODIALYSIS	2,148	2,305,846	0.000932	838,698	782	76.00
76.01	03952	LITHOTRIPSY	0	0	0.000000	0	0	76.01
76.02	03950	WOUND CARE	9,099	10,086,383	0.000902	53,329	48	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	358,997	553,218	0.648925	5,926	3,846	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	850,031	83,322,432	0.010202	11,310,613	115,391	91.00
91.01	09101	OP DEPARTMENT	0	0	0.000000	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	677,287	11,728,314	0.057748	1,532,907	88,522	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	7,594,279	636,427,676		116,729,995	1,216,318	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/23/2022 3:20 pm		
				Title XVIII		Hospital		PPS		
Cost Center Description				Nursing Program Post-Stepdown Adjustments	Nursing Program	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	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00	
33.01	03301	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.01	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	31,405	0.00	13,393		30.00	
31.00	03100	INTENSIVE CARE UNIT		0	3,370	0.00	1,022		31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0		33.00	
33.01	03301	BURN INTENSIVE CARE UNIT		0	0	0.00	0		33.01	
41.00	04100	SUBPROVIDER - IRF	0	0	5,809	0.00	3,198		41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0		42.00	
43.00	04300	NURSERY		0	0	0.00	0		43.00	
45.00	04500	NURSING FACILITY		0	0	0.00	0		45.00	
200.00		Total (lines 30 through 199)		0	40,584		17,613		200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0							33.00
33.01	03301	BURN INTENSIVE CARE UNIT	0							33.01
41.00	04100	SUBPROVIDER - IRF	0							41.00
42.00	04200	SUBPROVIDER	0							42.00
43.00	04300	NURSERY	0							43.00
45.00	04500	NURSING FACILITY	0							45.00
200.00		Total (lines 30 through 199)	0							200.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:20 pm	
			Title XVIII		Hospital	PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0 50.01
50.02	05002	DAY SURGERY	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0 54.01
54.02	05402	ULTRASOUND	0	0	0	0	0 54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0 54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0 54.04
54.05	05407	PET SCAN	0	0	0	0	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0 66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0 66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0 66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0 69.01
69.02	06902	CARDIAC REHAB	0	0	0	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0 76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0 76.01
76.02	03950	WOUND CARE	0	0	0	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0 90.01
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0 91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

Health Financial Systems			ADVENTIST LAGRANGE MEMORIAL HOSPITAL				In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:20 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	94,972,671	0.000000	50.00		
50.01	05001	ENDOSCOPY	0	0	0	0	0.000000	50.01		
50.02	05002	DAY SURGERY	0	0	0	0	0.000000	50.02		
51.00	05100	RECOVERY ROOM	0	0	0	9,507,632	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	41,231,841	0.000000	54.00		
54.01	05401	NUCLEAR MEDICINE	0	0	0	7,622,536	0.000000	54.01		
54.02	05402	ULTRASOUND	0	0	0	0	0.000000	54.02		
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0.000000	54.03		
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0.000000	54.04		
54.05	05407	PET SCAN	0	0	0	0	0.000000	54.05		
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00		
57.00	05700	CT SCAN	0	0	0	68,359,092	0.000000	57.00		
58.00	05800	MRI	0	0	0	17,208,103	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	15,776,962	0.000000	59.00		
60.00	06000	LABORATORY	0	0	0	74,352,160	0.000000	60.00		
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01		
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,449,736	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	0	0	0	17,984,103	0.000000	66.00		
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0.000000	66.01		
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0.000000	66.02		
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0.000000	66.03		
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,387,339	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,371,296	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,893,751	0.000000	69.00		
69.01	06901	VASCULAR LAB	0	0	0	0	0.000000	69.01		
69.02	06902	CARDIAC REHAB	0	0	0	1,617,928	0.000000	69.02		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	349,131	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,675,939	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	59,043,722	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	54,627,541	0.000000	73.00		
76.00	03020	HEMODIALYSIS	0	0	0	2,305,846	0.000000	76.00		
76.01	03952	LITHOTRIPSY	0	0	0	0	0.000000	76.01		
76.02	03950	WOUND CARE	0	0	0	10,086,383	0.000000	76.02		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98		
	OUTPATIENT SERVICE COST CENTERS									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00		
90.00	09000	CLINIC	0	0	0	553,218	0.000000	90.00		
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0.000000	90.01		
91.00	09100	EMERGENCY	0	0	0	83,322,432	0.000000	91.00		
91.01	09101	OP DEPARTMENT	0	0	0	0	0.000000	91.01		
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0.000000	91.02		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,728,314	0.000000	92.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01		
200.00		Total (lines 50 through 199)	0	0	0	636,427,676		200.00		

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:20 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	15,998,885	0	19,737,935	0 50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0 50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0.000000	1,565,925	0	1,910,291	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,732,052	0	7,256,649	0 54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	1,142,515	0	2,101,078	0 54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0 54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0 54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0 54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
57.00	05700	CT SCAN	0.000000	9,341,230	0	12,873,799	0 57.00
58.00	05800	MRI	0.000000	1,753,719	0	3,880,920	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	3,845,207	0	2,456,817	0 59.00
60.00	06000	LABORATORY	0.000000	18,743,467	0	5,222,945	0 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	5,785,014	0	480,241	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,482,779	0	198,206	0 66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0 66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0 66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0 66.03
67.00	06700	OCCUPATIONAL THERAPY	0.000000	746,220	0	13,844	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	353,836	0	10,020	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,537,607	0	4,435,311	0 69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0 69.01
69.02	06902	CARDIAC REHAB	0.000000	11,018	0	803,824	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	118,250	0	19,620	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,726,123	0	5,002,693	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	11,671,909	0	15,483,708	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	16,432,766	0	3,295,937	0 73.00
76.00	03020	HEMODIALYSIS	0.000000	838,698	0	26,010	0 76.00
76.01	03952	LITHOTRIPSY	0.000000	0	0	0	0 76.01
76.02	03950	WOUND CARE	0.000000	53,329	0	3,941,945	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00	09000	CLINIC	0.000000	5,926	0	311,021	0 90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0 90.01
91.00	09100	EMERGENCY	0.000000	11,310,613	0	10,445,307	0 91.00
91.01	09101	OP DEPARTMENT	0.000000	0	0	0	0 91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,532,907	0	2,382,626	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
200.00		Total (lines 50 through 199)		116,729,995	0	102,290,747	0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:20 pm
--	----------------------	---	---

		Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge 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	0.168177	19,737,935	0	0	3,319,467	50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002 DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.166591	1,910,291	0	0	318,237	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198647	7,256,649	0	0	1,441,512	54.00
54.01	05401 NUCLEAR MEDICINE	0.067235	2,101,078	0	0	141,266	54.01
54.02	05402 ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407 PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.025569	12,873,799	0	0	329,170	57.00
58.00	05800 MRI	0.043414	3,880,920	0	0	168,486	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.195604	2,456,817	0	0	480,563	59.00
60.00	06000 LABORATORY	0.112487	5,222,945	998	0	587,513	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.197512	480,241	0	0	94,853	65.00
66.00	06600 PHYSICAL THERAPY	0.375967	198,206	0	0	74,519	66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0.364028	13,844	0	0	5,040	67.00
68.00	06800 SPEECH PATHOLOGY	0.303354	10,020	0	0	3,040	68.00
69.00	06900 ELECTROCARDIOLOGY	0.079615	4,435,311	0	0	353,117	69.00
69.01	06901 VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0.566873	803,824	0	0	455,666	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.084438	19,620	0	0	1,657	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.518678	5,002,693	1,246	0	2,594,787	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.309167	15,483,708	0	0	4,787,052	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.227228	3,295,937	447	296,011	748,929	73.00
76.00	03020 HEMODIALYSIS	0.488503	26,010	0	0	12,706	76.00
76.01	03952 LITHOTRIPSY	0.000000	0	0	0	0	76.01
76.02	03950 WOUND CARE	0.098549	3,941,945	0	0	388,475	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	2.082870	311,021	0	0	647,816	90.00
90.01	09001 PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.093123	10,445,307	0	106	972,698	91.00
91.01	09101 OP DEPARTMENT	0.000000	0	0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.413854	2,382,626	0	2	986,059	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Subtotal (see instructions)		102,290,747	2,691	296,119	18,912,628	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		102,290,747	2,691	296,119	18,912,628	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:20 pm
	Title XVIII	Hospital	PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
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	112	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	646	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102	67,262	73.00
76.00	03020	HEMODIALYSIS	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	76.01
76.02	03950	WOUND CARE	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	0	10	91.00
91.01	09101	OP DEPARTMENT	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	860	67,273	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	860	67,273	202.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/23/2022 3:20 pm	
				Component CCN:14-T065			
				Title XVIII	Subprovider - IR#	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	1,597,112	94,972,671	0.016817	18,331	308	50.00
50.01	05001 ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	147,042	9,507,632	0.015466	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,339,874	41,231,841	0.032496	174,790	5,680	54.00
54.01	05401 NUCLEAR MEDICINE	51,124	7,622,536	0.006707	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407 PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700 CT SCAN	103,976	68,359,092	0.001521	131,554	200	57.00
58.00	05800 MRI	72,292	17,208,103	0.004201	44,402	187	58.00
59.00	05900 CARDIAC CATHETERIZATION	413,332	15,776,962	0.026198	0	0	59.00
60.00	06000 LABORATORY	383,138	74,352,160	0.005153	837,671	4,317	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	146,225	14,449,736	0.010120	217,480	2,201	65.00
66.00	06600 PHYSICAL THERAPY	442,938	17,984,103	0.024629	1,508,150	37,144	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	45,108	4,387,339	0.010281	1,445,316	14,859	67.00
68.00	06800 SPEECH PATHOLOGY	2,884	1,371,296	0.002103	311,956	656	68.00
69.00	06900 ELECTROCARDIOLOGY	132,114	24,893,751	0.005307	36,666	195	69.00
69.01	06901 VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902 CARDIAC REHAB	163,281	1,617,928	0.0100920	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	290	349,131	0.000831	2,616	2	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	163,097	20,675,939	0.007888	14,569	115	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	285,138	59,043,722	0.004829	8,920	43	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	207,752	54,627,541	0.003803	1,239,484	4,714	73.00
76.00	03020 HEMODIALYSIS	2,148	2,305,846	0.000932	152,572	142	76.00
76.01	03952 LITHOTRIPSY	0	0	0.000000	0	0	76.01
76.02	03950 WOUND CARE	9,099	10,086,383	0.000902	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	358,997	553,218	0.648925	0	0	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	850,031	83,322,432	0.010202	217	2	91.00
91.01	09101 OP DEPARTMENT	0	0	0.000000	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,728,314	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50 through 199)	6,916,992	636,427,676		6,144,694	70,765	200.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:20 pm	
				Component CCN:14-T065			
				Title XVIII	Subprovider - IR#	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

Health Financial Systems			ADVENTIST LAGRANGE MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:20 pm	
				Component CCN:14-T065					
				Title XVIII		Subprovider - IR#		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	94,972,671	0.000000	50.00	
50.01	05001	ENDOSCOPY	0	0	0	0	0.000000	50.01	
50.02	05002	DAY SURGERY	0	0	0	0	0.000000	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	9,507,632	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	41,231,841	0.000000	54.00	
54.01	05401	NUCLEAR MEDICINE	0	0	0	7,622,536	0.000000	54.01	
54.02	05402	ULTRASOUND	0	0	0	0	0.000000	54.02	
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0.000000	54.03	
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0.000000	54.04	
54.05	05407	PET SCAN	0	0	0	0	0.000000	54.05	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00	
57.00	05700	CT SCAN	0	0	0	68,359,092	0.000000	57.00	
58.00	05800	MRI	0	0	0	17,208,103	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	15,776,962	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	74,352,160	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,449,736	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	17,984,103	0.000000	66.00	
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0.000000	66.01	
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0.000000	66.02	
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0.000000	66.03	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,387,339	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,371,296	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	24,893,751	0.000000	69.00	
69.01	06901	VASCULAR LAB	0	0	0	0	0.000000	69.01	
69.02	06902	CARDIAC REHAB	0	0	0	1,617,928	0.000000	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	349,131	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	20,675,939	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	59,043,722	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	54,627,541	0.000000	73.00	
76.00	03020	HEMODIALYSIS	0	0	0	2,305,846	0.000000	76.00	
76.01	03952	LITHOTRIPSY	0	0	0	0	0.000000	76.01	
76.02	03950	WOUND CARE	0	0	0	10,086,383	0.000000	76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98	
	OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00	
90.00	09000	CLINIC	0	0	0	553,218	0.000000	90.00	
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0.000000	90.01	
91.00	09100	EMERGENCY	0	0	0	83,322,432	0.000000	91.00	
91.01	09101	OP DEPARTMENT	0	0	0	0	0.000000	91.01	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0.000000	91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	11,728,314	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01	
200.00		Total (lines 50 through 199)	0	0	0	636,427,676		200.00	

Health Financial Systems			ADVENTIST LAGRANGE MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0065 Component CCN:14-T065		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:20 pm
				Title XVIII		Subprovider - IR#		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	18,331	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	174,790	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	131,554	0	0	0	57.00
58.00	05800	MRI	0.000000	44,402	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	837,671	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	217,480	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,508,150	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,445,316	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	311,956	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	36,666	0	0	0	69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	2,616	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	14,569	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,920	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,239,484	0	1,620	0	73.00
76.00	03020	HEMODIALYSIS	0.000000	152,572	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	0	0	0	76.01
76.02	03950	WOUND CARE	0.000000	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	217	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		6,144,694	0	1,620	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:20 pm
	Component CCN:14-T065		

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.168177	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002 DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.166591	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198647	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0.067235	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407 PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.025569	0	0	0	0	57.00
58.00	05800 MRI	0.043414	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.195604	0	0	0	0	59.00
60.00	06000 LABORATORY	0.112487	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.197512	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.375967	0	0	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0.364028	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.303354	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.079615	0	0	0	0	69.00
69.01	06901 VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0.566873	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.084438	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.518678	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.309167	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.227228	1,620	0	5,720	368	73.00
76.00	03020 HEMODIALYSIS	0.488503	0	0	0	0	76.00
76.01	03952 LITHOTRIPSY	0.000000	0	0	0	0	76.01
76.02	03950 WOUND CARE	0.098549	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC	2.082870	0	0	0	0	90.00
90.01	09001 PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.093123	0	0	0	0	91.00
91.01	09101 OP DEPARTMENT	0.000000	0	0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.413854	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00	Subtotal (see instructions)		1,620	0	5,720	368	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		1,620	0	5,720	368	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:20 pm
		Component CCN:14-T065		
		Title XVIII	Subprovider - IR#	PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	69.02
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	1,300	73.00
76.00	03020	HEMODIALYSIS	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	76.01
76.02	03950	WOUND CARE	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	0	1,300	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	1,300	202.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/23/2022 3:20 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)			31,405	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			31,405	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			27,253	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			13,393	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)			36,713,301	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)			36,713,301	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)			36,713,301	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)			1,169.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			15,656,819	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)			15,656,819	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/23/2022 3:20 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	7,549,513	3,370	2,240.21	1,022	2,289,495	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
45.01 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.01
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)					20,879,657	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,825,971	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 II)					1,339,765	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					216,318	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,556,083	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,269,888	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)					4,152	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,169.03	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,853,813	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/23/2022 3:20 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	5,122,854	36,713,301	0.139537	4,853,813	677,287	90.00
91.00 Nursing Program cost	0	36,713,301	0.000000	4,853,813	0	91.00
92.00 Allied health cost	0	36,713,301	0.000000	4,853,813	0	92.00
93.00 All other Medical Education	0	36,713,301	0.000000	4,853,813	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Component CCN:14-T065		Date/Time Prepared: 5/23/2022 3:20 pm
		Title XVIII	Subprovider - IR#	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)		5,809	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,809	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)		5,809	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)		3,198	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)		6,781,711	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)		6,781,711	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)		6,781,711	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)		1,167.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,733,505	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,733,505	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
			Component CCN:14-T065		Date/Time Prepared: 5/23/2022 3:20 pm
			Title XVIII	Subprovider - IR#	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
45.01 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					1,737,798
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,471,303
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					377,620
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					70,765
52.00 Total Program excludable cost (sum of lines 50 and 51)					448,385
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,022,918
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:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
			Component CCN:14-T065		Date/Time Prepared: 5/23/2022 3:20 pm
			Title XVIII	Subprovider - IR#	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	685,920	6,781,711	0.101143	0	0 90.00
91.00 Nursing Program cost	0	6,781,711	0.000000	0	0 91.00
92.00 Allied health cost	0	6,781,711	0.000000	0	0 92.00
93.00 All other Medical Education	0	6,781,711	0.000000	0	0 93.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/23/2022 3:20 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		17,328,696	30.00
31.00	03100	INTENSIVE CARE UNIT		3,122,668	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
33.01	03301	BURN INTENSIVE CARE UNIT		0	33.01
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.168177	15,998,885	50.00
50.01	05001	ENDOSCOPY	0.000000	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.166591	1,565,925	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198647	6,732,052	54.00
54.01	05401	NUCLEAR MEDICINE	0.067235	1,142,515	54.01
54.02	05402	ULTRASOUND	0.000000	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	54.04
54.05	05407	PET SCAN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
57.00	05700	CT SCAN	0.025569	9,341,230	57.00
58.00	05800	MRI	0.043414	1,753,719	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.195604	3,845,207	59.00
60.00	06000	LABORATORY	0.112487	18,743,467	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.197512	5,785,014	65.00
66.00	06600	PHYSICAL THERAPY	0.375967	1,482,779	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.364028	746,220	67.00
68.00	06800	SPEECH PATHOLOGY	0.303354	353,836	68.00
69.00	06900	ELECTROCARDIOLOGY	0.081913	4,537,607	69.00
69.01	06901	VASCULAR LAB	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0.566873	11,018	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.084438	118,250	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.518678	2,726,123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309167	11,671,909	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227228	16,432,766	73.00
76.00	03020	HEMODIALYSIS	0.488503	838,698	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	76.01
76.02	03950	WOUND CARE	0.098615	53,329	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	2.082870	5,926	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.093123	11,310,613	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.413854	1,532,907	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		116,729,995	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)		116,729,995	202.00

Health Financial Systems			ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10			
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021		Worksheet D-3	
			Component CCN:14-T065		Date/Time Prepared: 5/23/2022 3:20 pm			
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Ratio of Cost To Charges		Inpatient Program Charges		Inpatient Program Costs (col. 1 x col. 2)	
			1.00		2.00		3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					30.00	
31.00	03100	INTENSIVE CARE UNIT					31.00	
33.00	03300	BURN INTENSIVE CARE UNIT					33.00	
33.01	03301	BURN INTENSIVE CARE UNIT					33.01	
41.00	04100	SUBPROVIDER - IRF			5,529,080		41.00	
42.00	04200	SUBPROVIDER					42.00	
43.00	04300	NURSERY					43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.168177		18,331		3,083 50.00	
50.01	05001	ENDOSCOPY	0.000000		0		0 50.01	
50.02	05002	DAY SURGERY	0.000000		0		0 50.02	
51.00	05100	RECOVERY ROOM	0.166591		0		0 51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0		0 52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198647		174,790		34,722 54.00	
54.01	05401	NUCLEAR MEDICINE	0.067235		0		0 54.01	
54.02	05402	ULTRASOUND	0.000000		0		0 54.02	
54.03	05405	GRANT SQUARE IMAGING	0.000000		0		0 54.03	
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000		0		0 54.04	
54.05	05407	PET SCAN	0.000000		0		0 54.05	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		0		0 55.00	
57.00	05700	CT SCAN	0.025569		131,554		3,364 57.00	
58.00	05800	MRI	0.043414		44,402		1,928 58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.195604		0		0 59.00	
60.00	06000	LABORATORY	0.112487		837,671		94,227 60.00	
60.01	06001	BLOOD LABORATORY	0.000000		0		0 60.01	
65.00	06500	RESPIRATORY THERAPY	0.197512		217,480		42,955 65.00	
66.00	06600	PHYSICAL THERAPY	0.375967		1,508,150		567,015 66.00	
66.01	06601	FAIRVIEW REHAB CTR	0.000000		0		0 66.01	
66.02	06602	WESTCHESTER REHAB CTR	0.000000		0		0 66.02	
66.03	06603	LAGRANGE REHAB CTR	0.000000		0		0 66.03	
67.00	06700	OCCUPATIONAL THERAPY	0.364028		1,445,316		526,135 67.00	
68.00	06800	SPEECH PATHOLOGY	0.303354		311,956		94,633 68.00	
69.00	06900	ELECTROCARDIOLOGY	0.081913		36,666		3,003 69.00	
69.01	06901	VASCULAR LAB	0.000000		0		0 69.01	
69.02	06902	CARDIAC REHAB	0.566873		0		0 69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.084438		2,616		221 70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.518678		14,569		7,557 71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.309167		8,920		2,758 72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.227228		1,239,484		281,645 73.00	
76.00	03020	HEMODIALYSIS	0.488503		152,572		74,532 76.00	
76.01	03952	LITHOTRIPSY	0.000000		0		0 76.01	
76.02	03950	WOUND CARE	0.098615		0		0 76.02	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0		0 76.98	
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00	
90.00	09000	CLINIC	2.082870		0		0 90.00	
90.01	09001	PAIN MGMT CLINIC	0.000000		0		0 90.01	
91.00	09100	EMERGENCY	0.093123		217		20 91.00	
91.01	09101	OP DEPARTMENT	0.000000		0		0 91.01	
91.02	09102	MEDICAL ONCOLOGY	0.000000		0		0 91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.413854		0		0 92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		0		0 92.01	
200.00		Total (sum of lines 50 through 94 and 96 through 98)			6,144,694		1,737,798 200.00	
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)			0		0 201.00	
202.00		Net charges (line 200 minus line 201)			6,144,694		202.00	

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:20 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)			23,384,220	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			340,487	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)			225,432	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			55,680	2.04
3.00	Managed Care Simulated Payments			14,224,291	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			146.77	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)			24.70	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)			0.35	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).			-2.07	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)			22.28	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			20.53	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			20.53	12.00
13.00	Total allowable FTE count for the prior year.			19.55	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.			20.19	14.00
15.00	Sum of lines 12 through 14 divided by 3.			20.09	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			20.09	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.136881	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.132596	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.132596	21.00
22.00	IME payment adjustment (see instructions)			2,215,114	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			993,183	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)			-1.75	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)			2,215,114	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			993,183	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.61	30.00
31.00	Percentage of Medicaid patient days (see instructions)			10.96	31.00
32.00	Sum of lines 30 and 31			12.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)			0.00	33.00
34.00	Disproportionate share adjustment (see instructions)			0	34.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:20 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges (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 (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)	34,220,933			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)		35,214,116		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,642,670		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).		1,589,294		52.00
53.00	Nursing and Allied Health Managed Care payment				53.00
54.00	Special add-on payments for new technologies		201,514		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)		39,647,594		59.00
60.00	Primary payer payments		11,506		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		39,636,088		61.00
62.00	Deductibles billed to program beneficiaries		3,249,012		62.00
63.00	Coinsurance billed to program beneficiaries		132,447		63.00
64.00	Allowable bad debts (see instructions)		507,552		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		329,909		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		140,795		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		36,584,538		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		114,450		70.93
70.94	HRR adjustment amount (see instructions)		-69,979		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:20 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)		36,629,009	71.00
71.01	Sequestration adjustment (see instructions)		0	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		37,777,843	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)		-1,148,834	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		65,982	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		46,292	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2022 3:20 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,384,220	0	23,384,220		23,384,220
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,340,487	0		8,340,487	8,340,487
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	225,432	0	225,432		225,432
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	55,680	0		55,680	55,680
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	14,224,291	0	9,983,143	4,241,148	14,224,291
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.132596	0.132596	0.132596	0.132596	
6.00	IME payment adjustment (see instructions)	22.00	2,215,114	0	1,632,756	582,358	2,215,114
6.01	IME payment adjustment for managed care (see instructions)	22.01	993,183	0	697,053	296,130	993,183
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,215,114	0	1,632,756	582,358	2,215,114
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	993,183	0	697,053	296,130	993,183
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0
11.01	Uncompensated care payments	36.00	0	0	0	0	0
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	34,220,933	0	25,242,408	8,978,525	34,220,933
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	35,214,116	0	25,939,461	9,274,655	35,214,116
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,642,670	0	1,957,486	685,184	2,642,670
17.00	Special add-on payments for new technologies	54.00	201,514	0	167,163	34,351	201,514
17.01	Net organ acquisition cost						

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2022 3:20 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	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00	
19.00	SUBTOTAL			0	28,064,110	9,994,190	38,058,300	19.00	
		W/S L, line	(Amounts from L)						
		0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	2,438,609	0	1,804,804	633,805	2,438,609	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	33,602	0	26,526	7,076	33,602	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0699	0.0699	0.0699	0.0699		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	170,459	0	126,156	44,303	170,459	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	2,642,670	0	1,957,486	685,184	2,642,670	26.00	
		W/S E, Part A line	(Amounts to E, Part A)						
		0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor				0.000000	0.000000		27.00	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00	
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00	
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00	

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/23/2022 3:20 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	23,384,220	23,384,220		23,384,220	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,340,487		8,340,487	8,340,487	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	225,432	225,432		225,432	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	55,680		55,680	55,680	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,224,291	9,983,143	4,241,148	14,224,291	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.132596	0.132596	0.132596		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,215,114	1,632,756	582,358	2,215,114	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	993,183	697,053	296,130	993,183	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	2,215,114	1,632,756	582,358	2,215,114	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	993,183	697,053	296,130	993,183	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	34,220,933	25,242,408	8,978,525	34,220,933	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	35,214,116	25,939,461	9,274,655	35,214,116	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,642,670	1,957,486	685,184	2,642,670	16.00
17.00	Special add-on payments for new technologies	54.00	201,514	167,163	34,351	201,514	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			28,064,110	9,994,190	38,058,300	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/23/2022 3:20 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,438,609	1,804,804	633,805	2,438,609	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	33,602	26,526	7,076	33,602	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	0.0699	0.0699	0.0699		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	170,459	126,156	44,303	170,459	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,642,670	1,957,486	685,184	2,642,670	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	114,450	114,450	0	114,450	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	-69,979	-30,617	-39,362	-69,979	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 LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/23/2022 3:20 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			68,133	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			18,912,628	2.00
3.00	OPPS payments			17,695,165	3.00
4.00	Outlier payment (see instructions)			39,159	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)			68,133	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			298,810	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)			298,810	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)			298,810	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			230,677	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)			68,133	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)			17,734,324	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			249	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			2,814,880	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)			14,987,328	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			681,204	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)			15,668,532	30.00
31.00	Primary payer payments			621	31.00
32.00	Subtotal (line 30 minus line 31)			15,667,911	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)			267,401	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			173,811	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			100,400	36.00
37.00	Subtotal (see instructions)			15,841,722	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			15,841,722	40.00
40.01	Sequestration adjustment (see instructions)			0	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			14,995,953	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)			845,769	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			34,762	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			32,040	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 LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0065	Period: From 01/01/2021	Worksheet E	
		Component CCN:14-T065	To 12/31/2021	Part B Date/Time Prepared: 5/23/2022 3:20 pm	
		Title XVIII	Subprovider - IR#	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			1,300	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			368	2.00
3.00	OPPS payments			613	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)			1,300	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			5,720	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			5,720	14.00
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.00
18.00	Total customary charges (see instructions)			5,720	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			4,420	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)			1,300	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)			613	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			1,913	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)			1,913	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			1,913	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)			1,913	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			1,913	40.00
40.01	Sequestration adjustment (see instructions)			0	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			2,329	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)			-416	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 LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0065		Period: From 01/01/2021 To 12/31/2021	
		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		34,671,756		14,995,953
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		2,728,047		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	06/11/2021	321,774		0
3.02		09/01/2021	56,266		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)		378,040		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)		37,777,843		14,995,953
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		845,769
6.02	SETTLEMENT TO PROGRAM		1,148,834		0
7.00	Total Medicare program liability (see instructions)		36,629,009		15,841,722
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor	Florida		09001	

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part I Date/Time Prepared: 5/23/2022 3:20 pm	
		Component CCN:14-T065	Title XVIII	Subprovider - IR#	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		7,037,642		2,329
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	09/01/2021	21,987		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)		21,987		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)		7,059,629		2,329
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		83,725		0
6.02	SETTLEMENT TO PROGRAM		0		416
7.00	Total Medicare program liability (see instructions)		7,143,354		1,913
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor	Florida		09001	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/23/2022 3:20 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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0065	Period: From 01/01/2021	Worksheet E-3	
		Component CCN:14-T065	To 12/31/2021	Part III	
		Title XVIII	Subprovider - IRF	Date/Time Prepared: 5/23/2022 3:20 pm	
				PPS	
				1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			6,959,045	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0042	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			170,497	3.00
4.00	Outlier Payments			81,515	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	5.01
6.00	New Teaching program adjustment. (see instructions)			0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00	9.00
10.00	Average Daily Census (see instructions)			15.915068	10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000	11.00
12.00	Teaching Adjustment (see instructions)			0	12.00
13.00	Total PPS Payment (see instructions)			7,211,057	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0	16.00
17.00	Subtotal (see instructions)			7,211,057	17.00
18.00	Primary payer payments			0	18.00
19.00	Subtotal (line 17 less line 18).			7,211,057	19.00
20.00	Deductibles			38,508	20.00
21.00	Subtotal (line 19 minus line 20)			7,172,549	21.00
22.00	Coinsurance			29,195	22.00
23.00	Subtotal (line 21 minus line 22)			7,143,354	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	26.00
27.00	Subtotal (sum of lines 23 and 25)			7,143,354	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0	28.00
29.00	Other pass through costs (see instructions)			0	29.00
30.00	Outlier payments reconciliation			0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	31.50
31.98	Recovery of accelerated depreciation.			0	31.98
31.99	Demonstration payment adjustment amount before sequestration			0	31.99
32.00	Total amount payable to the provider (see instructions)			7,143,354	32.00
32.01	Sequestration adjustment (see instructions)			0	32.01
32.02	Demonstration payment adjustment amount after sequestration			0	32.02
33.00	Interim payments			7,059,629	33.00
34.00	Tentative settlement (for contractor use only)			0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			83,725	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			81,515	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
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE					
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000	99.01

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/23/2022 3:20 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 19.00 or before December 31, 1996.			1.00	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			0.35	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))			1.88	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)			20.53	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			20.53	6.00
7.00	Enter the lesser of line 5 or line 6			20.53	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.	20.53	0.00	20.53	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	20.53	0.00	20.53	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	20.53	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	19.55	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	20.19	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	20.09	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	20.09	0.00		17.00
18.00	Per resident amount	162,664.08	0.00		18.00
19.00	Approved amount for resident costs	3,267,921	0	3,267,921	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)			3,267,921	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, 17,613	8,026		26.00
27.00	Total Inpatient Days (see instructions)	36,432	36,432		27.00
28.00	Ratio of inpatient days to total inpatient days	0.483449	0.220301		28.00
29.00	Program direct GME amount	1,579,873	719,926	2,299,799	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		29,301	29,301	30.00
31.00	Net Program direct GME amount			2,270,498	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/23/2022 3:20 pm	
		Title XVIII	Hospital	PPS	
				1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM 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)			0	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)			44,297,274	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)			11,506	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			44,285,768	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			18,982,429	42.00
43.00	Primary payer payments (see instructions)			621	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			18,981,808	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			63,267,576	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.699976	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.300024	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			2,270,498	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			1,589,294	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			681,204	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet G Date/Time Prepared: 5/23/2022 3:20 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	18,998,568	0	0	0
2.00	Temporary investments	0	0	0	0
3.00	Notes receivable	0	0	0	0
4.00	Accounts receivable	60,226,647	0	0	0
5.00	Other receivable	3,712,292	0	0	0
6.00	Allowances for uncollectible notes and accounts receivable	-37,350,586	0	0	0
7.00	Inventory	4,323,301	0	0	0
8.00	Prepaid expenses	0	0	0	0
9.00	Other current assets	2,815,053	0	0	0
10.00	Due from other funds	0	0	0	0
11.00	Total current assets (sum of lines 1-10)	52,725,275	0	0	0
FIXED ASSETS					
12.00	Land	9,779,429	0	0	0
13.00	Land improvements	6,813,116	0	0	0
14.00	Accumulated depreciation	-6,733,731	0	0	0
15.00	Buildings	291,164,994	0	0	0
16.00	Accumulated depreciation	-184,113,363	0	0	0
17.00	Leasehold improvements	0	0	0	0
18.00	Accumulated depreciation	0	0	0	0
19.00	Fixed equipment	0	0	0	0
20.00	Accumulated depreciation	0	0	0	0
21.00	Automobiles and trucks	0	0	0	0
22.00	Accumulated depreciation	0	0	0	0
23.00	Major movable equipment	69,597,712	0	0	0
24.00	Accumulated depreciation	-56,663,241	0	0	0
25.00	Minor equipment depreciable	0	0	0	0
26.00	Accumulated depreciation	0	0	0	0
27.00	HIT designated Assets	0	0	0	0
28.00	Accumulated depreciation	0	0	0	0
29.00	Minor equipment-nondepreciable	0	0	0	0
30.00	Total fixed assets (sum of lines 12-29)	129,844,916	0	0	0
OTHER ASSETS					
31.00	Investments	1,452,671	0	0	0
32.00	Deposits on leases	0	0	0	0
33.00	Due from owners/officers	0	0	0	0
34.00	Other assets	6,803,707	0	0	0
35.00	Total other assets (sum of lines 31-34)	8,256,378	0	0	0
36.00	Total assets (sum of lines 11, 30, and 35)	190,826,569	0	0	0
CURRENT LIABILITIES					
37.00	Accounts payable	29,372,567	0	0	0
38.00	Salaries, wages, and fees payable	0	0	0	0
39.00	Payroll taxes payable	0	0	0	0
40.00	Notes and loans payable (short term)	19,024,688	0	0	0
41.00	Deferred income	63,893	0	0	0
42.00	Accelerated payments	0	0	0	0
43.00	Due to other funds	0	0	0	0
44.00	Other current liabilities	14,874,164	0	0	0
45.00	Total current liabilities (sum of lines 37 thru 44)	63,335,312	0	0	0
LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0
47.00	Notes payable	106,671,329	0	0	0
48.00	Unsecured loans	0	0	0	0
49.00	Other long term liabilities	9,244,916	0	0	0
50.00	Total long term liabilities (sum of lines 46 thru 49)	115,916,245	0	0	0
51.00	Total liabilities (sum of lines 45 and 50)	179,251,557	0	0	0
CAPITAL ACCOUNTS					
52.00	General fund balance	11,575,012	0	0	0
53.00	Specific purpose fund	0	0	0	0
54.00	Donor created - endowment fund balance - restricted	0	0	0	0
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0
56.00	Governing body created - endowment fund balance	0	0	0	0
57.00	Plant fund balance - invested in plant	0	0	0	0
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0
59.00	Total fund balances (sum of lines 52 thru 58)	11,575,012	0	0	0
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	190,826,569	0	0	0

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0065

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/23/2022 3:20 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		4,445,055		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		9,011,548				2.00
3.00	Total (sum of line 1 and line 2)		13,456,603		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFER FROM AFFILIATES	2,623,312		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)		2,623,312		0		10.00
11.00	Subtotal (line 3 plus line 10)		16,079,915		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC	0		0		0	12.00
13.00	TRANSFER TO AFFILIATES	4,504,903		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)		4,504,903		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		11,575,012		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	TRANSFER FROM AFFILIATES		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC		0				12.00
13.00	TRANSFER TO AFFILIATES		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 LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES			Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet G-2 Parts I & II Date/Time Prepared: 5/23/2022 3:20 pm
Cost Center Description			Inpatient	Outpatient	Total
			1.00	2.00	3.00
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital		37,065,436		37,065,436 1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF		10,054,866		10,054,866 3.00
4.00	SUBPROVIDER		0		0 4.00
5.00	Swing bed - SNF		0		0 5.00
6.00	Swing bed - NF		0		0 6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY		0		0 8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)		47,120,302		47,120,302 10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT		8,185,572		8,185,572 11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT		0		0 13.00
13.01	BURN INTENSIVE CARE UNIT		0		0 13.01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)		8,185,572		8,185,572 16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)		55,305,874		55,305,874 17.00
18.00	Ancillary services		234,810,499	306,013,214	540,823,713 18.00
19.00	Outpatient services		27,357,329	68,246,635	95,603,964 19.00
20.00	RURAL HEALTH CLINIC		0	0	0 20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0 21.00
22.00	HOME HEALTH AGENCY			0	0 22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF		0	0	0 24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE		11,419	6,576,270	6,587,689 27.00
27.01	NON-DISTINCT HOSPICE		769,169	11,746	780,915 27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)		18,254,290	380,847,865	699,102,155 28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			174,120,114	29.00
30.00	ADD (SPECIFY)		0		30.00
31.00			0		31.00
32.00			0		32.00
33.00			0		33.00
34.00			0		34.00
35.00			0		35.00
36.00	Total additions (sum of lines 30-35)			0	36.00
37.00	DEDUCT (SPECIFY)		0		37.00
38.00			0		38.00
39.00			0		39.00
40.00			0		40.00
41.00			0		41.00
42.00	Total deductions (sum of lines 37-41)			0	42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)			174,120,114	43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet G-3 Date/Time Prepared: 5/23/2022 3:20 pm
------------------------------------	----------------------	---	---

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	699,102,155	1.00
2.00	Less contractual allowances and discounts on patients' accounts	522,224,629	2.00
3.00	Net patient revenues (line 1 minus line 2)	176,877,526	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	174,120,114	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,757,412	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	3,346,600	24.00
24.50	COVID-19 PHE Funding	2,907,536	24.50
25.00	Total other income (sum of lines 6-24)	6,254,136	25.00
26.00	Total (line 5 plus line 25)	9,011,548	26.00
27.00	NON-RECURRING EXPENSES	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	9,011,548	29.00

Health Financial Systems		ADVENTIST LAGRANGE MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0065	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/23/2022 3:20 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		2,438,609	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01	
2.00	Capital DRG outlier payments		33,602	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)		83.90	3.00	
4.00	Number of interns & residents (see instructions)		20.09	4.00	
5.00	Indirect medical education percentage (see instructions)		6.99	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)		170,459	6.00	
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00	
9.00	Sum of lines 7 and 8		0.00	9.00	
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00	
11.00	Disproportionate share adjustment (see instructions)		0	11.00	
12.00	Total prospective capital payments (see instructions)		2,642,670	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	