

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet S Parts I-III Date/Time Prepared: 11/19/2021 1:25 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 11/19/2021 Time: 1:25 pm
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by UNIVERSITY OF CHICAGO HOSPITALS (14-0088) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 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.

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

(Signed) IVAN SAMSTEIN
 Officer or Administrator of Provider(s)

CFO
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	16,312,378	-168,549	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	16,312,378	-168,549	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0088		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/19/2021 1:25 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 5841 SOUTH MARYLAND AVENUE			PO Box:				1.00				
2.00	City: CHICAGO			State: IL		Zip Code: 60637		County: COOK				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII			
								XIX				
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			UNIVERSITY OF CHICAGO HOSPITALS	140088	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
17.20	Hospital-Based (OPT) I											17.20
17.30	Hospital-Based (OOT) I											17.30
17.40	Hospital-Based (OSP) I											17.40
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2020	06/30/2021		20.00		
21.00	Type of Control (see instructions)						2			21.00		
							1.00	2.00		3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03		
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMBdelineations 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.									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: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part I
Date/Time Prepared:
11/19/2021 1:25 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	13,560	6,553	0	5,012	65,237	1,158	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					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)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
	Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. 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.					Y	Y	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					Y		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/19/2021 1:25 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
						1.00	
<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" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0088		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/19/2021 1:25 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)		4.09	568.46	0.007143		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)	GERIATRIC MEDICINE	1408	0.03	0.75	0.038462		65.00
65.01		PATHOLOGY	1950	0.51	22.56	0.022107		65.01
65.02		PEDIATRICS	2000	3.43	44.23	0.071968		65.02
65.03		DEVELOPMENTAL BEHAVIORAL PEDIATRICS	2015	0.12	3.35	0.034582		65.03
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		6.15	701.20	0.008694		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)	PEDIATRICS	2000	6.15	61.48	0.090936		67.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088		Period: From 07/01/2020 To 06/30/2021		Worksheet S-2 Part I Date/Time Prepared: 11/19/2021 1:25 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 Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				N	N	N
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N	110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.				N		112.00
				Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				0		118.00
				Premiums	Losses	Insurance	
				1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:			0	0	0	118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N		118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N		122.00
				Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				Y		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.				01/02/1970		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.				05/01/2000		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.				03/08/1990		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.				03/28/2008		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.				01/02/1970		130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/19/2021 1:25 pm
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		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.	01/02/1970		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		140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00
			1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y	N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
			1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		Y	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00
		Part A	Part B	Title V
		1.00	2.00	3.00
				Title XIX
				4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00	Hospital	N	N	N
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N
161.10	CORF		N	N
161.20	OUTPATIENT PHYSICAL THERAPY		N	N
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N
				1.00
165.00	Multicampus			
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		
		Name	County	State
		0	1.00	2.00
				3.00
				4.00
				5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)			0.00
				1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		
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)			
168.01	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)			
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part I Date/Time Prepared: 11/19/2021 1:25 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)	Y	617	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/19/2021 1:25 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 nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
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	11/17/2021	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet S-2
Part II
Date/Time Prepared:
11/19/2021 1:25 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?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	HARI		NARAYAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNIVERSITY OF CHICAGO MEDICINE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-740-6817		HARI.NARAYAN@UCHICAGOMEDICIN E.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet S-2 Part II Date/Time Prepared: 11/19/2021 1:25 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		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: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/19/2021 1:25 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	505	184,325	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)		505	184,325	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	75	27,375	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	37	13,505	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	8	2,920	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NURSERY ICU	35.00	53	19,345	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		678	247,470	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		678				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)		9	3,285			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: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/19/2021 1:25 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)	43,737	18,183	162,889			1.00
2.00	HMO and other (see instructions)	32,408	65,237				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	43,737	18,183	162,889			7.00
8.00	INTENSIVE CARE UNIT	7,745	2,643	23,674			8.00
9.00	CORONARY CARE UNIT	929	1,260	11,288			9.00
10.00	BURN INTENSIVE CARE UNIT	419	298	2,666			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NURSERY ICU	0	2,149	15,058			12.00
13.00	NURSERY		1,061	9,503			13.00
14.00	Total (see instructions)	52,830	25,594	225,078	661.31	8,445.77	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				661.31	8,445.77	27.00
28.00	Observation Bed Days		5,225	14,775			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			2,523			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	689	1,186			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: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part I
Date/Time Prepared:
11/19/2021 1:25 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,562	3,655	28,672	1.00
2.00 HMO and other (see instructions)			4,420	8,889		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NURSERY ICU						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,562	3,655	28,672	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/19/2021 1:25 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	718,930,845	74,653,276	793,584,121	16,581,205.00	47.86	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		9,655,135	0	9,655,135	88,749.22	108.79	3.00
4.00	Physician-Part A - Administrative		57,581,639	0	57,581,639	474,568.71	121.33	4.00
4.01	Physicians - Part A - Teaching		18,804,796	0	18,804,796	148,556.00	126.58	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	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	44,537,403	-383,198	44,154,205	1,297,584.77	34.03	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)		18,465,775	8,865,113	27,330,888	554,624.59	49.28	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		12,928,880	0	12,928,880	142,346.00	90.83	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		0	0	0	0.00	0.00	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		0	0	0	0.00	0.00	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)		157,198,492	0	157,198,492			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		5,926,589	0	5,926,589			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		2,131,343	0	2,131,343			21.00
22.00	Physician Part A - Administrative		11,032,574	0	11,032,574			22.00
22.01	Physician Part A - Teaching		3,591,716	0	3,591,716			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		8,788,227	0	8,788,227			25.00
25.50	Home office wage-related (core)		0	0	0			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: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part II
Date/Time Prepared:
11/19/2021 1:25 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	8,722,244	-69,211	8,653,033	118,089.00	73.28	26.00
27.00	Administrative & General	5.00	126,531,694	3,253,839	129,785,533	2,294,104.00	56.57	27.00
28.00	Administrative & General under contract (see inst.)		16,697,522	0	16,697,522	144,348.90	115.67	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	14,985,135	-62,141	14,922,994	561,754.00	26.56	30.00
31.00	Laundry & Linen Service	8.00	208	0	208	0.00	0.00	31.00
32.00	Housekeeping	9.00	16,403,133	-104,730	16,298,403	869,190.00	18.75	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,649,953	-16,289	6,633,664	284,249.00	23.34	34.00
35.00	Dietary under contract (see instructions)		1,691,834	0	1,691,834	69,795.14	24.24	35.00
36.00	Cafeteria	11.00	703,982	0	703,982	33,505.00	21.01	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	12,599,741	-28,244	12,571,497	277,710.00	45.27	38.00
39.00	Central Services and Supply	14.00	3,163,134	-6,577	3,156,557	131,561.00	23.99	39.00
40.00	Pharmacy	15.00	30,957,354	-9,282,108	21,675,246	609,162.00	35.58	40.00
41.00	Medical Records & Medical Records Library	16.00	5,172,853	-8,753	5,164,100	127,495.00	40.50	41.00
42.00	Social Service	17.00	333,355	0	333,355	11,442.00	29.13	42.00
43.00	Other General Service	18.00	5,690,151	-14,041	5,676,110	245,531.00	23.12	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part III
Date/Time Prepared:
11/19/2021 1:25 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	664,322,867	75,036,474	739,359,341	15,260,459.05	48.45	1.00
2.00	Excluded area salaries (see instructions)	18,465,775	8,865,113	27,330,888	554,624.59	49.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)	645,857,092	66,171,361	712,028,453	14,705,834.46	48.42	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,928,880	0	12,928,880	142,346.00	90.83	4.00
5.00	Subtotal wage-related costs (see inst.)	168,231,066	0	168,231,066	0.00	23.63	5.00
6.00	Total (sum of lines 3 thru 5)	827,017,038	66,171,361	893,188,399	14,848,180.46	60.15	6.00
7.00	Total overhead cost (see instructions)	250,302,293	-6,338,255	243,964,038	5,777,936.04	42.22	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet S-3 Part IV Date/Time Prepared: 11/19/2021 1:25 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		15,108,564	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)		500,000	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		281,077	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)		29,622,234	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		60,294,575	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		751,706	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		508,566	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,117,402	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		4,911,788	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		53,964,547	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		1,025,612	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		5,958,581	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		174,044,652	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: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet S-3
Part V
Date/Time Prepared:
11/19/2021 1:25 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	12,928,880	188,668,941	1.00
2.00	Hospital	12,928,880	188,668,941	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet S-10

Date/Time Prepared:
11/19/2021 1:25 pm

				11/19/2021 1:23 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)			0.164802	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			436,366,000	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			2,674,607,411	6.00
7.00	Medicaid cost (line 1 times line 6)			440,780,651	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)			4,414,651	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			4,414,651	19.00
				Uninsured patients	Insured patients
				1.00	2.00
				Total (col. 1 + col. 2)	
				3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)			100,430,754	10,676,965
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)			16,551,189	10,676,965
22.00	Payments received from patients for amounts previously written off as charity care			0	0
23.00	Cost of charity care (line 21 minus line 22)			16,551,189	10,676,965
				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	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			16,980,364	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			2,844,005	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			4,375,392	
28.00	Non-Medicare bad debt expense (see instructions)			12,604,972	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,608,712	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			30,836,866	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			35,251,517	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/19/2021 1:25 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		54,114,979	54,114,979	-4,450,675	49,664,304	1.00
1.01	00101	DCAM CAPITAL		0	0	6,263,257	6,263,257	1.01
1.02	00102	ORLAND PARK CAPITAL		0	0	1,474,141	1,474,141	1.02
1.03	00103	SOUTH LOOP CAPITAL		0	0	332,349	332,349	1.03
1.04	00104	RIVER EAST CAPITAL		0	0	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		56,894,362	56,894,362	0	56,894,362	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,722,244	170,605,042	179,327,286	0	179,327,286	4.00
5.01	00540	NONPATIENT TELEPHONES	1,891,945	21,450	1,913,395	0	1,913,395	5.01
5.02	00550	DATA PROCESSING	29,184,187	44,734,871	73,919,058	-186,184	73,732,874	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	6,975,589	2,181,626	9,157,215	0	9,157,215	5.03
5.04	00570	ADMITTING	5,629,296	521,919	6,151,215	0	6,151,215	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,831,870	7,281,585	14,113,455	0	14,113,455	5.05
5.06	00590	OTHER ADMIN & GENERAL	76,018,807	121,800,778	197,819,585	-3,915,737	193,903,848	5.06
7.00	00700	OPERATION OF PLANT	14,985,135	32,130,472	47,115,607	724,372	47,839,979	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	208	4,071,884	4,072,092	0	4,072,092	8.00
9.00	00900	HOUSEKEEPING	16,403,133	8,418,242	24,821,375	-3,500	24,817,875	9.00
10.00	01000	DIETARY	6,649,953	5,198,909	11,848,862	-1,278	11,847,584	10.00
11.00	01100	CAFETERIA	703,982	861,479	1,565,461	0	1,565,461	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	12,599,741	822,526	13,422,267	0	13,422,267	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,163,134	4,275,420	7,438,554	0	7,438,554	14.00
15.00	01500	PHARMACY	30,957,354	294,861,147	325,818,501	-154,019,899	171,798,602	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,172,853	4,842,650	10,015,503	0	10,015,503	16.00
17.00	01700	SOCIAL SERVICE	333,355	524,353	857,708	0	857,708	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	191,428	52,025	243,453	0	243,453	18.01
18.02	01852	PATIENT TRANSPORT	4,419,862	1,570,764	5,990,626	0	5,990,626	18.02
18.03	01853	MEDICAL ELECTRONICS	1,078,861	1,218,931	2,297,792	0	2,297,792	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	44,537,403	1,243,556	45,780,959	-382,295	45,398,664	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,315,313	59,799	1,375,112	-242,645	1,132,467	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	109,585,448	17,987,232	127,572,680	-2,308,397	125,264,283	30.00
31.00	03100	INTENSIVE CARE UNIT	29,659,271	7,719,852	37,379,123	-103,516	37,275,607	31.00
32.00	03200	CORONARY CARE UNIT	11,839,657	2,210,470	14,050,127	-3,601	14,046,526	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,909,463	624,254	3,533,717	-1,042	3,532,675	33.00
35.00	02080	NURSERY ICU	17,080,705	1,952,432	19,033,137	-12,163	19,020,974	35.00
43.00	04300	NURSERY	3,657,478	214,219	3,871,697	1,840,164	5,711,861	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,165,641	83,412,302	111,577,943	-65,053,559	46,524,384	50.00
51.00	05100	RECOVERY ROOM	14,767,932	2,775,634	17,543,566	0	17,543,566	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,538,622	2,179,318	7,717,940	-152,652	7,565,288	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	1,961,639	1,224	1,962,863	-8,236	1,954,627	52.01
53.00	05300	ANESTHESIOLOGY	11,477,462	3,268,396	14,745,858	-859,571	13,886,287	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,294,052	17,830,265	29,124,317	-5,865,969	23,258,348	54.00
54.01	03630	ULTRA SOUND	1,124,724	220,622	1,345,346	-72,715	1,272,631	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,654,632	3,620,610	8,275,242	-112,461	8,162,781	55.00
56.00	05600	RADIOISOTOPE	1,133,680	6,835,033	7,968,713	-359	7,968,354	56.00
57.00	05700	CT SCAN	3,439,372	1,397,908	4,837,280	28,755	4,866,035	57.00
58.00	05800	MRI	3,177,139	1,198,163	4,375,302	-88,618	4,286,684	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,016,212	10,876,818	12,893,030	-7,243,182	5,649,848	59.00
60.00	06000	LABORATORY	19,508,913	27,298,446	46,807,359	0	46,807,359	60.00
60.01	06001	LABORATORY - TRANSPLANT	622,804	1,043,849	1,666,653	0	1,666,653	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,531,382	14,095,896	17,627,278	0	17,627,278	63.00
65.00	06500	RESPIRATORY THERAPY	7,028,953	9,489,436	16,518,389	-18,370	16,500,019	65.00
66.00	06600	PHYSICAL THERAPY	6,763,821	855,218	7,619,039	-185,502	7,433,537	66.00
69.00	06900	ELECTROCARDIOLOGY	8,281,208	13,175,288	21,456,496	-10,014,286	11,442,210	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,404,063	447,908	3,851,971	0	3,851,971	70.00
70.01	07001	BRACE AND PLASTER ROOM	166,331	178,260	344,591	-152,876	191,715	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	40,900,519	40,900,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	54,498,219	54,498,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	200	749	949	142,340,041	142,340,990	73.00
74.00	07400	RENAL DIALYSIS	2,772,187	1,204,962	3,977,149	0	3,977,149	74.00
76.97	07697	CARDIAC REHABILITATION	160,670	12,716	173,386	0	173,386	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	3,599,006	3,599,006	0	3,599,006	77.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	77,049,041	293,372,489	370,421,530	-5,088,335	365,333,195	90.00
90.01	09001	TRANSPLANT CLINIC	182,251	212,720	394,971	4,798,625	5,193,596	90.01
90.02	09002	SILVER CROSS CLINIC	3,628,353	17,227,605	20,855,958	-66,986	20,788,972	90.02
90.03	09003	ORLAND PARK CLINIC	3,735,546	22,057,393	25,792,939	-20,052,548	5,740,391	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	13,460	2,954,942	2,968,402	-1,223,517	1,744,885	90.04
91.00	09100	EMERGENCY	23,682,418	45,454,632	69,137,050	-18,108	69,118,942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,540,041	191,545	2,731,586	-29,520	2,702,066	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	382,295	382,295	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,118,837	5,543,102	9,661,939	-3,081,260	6,580,679	105.00
106.00	10600	HEART ACQUISITION	202,938	4,433,319	4,636,257	-310,201	4,326,056	106.00
107.00	10700	LIVER ACQUISITION	1,860,807	4,616,498	6,477,305	-1,157,069	5,320,236	107.00
108.00	10800	LUNG ACQUISITION	715,035	2,977,788	3,692,823	-463,312	3,229,511	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	434,020	434,020	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		34,679,246	34,679,246	0	34,679,246	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	711,218,041	1,487,756,534	2,198,974,575	-32,933,387	2,166,041,188	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,497	2,497	0	2,497	190.00
190.01	19001	ORLAND PARK PHYSICIAN	5,301,862	13,336,210	18,638,072	19,786,089	38,424,161	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	828,259	6,652,553	7,480,812	1,278	7,482,090	191.01
191.02	19102	SOUTH LOOP CLINIC	1,580,749	4,062,733	5,643,482	0	5,643,482	191.02
191.03	19103	RIVER EAST CLINIC	1,934	156,921	158,855	13,146,020	13,304,875	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	1,169,609	1,169,609	0	1,169,609	191.04
200.00		TOTAL (SUM OF LINES 118 through 199)	718,930,845	1,513,137,057	2,232,067,902	0	2,232,067,902	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/19/2021 1:25 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	-4,380,506	45,283,798	1.00
1.01	00101	DCAM CAPITAL	0	6,263,257	1.01
1.02	00102	ORLAND PARK CAPITAL	0	1,474,141	1.02
1.03	00103	SOUTH LOOP CAPITAL	0	332,349	1.03
1.04	00104	RIVER EAST CAPITAL	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	56,894,362	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-88,038	179,239,248	4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,913,395	5.01
5.02	00550	DATA PROCESSING	-6,869,087	66,863,787	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-14,458	9,142,757	5.03
5.04	00570	ADMITTING	0	6,151,215	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	14,113,455	5.05
5.06	00590	OTHER ADMIN & GENERAL	-47,590,531	146,313,317	5.06
7.00	00700	OPERATION OF PLANT	128,386	47,968,365	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,072,092	8.00
9.00	00900	HOUSEKEEPING	-257,578	24,560,297	9.00
10.00	01000	DIETARY	-850	11,846,734	10.00
11.00	01100	CAFETERIA	-897,815	667,646	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-76	13,422,191	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,438,554	14.00
15.00	01500	PHARMACY	-145,764,017	26,034,585	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	681	10,016,184	16.00
17.00	01700	SOCIAL SERVICE	-7,832	849,876	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	18.00
18.01	01851	VOLUNTEERS	-390	243,063	18.01
18.02	01852	PATIENT TRANSPORT	0	5,990,626	18.02
18.03	01853	MEDICAL ELECTRONICS	0	2,297,792	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-844,596	44,554,068	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	23,391,583	23,391,583	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	1,132,467	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	13,021,931	138,286,214	30.00
31.00	03100	INTENSIVE CARE UNIT	1,839,686	39,115,293	31.00
32.00	03200	CORONARY CARE UNIT	902,214	14,948,740	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	213,104	3,745,779	33.00
35.00	02080	NURSERY ICU	1,203,588	20,224,562	35.00
43.00	04300	NURSERY	759,555	6,471,416	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	4,609,310	51,133,694	50.00
51.00	05100	RECOVERY ROOM	0	17,543,566	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	763,753	8,329,041	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	1,954,627	52.01
53.00	05300	ANESTHESIOLOGY	-9,028,677	4,857,610	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,414,516	25,672,864	54.00
54.01	03630	ULTRA SOUND	0	1,272,631	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,228,038	10,390,819	55.00
56.00	05600	RADIOISOTOPE	0	7,968,354	56.00
57.00	05700	CT SCAN	-97,891	4,768,144	57.00
58.00	05800	MRI	-4,420	4,282,264	58.00
59.00	05900	CARDIAC CATHETERIZATION	279,530	5,929,378	59.00
60.00	06000	LABORATORY	-7,579,045	39,228,314	60.00
60.01	06001	LABORATORY - TRANSPLANT	-93,407	1,573,246	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	77,772	17,705,050	63.00
65.00	06500	RESPIRATORY THERAPY	317,168	16,817,187	65.00
66.00	06600	PHYSICAL THERAPY	-1,640	7,431,897	66.00
69.00	06900	ELECTROCARDIOLOGY	273,587	11,715,797	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	617,327	4,469,298	70.00
70.01	07001	BRACE AND PLASTER ROOM	-1,465	190,250	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	40,900,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	54,498,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	142,340,990	73.00
74.00	07400	RENAL DIALYSIS	206,227	4,183,376	74.00
76.97	07697	CARDIAC REHABILITATION	0	173,386	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	3,599,006	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-252,300,075	113,033,120	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.01	09001	TRANSPLANT CLINIC	0	5,193,596	90.01
90.02	09002	SILVER CROSS CLINIC	-2,579,065	18,209,907	90.02
90.03	09003	ORLAND PARK CLINIC	-397,063	5,343,328	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	1,744,885	90.04
91.00	09100	EMERGENCY	-20,179	69,098,763	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-1,655,179	1,046,887	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	382,295	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	317,789	6,898,468	105.00
106.00	10600	HEART ACQUISITION	-251,250	4,074,806	106.00
107.00	10700	LIVER ACQUISITION	-283,317	5,036,919	107.00
108.00	10800	LUNG ACQUISITION	-638,148	2,591,363	108.00
109.00	10900	PANCREAS ACQUISITION	11,910	445,930	109.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-34,679,246	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-462,748,186	1,703,293,002	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,497	190.00
190.01	19001	ORLAND PARK PHYSICIAN	-10,457,962	27,966,199	190.01
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	-4,202,124	3,279,966	191.01
191.02	19102	SOUTH LOOP CLINIC	-2,110,439	3,533,043	191.02
191.03	19103	RIVER EAST CLINIC	0	13,304,875	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	1,169,609	191.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-479,518,711	1,752,549,191	200.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
Date/Time Prepared:
11/19/2021 1:25 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - NRCC DIETARY					
1.00	OTHER NONREIMBURSABLE	191.01	717	561		1.00
	TOTALS		717	561		
	B - ST DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	69,211		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	1,412		2.00
3.00	DATA PROCESSING	5.02	0	17,127		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	8,148		4.00
5.00	ADMITTING	5.04	0	12,499		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	18,617		6.00
7.00	OTHER ADMIN & GENERAL	5.06	0	46,643		7.00
8.00	OPERATION OF PLANT	7.00	0	62,141		8.00
9.00	HOUSEKEEPING	9.00	0	104,730		9.00
10.00	DIETARY	10.00	0	15,572		10.00
11.00	NURSING ADMINISTRATION	13.00	0	28,244		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,577		12.00
13.00	PHARMACY	15.00	0	31,444		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,753		14.00
15.00	PATIENT TRANSPORT	18.02	0	14,041		15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	903		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	337,590		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	54,239		18.00
19.00	CORONARY CARE UNIT	32.00	0	17,993		19.00
20.00	BURN INTENSIVE CARE UNIT	33.00	0	5,743		20.00
21.00	NURSERY ICU	35.00	0	46,976		21.00
22.00	NURSERY	43.00	0	4,466		22.00
23.00	OPERATING ROOM	50.00	0	60,774		23.00
24.00	RECOVERY ROOM	51.00	0	15,311		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	37,793		25.00
26.00	ANESTHESIOLOGY	53.00	0	36,615		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,965		27.00
30.00	RADIOISOTOPE	56.00	0	2,339		30.00
31.00	CT SCAN	57.00	0	1,298		31.00
32.00	MRI	58.00	0	2,885		32.00
33.00	CARDIAC CATHETERIZATION	59.00	0	18,213		33.00
34.00	LABORATORY	60.00	0	74,071		34.00
36.00	RESPIRATORY THERAPY	65.00	0	14,284		36.00
37.00	PHYSICAL THERAPY	66.00	0	3,125		37.00
38.00	ELECTROCARDIOLOGY	69.00	0	17,214		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,885		39.00
41.00	RENAL DIALYSIS	74.00	0	1,884		41.00
42.00	CLINIC	90.00	0	216,740		42.00
43.00	ORLAND PARK CLINIC	90.03	0	4,418		43.00
44.00	EMERGENCY	91.00	0	30,673		44.00
46.00	KIDNEY ACQUISITION	105.00	0	3,775		46.00
48.00	ORLAND PARK PHYSICIAN	190.01	0	10,767		48.00
49.00	OTHER NONREIMBURSABLE	191.01	0	15,714		49.00
50.00	SOUTH LOOP CLINIC	191.02	0	15,301		50.00
	TOTALS		0	1,557,113		
	C - DRUGS CHARGED					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	142,340,041		1.00
	TOTALS		0	142,340,041		
	D - ELECTRICITY RECLASS					
1.00	OPERATION OF PLANT	7.00	0	728,422		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	TOTALS		0	728,422		
	E - NURSERY RECLASS					
1.00	NURSERY	43.00	1,660,364	182,450		1.00
	TOTALS		1,660,364	182,450		
	F - MED SUP & IMP					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	40,900,519		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	54,498,219		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

RECLASSIFICATIONS

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Period:
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To 06/30/2021Worksheet A-6
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	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	95,398,738	
G - TRANSPLANT					
1.00	KIDNEY ACQUISITION	105.00	170,130	0	1.00
2.00	HEART ACQUISITION	106.00	231,822	22,793	2.00
3.00	LIVER ACQUISITION	107.00	210,207	29,690	3.00
4.00	LUNG ACQUISITION	108.00	106,165	14,995	4.00
5.00	PANCREAS ACQUISITION	109.00	260,210	173,810	5.00
6.00	TRANSPLANT CLINIC	90.01	2,850,978	1,947,647	6.00
TOTALS			3,829,512	2,188,935	
H - PARAMED PHAR					
1.00	PARAMED ED PRGM-PHARMACY	23.00	500,913	0	1.00
2.00	PHARMACY	15.00	743,558	0	2.00
TOTALS			1,244,471	0	
I - WAGE INDEX					
1.00	CLINIC	90.00	0	5,097,682	1.00
2.00	OTHER ADMIN & GENERAL	5.06	3,579,088	0	2.00
TOTALS			3,579,088	5,097,682	
J - RADIOLOGY					
1.00	RADIOLOGY-THERAPEUTIC	55.00	16,876	4,896	1.00
2.00	ULTRA SOUND	54.01	3,707	1,076	2.00
3.00	CT SCAN	57.00	54,203	15,725	3.00
4.00	MRI	58.00	20,169	5,851	4.00
TOTALS			94,955	27,548	
K - DCAM DEPR					
1.00	DCAM CAPITAL	1.01	0	6,263,257	1.00
2.00	ORLAND PARK CAPITAL	1.02	0	1,474,141	2.00
3.00	SOUTH LOOP CAPITAL	1.03	0	332,349	3.00
TOTALS			0	8,069,747	
L - INSURANCE					
1.00		0.00	0	0	1.00
2.00	OTHER ADMIN & GENERAL	5.06	0	11,558	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,619,072	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
TOTALS			0	3,630,630	
M - PHYSICIAN COMP					
1.00	I&R SERVICES-OTHER PRGM	22.00	18,804,796	0	1.00
COSTS APPRV					
2.00	ADULTS & PEDIATRICS	30.00	11,891,620	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	1,728,307	0	3.00
4.00	CORONARY CARE UNIT	32.00	824,074	0	4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	194,630	0	5.00
6.00	NURSERY ICU	35.00	1,099,301	0	6.00
7.00	NURSERY	43.00	693,761	0	7.00
8.00	OPERATING ROOM	50.00	7,651,548	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	1,204,515	0	9.00
10.00	ANESTHESIOLOGY	53.00	891,509	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	3,711,708	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	2,582,988	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	624,601	0	13.00
14.00	LABORATORY	60.00	588,865	0	14.00
15.00	BLOOD STORING, PROCESSING & TRANS.	63.00	130,533	0	15.00
16.00	RESPIRATORY THERAPY	65.00	379,662	0	16.00
17.00	ELECTROCARDIOLOGY	69.00	624,601	0	17.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:
From 07/01/2020
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	ELECTROENCEPHALOGRAPHY	70.00	800,962	0	18.00
19.00	RENAL DIALYSIS	74.00	267,370	0	19.00
20.00	CLINIC	90.00	21,691,086	0	20.00
21.00	EMERGENCY	91.00	180,527	0	21.00
22.00	KIDNEY ACQUISITION	105.00	256,640	0	22.00
23.00	HEART ACQUISITION	106.00	220,538	0	23.00
24.00	LIVER ACQUISITION	107.00	566,442	0	24.00
25.00	LUNG ACQUISITION	108.00	118,399	0	25.00
	TOTALS		77,728,983	0	
N - ORLAND PARK & RIVER EAST					
1.00	ORLAND PARK PHYSICIAN	190.01	745,150	19,040,939	1.00
2.00	RIVER EAST CLINIC	191.03	0	1,223,517	2.00
	TOTALS		745,150	20,264,456	
O - MEDICAL EDUCATION RECLASS					
1.00	I&R SERVICES-NOT APPRVD PRGM	100.00	382,295	0	1.00
	TOTALS		382,295	0	
P - OUTPATIENT PHARMACY					
1.00	RIVER EAST CLINIC	191.03	9,493,309	2,429,194	1.00
	TOTALS		9,493,309	2,429,194	
500.00	Grand Total: Increases		98,758,844	281,915,517	500.00

RECLASSIFICATIONS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet A-6
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - NRCC DIETARY						
1.00	DIETARY	10.00	717	561	0		1.00
	TOTALS		717	561			
	B - ST DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	69,211	0	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	1,412	0	0		2.00
3.00	DATA PROCESSING	5.02	17,127	0	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	8,148	0	0		4.00
5.00	ADMITTING	5.04	12,499	0	0		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	18,617	0	0		6.00
7.00	OTHER ADMIN & GENERAL	5.06	46,643	0	0		7.00
8.00	OPERATION OF PLANT	7.00	62,141	0	0		8.00
9.00	HOUSEKEEPING	9.00	104,730	0	0		9.00
10.00	DIETARY	10.00	15,572	0	0		10.00
11.00	NURSING ADMINISTRATION	13.00	28,244	0	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	6,577	0	0		12.00
13.00	PHARMACY	15.00	31,444	0	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	8,753	0	0		14.00
15.00	PATIENT TRANSPORT	18.02	14,041	0	0		15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	903	0	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	337,590	0	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	54,239	0	0		18.00
19.00	CORONARY CARE UNIT	32.00	17,993	0	0		19.00
20.00	BURN INTENSIVE CARE UNIT	33.00	5,743	0	0		20.00
21.00	NURSERY ICU	35.00	46,976	0	0		21.00
22.00	NURSERY	43.00	4,466	0	0		22.00
23.00	OPERATING ROOM	50.00	60,774	0	0		23.00
24.00	RECOVERY ROOM	51.00	15,311	0	0		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	37,793	0	0		25.00
26.00	ANESTHESIOLOGY	53.00	36,615	0	0		26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	50,965	0	0		27.00
30.00	RADIOISOTOPE	56.00	2,339	0	0		30.00
31.00	CT SCAN	57.00	1,298	0	0		31.00
32.00	MRI	58.00	2,885	0	0		32.00
33.00	CARDIAC CATHETERIZATION	59.00	18,213	0	0		33.00
34.00	LABORATORY	60.00	74,071	0	0		34.00
36.00	RESPIRATORY THERAPY	65.00	14,284	0	0		36.00
37.00	PHYSICAL THERAPY	66.00	3,125	0	0		37.00
38.00	ELECTROCARDIOLOGY	69.00	17,214	0	0		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	9,885	0	0		39.00
41.00	RENAL DIALYSIS	74.00	1,884	0	0		41.00
42.00	CLINIC	90.00	216,740	0	0		42.00
43.00	ORLAND PARK CLINIC	90.03	4,418	0	0		43.00
44.00	EMERGENCY	91.00	30,673	0	0		44.00
46.00	KIDNEY ACQUISITION	105.00	3,775	0	0		46.00
48.00	ORLAND PARK PHYSICIAN	190.01	10,767	0	0		48.00
49.00	OTHER NONREIMBURSABLE	191.01	15,714	0	0		49.00
50.00	SOUTH LOOP CLINIC	191.02	15,301	0	0		50.00
	TOTALS		1,557,113	0			
	C - DRUGS CHARGED						
1.00	PHARMACY	15.00	0	142,340,041	0		1.00
	TOTALS		0	142,340,041			
	D - ELECTRICITY RECLASS						
1.00	DATA PROCESSING	5.02	0	186,184	0		1.00
2.00	OTHER ADMIN & GENERAL	5.06	0	122,470	0		2.00
3.00	CLINIC	90.00	0	68,218	0		3.00
4.00	SILVER CROSS CLINIC	90.02	0	66,986	0		4.00
5.00	ORLAND PARK CLINIC	90.03	0	266,459	0		5.00
6.00	EMERGENCY	91.00	0	18,105	0		6.00
	TOTALS		0	728,422			
	E - NURSERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,660,364	182,450	0		1.00
	TOTALS		1,660,364	182,450			
	F - MED SUP & IMP						
1.00	ADULTS & PEDIATRICS	30.00	0	465,583	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	103,516	0		2.00
3.00	CORONARY CARE UNIT	32.00	0	3,601	0		3.00
4.00	BURN INTENSIVE CARE UNIT	33.00	0	1,042	0		4.00
5.00	NURSERY ICU	35.00	0	12,163	0		5.00
6.00	NURSERY	43.00	0	2,650	0		6.00
7.00	OPERATING ROOM	50.00	0	65,053,559	0		7.00

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Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	152,652	0	8.00
9.00	L & D TRIAGE/ANTEPARTUM CARE	52.01	0	8,236	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	859,571	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,743,466	0	11.00
12.00	ULTRA SOUND	54.01	0	77,498	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	134,233	0	13.00
14.00	RADIOISOTOPE	56.00	0	359	0	14.00
15.00	CT SCAN	57.00	0	41,173	0	15.00
16.00	MRI	58.00	0	114,638	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	7,243,182	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	18,370	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	185,502	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	10,014,286	0	20.00
21.00	BRACE AND PLASTER ROOM	70.01	0	152,876	0	21.00
22.00	CLINIC	90.00	0	5,008,559	0	22.00
23.00	EMERGENCY	91.00	0	3	0	23.00
24.00	AMBULANCE SERVICES	95.00	0	2,020	0	24.00
	TOTALS		0	95,398,738		
G - TRANSPLANT						
1.00	OTHER ADMIN & GENERAL	5.06	220,803	0	0	1.00
2.00	KIDNEY ACQUISITION	105.00	2,407,099	844,291	0	2.00
3.00	HEART ACQUISITION	106.00	66,904	497,912	0	3.00
4.00	LIVER ACQUISITION	107.00	818,774	578,192	0	4.00
5.00	LUNG ACQUISITION	108.00	315,932	268,540	0	5.00
6.00		0.00	0	0	0	6.00
	TOTALS		3,829,512	2,188,935		
H - PARAMED PHAR						
1.00	PHARMACY	15.00	500,913	0	0	1.00
2.00	PARAMED ED PRGM-PHARMACY	23.00	743,558	0	0	2.00
	TOTALS		1,244,471	0		
I - WAGE INDEX						
1.00	CLINIC	90.00	5,097,682	0	0	1.00
2.00	OTHER ADMIN & GENERAL	5.06	0	3,579,088	0	2.00
	TOTALS		5,097,682	3,579,088		
J - RADIOLOGY						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	94,955	27,548	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		94,955	27,548		
K - DCAM DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,069,747	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
	TOTALS		0	8,069,747		
L - INSURANCE						
1.00	OTHER ADMIN & GENERAL	5.06	0	3,584,022	9	1.00
2.00	OPERATION OF PLANT	7.00	0	4,050	9	2.00
3.00	HOUSEKEEPING	9.00	0	3,500	9	3.00
4.00	CLINIC	90.00	0	11,558	0	4.00
5.00	AMBULANCE SERVICES	95.00	0	27,500	0	5.00
	TOTALS		0	3,630,630		
M - PHYSICIAN COMP						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	18,804,796	0	1.00
	COSTS APPRV					
2.00	ADULTS & PEDIATRICS	30.00	0	11,891,620	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,728,307	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	824,074	0	4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	194,630	0	5.00
6.00	NURSERY ICU	35.00	0	1,099,301	0	6.00
7.00	NURSERY	43.00	0	693,761	0	7.00
8.00	OPERATING ROOM	50.00	0	7,651,548	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,204,515	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	891,509	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,711,708	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,582,988	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	624,601	0	13.00
14.00	LABORATORY	60.00	0	588,865	0	14.00
15.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	130,533	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	379,662	0	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	624,601	0	17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	800,962	0	18.00
19.00	RENAL DIALYSIS	74.00	0	267,370	0	19.00

RECLASSIFICATIONS

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Period:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
20.00	CLINIC	90.00	0	21,691,086	0	20.00
21.00	EMERGENCY	91.00	0	180,527	0	21.00
22.00	KIDNEY ACQUISITION	105.00	0	256,640	0	22.00
23.00	HEART ACQUISITION	106.00	0	220,538	0	23.00
24.00	LIVER ACQUISITION	107.00	0	566,442	0	24.00
25.00	LUNG ACQUISITION	108.00	0	118,399	0	25.00
	TOTALS		0	77,728,983		
N - ORLAND PARK & RIVER EAST						
1.00	ORLAND PARK CLINIC	90.03	745,150	19,040,939	0	1.00
2.00	RIVER EAST INFUSION THERAPY	90.04	0	1,223,517	0	2.00
	TOTALS		745,150	20,264,456		
O - MEDICAL EDUCATION RECLASS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	382,295	0	0	1.00
	TOTALS		382,295	0		
P - OUTPATIENT PHARMACY						
1.00	PHARMACY	15.00	9,493,309	2,429,194	0	1.00
	TOTALS		9,493,309	2,429,194		
500.00	Grand Total: Decreases		24,105,568	356,568,793		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	45,131,924	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	1,726,024,705	18,528,343	0	18,528,343	2,459,351	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	677,706,291	38,078,440	0	38,078,440	20,460,253	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	2,448,862,920	56,606,783	0	56,606,783	22,919,604	8.00	
9.00	Reconciling Items	-14,514,160	-82,636,229	0	-82,636,229	-65,650,974	9.00	
10.00	Total (line 8 minus line 9)	2,463,377,080	139,243,012	0	139,243,012	88,570,578	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	45,131,924	0				1.00	
2.00	Land Improvements	0	0				2.00	
3.00	Buildings and Fixtures	1,742,093,697	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	695,324,478	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	2,482,550,099	0				8.00	
9.00	Reconciling Items	-31,499,415	0				9.00	
10.00	Total (line 8 minus line 9)	2,514,049,514	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part II
Date/Time Prepared:
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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	54,114,979	0	0	0	0	1.00
1.01	DCAM CAPITAL	0	0	0	0	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0	0	1.03
1.04	RIVER EAST CAPITAL	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	56,894,362	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	111,009,341	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	54,114,979				1.00
1.01	DCAM CAPITAL	0	0				1.01
1.02	ORLAND PARK CAPITAL	0	0				1.02
1.03	SOUTH LOOP CAPITAL	0	0				1.03
1.04	RIVER EAST CAPITAL	0	0				1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	56,894,362				2.00
3.00	Total (sum of lines 1-2)	0	111,009,341				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet A-7
Part III
Date/Time Prepared:
11/19/2021 1:25 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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,818,725,037	0	1,818,725,037	0.723425	0	1.00
1.01	DCAM CAPITAL	0	0	0	0.000000	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0.000000	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0.000000	0	1.03
1.04	RIVER EAST CAPITAL	0	0	0	0.000000	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	695,324,478	0	695,324,478	0.276575	0	2.00
3.00	Total (sum of lines 1-2)	2,514,049,515	0	2,514,049,515	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	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	45,283,798	0	1.00
1.01	DCAM CAPITAL	0	0	0	6,263,257	0	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	1,474,141	0	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	332,349	0	1.03
1.04	RIVER EAST CAPITAL	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	56,894,362	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	110,247,907	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	45,283,798	1.00
1.01	DCAM CAPITAL	0	0	0	0	6,263,257	1.01
1.02	ORLAND PARK CAPITAL	0	0	0	0	1,474,141	1.02
1.03	SOUTH LOOP CAPITAL	0	0	0	0	332,349	1.03
1.04	RIVER EAST CAPITAL	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	56,894,362	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	110,247,907	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - DCAM CAPITAL (chapter 2)			0DCAM CAPITAL	1.01	0	1.01
1.02	Investment income - ORLAND PARK CAPITAL (chapter 2)			0ORLAND PARK CAPITAL	1.02	0	1.02
1.03	Investment income - SOUTH LOOP CAPITAL (chapter 2)			0SOUTH LOOP CAPITAL	1.03	0	1.03
1.04	Investment income - RIVER EAST CAPITAL (chapter 2)			0RIVER EAST CAPITAL	1.04	0	1.04
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			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)	A	-3,467,865	OTHER ADMIN & GENERAL	5.06	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-25,723,204			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	-166,342,896			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-897,815	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients	A	-125,858,518	PHARMACY	15.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - DCAM CAPITAL			0DCAM CAPITAL	1.01	0	26.01
26.02	Depreciation - ORLAND PARK CAPITAL			0ORLAND PARK CAPITAL	1.02	0	26.02
26.03	Depreciation - SOUTH LOOP CAPITAL			0SOUTH LOOP CAPITAL	1.03	0	26.03
26.04	Depreciation - RIVER EAST CAPITAL			0RIVER EAST CAPITAL	1.04	0	26.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	MISCELLANEOUS REVENUE	B	-23,013	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00
33.01	MISCELLANEOUS REVENUE	B		23PURCHASING RECEIVING AND STORES		5.03	0	33.01
33.02	MISCELLANEOUS REVENUE	B	-381,981	OTHER ADMIN & GENERAL		5.06	0	33.02
33.03	MISCELLANEOUS REVENUE	B	-805	OPERATION OF PLANT		7.00	0	33.03
33.05	MISCELLANEOUS REVENUE	B	-12,278	HOUSEKEEPING		9.00	0	33.05
33.06	MISCELLANEOUS REVENUE	B	-201,373	PHARMACY		15.00	0	33.06
33.09	MISCELLANEOUS REVENUE	B	-844,596	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0	33.09
33.11	MISCELLANEOUS REVENUE	B	3,516	ADULTS & PEDIATRICS		30.00	0	33.11
33.12	MISCELLANEOUS REVENUE	B	-52,325	INTENSIVE CARE UNIT		31.00	0	33.12
33.13	MISCELLANEOUS REVENUE	B	-34,843	OPERATING ROOM		50.00	0	33.13
33.14	MISCELLANEOUS REVENUE	B	-7,247	ANESTHESIOLOGY		53.00	0	33.14
33.15	MISCELLANEOUS REVENUE	B	-3,589	RADIOLOGY-DIAGNOSTIC		54.00	0	33.15
34.00	MISCELLANEOUS REVENUE	B	-97,891	CT SCAN		57.00	0	34.00
34.01	MISCELLANEOUS REVENUE	B	-4,420	MRI		58.00	0	34.01
34.02	MISCELLANEOUS REVENUE	B	-8,148,367	LABORATORY		60.00	0	34.02
34.03	MISCELLANEOUS REVENUE	B	-93,407	LABORATORY - TRANSPLANT		60.01	0	34.03
34.04	MISCELLANEOUS REVENUE	B	-84,600	BLOOD STORING, PROCESSING & TRANS.		63.00	0	34.04
34.05	MISCELLANEOUS REVENUE	B	-4,785	RESPIRATORY THERAPY		65.00	0	34.05
34.06	MISCELLANEOUS REVENUE	B	-5,943	ELECTROCARDIOLOGY		69.00	0	34.06
34.08	MISCELLANEOUS REVENUE	B	-3,021	ELECTROENCEPHALOGRAPHY		70.00	9	34.08
34.09	MISCELLANEOUS REVENUE	B	-1,465	BRACE AND PLASTER ROOM		70.01	0	34.09
34.10	MISCELLANEOUS REVENUE	B	-470,082	CLINIC		90.00	0	34.10
34.11	MISCELLANEOUS REVENUE	B	-12,180	SILVER CROSS CLINIC		90.02	0	34.11
34.12	MISCELLANEOUS REVENUE	B	-345,507	ORLAND PARK CLINIC		90.03	0	34.12
34.13	MISCELLANEOUS REVENUE	B	-5,416	EMERGENCY		91.00	0	34.13
34.14	MISCELLANEOUS REVENUE	B	-1,641,599	AMBULANCE SERVICES		95.00	0	34.14
34.25	INTEREST EXPENSE OFFSET	A	-51,556	ORLAND PARK CLINIC		90.03	0	34.25
34.26	INTEREST EXPENSE OFFSET	A	-34,679,246	INTEREST EXPENSE		113.00	0	34.26
35.02	GL OFFSET - ADMINISTRATIVE	A	-3,389,064	OTHER ADMIN & GENERAL		5.06	0	35.02
35.07	OFFSET ALCOHOL COSTS	A	-696	OTHER ADMIN & GENERAL		5.06	0	35.07
36.00	APN OFFSET	A	-8,075,149	CLINIC		90.00	0	36.00
36.01	NON-ALLOWABLE PHYSICIAN OFFSET	A	-25,385	SOUTH LOOP CLINIC		191.02	0	36.01
36.02	NON-ALLOWABLE PHYSICIAN OFFSET	A	-14,231	OTHER NONREIMBURSABLE		191.01	0	36.02
37.00	NON-ALLOWABLE PHYSICIAN OFFSET	A	-2,566,885	SILVER CROSS CLINIC		90.02	0	37.00
37.01	ADVERTISING AND OTHER OFFSET	A	-65,025	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.01
37.02	ADVERTISING AND OTHER OFFSET	A	-6,869,087	DATA PROCESSING		5.02	0	37.02
37.03	ADVERTISING AND OTHER OFFSET	A	-14,481	PURCHASING RECEIVING AND STORES		5.03	0	37.03
37.04	ADVERTISING AND OTHER OFFSET	A	-2,552,799	OTHER ADMIN & GENERAL		5.06	0	37.04
37.05	ADVERTISING AND OTHER OFFSET	A	-2,098	OPERATION OF PLANT		7.00	0	37.05
37.06	ADVERTISING AND OTHER OFFSET	A		995HOUSEKEEPING		9.00	0	37.06
37.07	ADVERTISING AND OTHER OFFSET	A	-850	DIETARY		10.00	0	37.07
37.08	ADVERTISING AND OTHER OFFSET	A	-76	NURSING ADMINISTRATION		13.00	0	37.08
37.09	ADVERTISING AND OTHER OFFSET	A	-745	PHARMACY		15.00	0	37.09
37.10	ADVERTISING AND OTHER OFFSET	A	681	MEDICAL RECORDS & LIBRARY		16.00	0	37.10
37.11	ADVERTISING AND OTHER OFFSET	A	-7,832	SOCIAL SERVICE		17.00	0	37.11
37.12	ADVERTISING AND OTHER OFFSET	A	-390	VOLUNTEERS		18.01	0	37.12
37.13	ADVERTISING AND OTHER OFFSET	A	-175	INTENSIVE CARE UNIT		31.00	0	37.13
37.14	ADVERTISING AND OTHER OFFSET	A	864	RADIOLOGY-THERAPEUTIC		55.00	0	37.14
37.15	ADVERTISING AND OTHER OFFSET	A	-29,492	LABORATORY		60.00	0	37.15
37.16	ADVERTISING AND OTHER OFFSET	A	-135	RESPIRATORY THERAPY		65.00	0	37.16
37.17	ADVERTISING AND OTHER OFFSET	A	-1,640	PHYSICAL THERAPY		66.00	0	37.17

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8

Date/Time Prepared:
11/19/2021 1:25 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	
37.18 ADVERTISING AND OTHER OFFSET	A	1,460	CLINIC	90.00	0	37.18
37.19 ADVERTISING AND OTHER OFFSET	A	-45,716	EMERGENCY	91.00	0	37.19
37.20 ADVERTISING AND OTHER OFFSET	A	-13,580	AMBULANCE SERVICES	95.00	0	37.20
39.10 PROVIDER TAX OFFSET	A	-56,237,511	OTHER ADMIN & GENERAL	5.06	0	39.10
39.12 NON-EMERGENCY PATIENT TRANS OFFSET	A	-104,382	EMERGENCY	91.00	0	39.12
39.13 NON-PATIENT CARE RELATED COSTS	A	-147,780	OTHER ADMIN & GENERAL	5.06	0	39.13
39.14 SMG SALARY & BENEFITS	A	906,906	OTHER ADMIN & GENERAL	5.06	0	39.14
40.00 ORGAN ACQUISITION	A	188,903	KIDNEY ACQUISITION	105.00	0	40.00
40.01 ORGAN ACQUISITION	A	-312,850	HEART ACQUISITION	106.00	0	40.01
40.02 ORGAN ACQUISITION	A	-595,818	LIVER ACQUISITION	107.00	0	40.02
40.03 ORGAN ACQUISITION	A	-699,748	LUNG ACQUISITION	108.00	0	40.03
40.04 ORGAN ACQUISITION	A	11,910	PANCREAS ACQUISITION	109.00	0	40.04
40.05 CRNA	A	-9,655,135	ANESTHESIOLOGY	53.00	0	40.05
40.06 OUTPATIENT PHARMACY DRUGS DISPENSING	A	-19,703,381	PHARMACY	15.00	0	40.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-479,518,711				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: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/19/2021 1:25 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	BSD DEPRECIATION	0	4,380,506	1.00
2.00	5.06	OTHER ADMIN & GENERAL	HOSPITAL MALPRACTICE & OVERH	33,536,209	13,656,187	2.00
3.00	7.00	OPERATION OF PLANT	ELECTRICITY & STEAM	14,925,193	14,793,904	3.00
3.01	9.00	HOUSEKEEPING	HOUSEKEEPING	0	246,295	3.01
3.02	5.06	OTHER ADMIN & GENERAL	PHYSICIAN SERVICES	0	2,199,763	3.02
3.03	30.00	ADULTS & PEDIATRICS	PHYSICIAN SERVICES	0	765	3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	PHYSICIAN SERVICES	0	145,794	3.04
3.05	90.00	CLINIC	PHYSICIAN SERVICES	0	258,605,035	3.05
3.06	190.01	ORLAND PARK PHYSICIAN	PHYSICIAN SERVICES	0	10,457,962	3.06
3.07	191.01	OTHER NONREIMBURSABLE	PHYSICIAN SERVICES	0	4,187,893	3.07
3.08	191.02	SOUTH LOOP CLINIC	PHYSICIAN SERVICES	0	2,085,054	3.08
3.13	22.00	I&R SERVICES-OTHER PRGM COST	PHYSICIAN SERVICES	23,391,583	0	3.13
3.14	30.00	ADULTS & PEDIATRICS	PHYSICIAN SERVICES	14,305,879	0	3.14
3.15	31.00	INTENSIVE CARE UNIT	PHYSICIAN SERVICES	2,079,191	0	3.15
3.16	32.00	CORONARY CARE UNIT	PHYSICIAN SERVICES	991,379	0	3.16
3.17	33.00	BURN INTENSIVE CARE UNIT	PHYSICIAN SERVICES	234,144	0	3.17
3.18	35.00	NURSERY ICU	PHYSICIAN SERVICES	1,322,483	0	3.18
3.19	43.00	NURSERY	PHYSICIAN SERVICES	834,610	0	3.19
3.20	50.00	OPERATING ROOM	PHYSICIAN SERVICES	9,517,881	0	3.20
3.21	52.00	DELIVERY ROOM & LABOR ROOM	PHYSICIAN SERVICES	1,498,315	0	3.21
3.22	53.00	ANESTHESIOLOGY	PHYSICIAN SERVICES	1,108,962	0	3.22
3.23	54.00	RADIOLOGY-DIAGNOSTIC	PHYSICIAN SERVICES	4,617,052	0	3.23
3.24	55.00	RADIOLOGY-THERAPEUTIC	PHYSICIAN SERVICES	3,213,019	0	3.24
3.25	59.00	CARDIAC CATHETERIZATION	PHYSICIAN SERVICES	776,951	0	3.25
3.26	60.00	LABORATORY	PHYSICIAN SERVICES	732,498	0	3.26
3.27	63.00	BLOOD STORING, PROCESSING &	PHYSICIAN SERVICES	162,372	0	3.27
3.28	65.00	RESPIRATORY THERAPY	PHYSICIAN SERVICES	472,267	0	3.28
3.29	69.00	ELECTROCARDIOLOGY	PHYSICIAN SERVICES	776,951	0	3.29
3.30	70.00	ELECTROENCEPHALOGRAPHY	PHYSICIAN SERVICES	996,329	0	3.30
3.31	74.00	RENAL DIALYSIS	PHYSICIAN SERVICES	332,585	0	3.31
3.32	90.00	CLINIC	PHYSICIAN SERVICES	26,981,886	0	3.32
3.33	91.00	EMERGENCY	PHYSICIAN SERVICES	224,560	0	3.33
3.34	105.00	KIDNEY ACQUISITION	PHYSICIAN SERVICES	305,658	0	3.34
3.35	106.00	HEART ACQUISITION	PHYSICIAN SERVICES	262,660	0	3.35
3.36	107.00	LIVER ACQUISITION	PHYSICIAN SERVICES	674,632	0	3.36
3.37	108.00	LUNG ACQUISITION	PHYSICIAN SERVICES	141,013	0	3.37
3.38	0.00		0	0	0	3.38
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			144,416,262	310,759,158	5.00

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

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

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

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

6.00	B	U OF C MEDICAL CENTER	100.00	UNIVERSITY OF CHICAGO	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/19/2021 1:25 pm

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

(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: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/19/2021 1:25 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-4,380,506	9		1.00
2.00	19,880,022	0		2.00
3.00	131,289	0		3.00
3.01	-246,295	0		3.01
3.02	-2,199,763	0		3.02
3.03	-765	0		3.03
3.04	-145,794	0		3.04
3.05	-258,605,035	0		3.05
3.06	-10,457,962	0		3.06
3.07	-4,187,893	0		3.07
3.08	-2,085,054	0		3.08
3.13	23,391,583	0		3.13
3.14	14,305,879	0		3.14
3.15	2,079,191	0		3.15
3.16	991,379	0		3.16
3.17	234,144	0		3.17
3.18	1,322,483	0		3.18
3.19	834,610	0		3.19
3.20	9,517,881	0		3.20
3.21	1,498,315	0		3.21
3.22	1,108,962	0		3.22
3.23	4,617,052	0		3.23
3.24	3,213,019	0		3.24
3.25	776,951	0		3.25
3.26	732,498	0		3.26
3.27	162,372	0		3.27
3.28	472,267	0		3.28
3.29	776,951	0		3.29
3.30	996,329	0		3.30
3.31	332,585	0		3.31
3.32	26,981,886	0		3.32
3.33	224,560	0		3.33
3.34	305,658	0		3.34
3.35	262,660	0		3.35
3.36	674,632	0		3.36
3.37	141,013	0		3.37
3.38	0	0		3.38
4.00	0	0		4.00
5.00	-166,342,896			5.00

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

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

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

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

6.00	UNIVERSITY/MEDICAL SCHOOL	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-1

Date/Time Prepared:
11/19/2021 1:25 pm

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

(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: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/19/2021 1:25 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	3,360,613	0	3,360,613	211,500	18,990	1.00
2.00	31.00	INTENSIVE CARE UNIT	488,426	0	488,426	211,500	2,760	2.00
3.00	32.00	CORONARY CARE UNIT	232,886	0	232,886	211,500	1,316	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	55,003	0	55,003	211,500	311	4.00
5.00	35.00	NURSERY ICU	310,666	0	310,666	211,500	1,756	5.00
6.00	43.00	NURSERY	196,059	0	196,059	211,500	1,108	6.00
7.00	50.00	OPERATING ROOM	9,517,881	0	9,517,881	246,400	35,786	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	1,498,315	0	1,498,315	237,100	6,141	8.00
9.00	53.00	ANESTHESIOLOGY	1,108,962	0	1,108,962	239,400	5,096	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	4,617,052	0	4,617,052	271,900	18,111	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	3,213,019	0	3,213,019	271,900	15,992	11.00
12.00	59.00	CARDIAC CATHETERIZATION	776,951	0	776,951	211,500	2,424	12.00
13.00	60.00	LABORATORY	732,498	0	732,498	260,300	4,536	13.00
14.00	63.00	BLOOD STORING, PROCESSING & TRANS.	162,372	0	162,372	260,300	1,327	14.00
15.00	65.00	RESPIRATORY THERAPY	472,267	0	472,267	211,500	2,970	15.00
16.00	69.00	ELECTROCARDIOLOGY	776,951	0	776,951	211,500	2,424	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	996,329	0	996,329	211,500	5,684	17.00
18.00	74.00	RENAL DIALYSIS	332,585	0	332,585	211,500	1,889	18.00
19.00	90.00	CLINIC	26,981,886	0	26,981,886	211,500	134,742	19.00
20.00	91.00	EMERGENCY	224,560	0	224,560	211,500	1,237	20.00
21.00	105.00	KIDNEY ACQUISITION	305,658	0	305,658	246,400	1,088	21.00
22.00	106.00	HEART ACQUISITION	262,660	0	262,660	246,400	520	22.00
23.00	107.00	LIVER ACQUISITION	674,632	0	674,632	246,400	2,638	23.00
24.00	108.00	LUNG ACQUISITION	141,013	0	141,013	246,400	520	24.00
200.00			57,439,244	0	57,439,244		269,366	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/19/2021 1:25 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	1,930,954	96,548	0	0	142,960	1.00
2.00	31.00	INTENSIVE CARE UNIT	280,644	14,032	0	0	20,777	2.00
3.00	32.00	CORONARY CARE UNIT	133,814	6,691	0	0	9,907	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	31,623	1,581	0	0	2,340	4.00
5.00	35.00	NURSERY ICU	178,555	8,928	0	0	13,216	5.00
6.00	43.00	NURSERY	112,664	5,633	0	0	8,340	6.00
7.00	50.00	OPERATING ROOM	4,239,265	211,963	0	0	404,888	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	700,015	35,001	0	0	63,738	8.00
9.00	53.00	ANESTHESIOLOGY	586,530	29,327	0	0	47,175	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	2,367,491	118,375	0	0	196,408	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	2,090,493	104,525	0	0	136,681	11.00
12.00	59.00	CARDIAC CATHETERIZATION	246,479	12,324	0	0	33,051	12.00
13.00	60.00	LABORATORY	567,654	28,383	0	0	31,160	13.00
14.00	63.00	BLOOD STORING, PROCESSING & TRANS.	166,066	8,303	0	0	6,907	14.00
15.00	65.00	RESPIRATORY THERAPY	301,998	15,100	0	0	20,090	15.00
16.00	69.00	ELECTROCARDIOLOGY	246,479	12,324	0	0	33,051	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	577,964	28,898	0	0	42,384	17.00
18.00	74.00	RENAL DIALYSIS	192,079	9,604	0	0	14,148	18.00
19.00	90.00	CLINIC	13,700,929	685,046	0	0	1,147,802	19.00
20.00	91.00	EMERGENCY	125,782	6,289	0	0	9,553	20.00
21.00	105.00	KIDNEY ACQUISITION	128,886	6,444	0	0	0	21.00
22.00	106.00	HEART ACQUISITION	61,600	3,080	0	0	0	22.00
23.00	107.00	LIVER ACQUISITION	312,501	15,625	0	0	0	23.00
24.00	108.00	LUNG ACQUISITION	61,600	3,080	0	0	0	24.00
200.00			29,342,065	1,467,104	0	0	2,384,576	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet A-8-2

Date/Time Prepared:
11/19/2021 1:25 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	142,960	2,073,914	1,286,699	1,286,699		1.00
2.00	31.00	INTENSIVE CARE UNIT	20,777	301,421	187,005	187,005		2.00
3.00	32.00	CORONARY CARE UNIT	9,907	143,721	89,165	89,165		3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	2,340	33,963	21,040	21,040		4.00
5.00	35.00	NURSERY ICU	13,216	191,771	118,895	118,895		5.00
6.00	43.00	NURSERY	8,340	121,004	75,055	75,055		6.00
7.00	50.00	OPERATING ROOM	404,888	4,644,153	4,873,728	4,873,728		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	63,738	763,753	734,562	734,562		8.00
9.00	53.00	ANESTHESIOLOGY	47,175	633,705	475,257	475,257		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	196,408	2,563,899	2,053,153	2,053,153		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	136,681	2,227,174	985,845	985,845		11.00
12.00	59.00	CARDIAC CATHETERIZATION	33,051	279,530	497,421	497,421		12.00
13.00	60.00	LABORATORY	31,160	598,814	133,684	133,684		13.00
14.00	63.00	BLOOD STORING, PROCESSING & TRANS.	6,907	172,973	0	0		14.00
15.00	65.00	RESPIRATORY THERAPY	20,090	322,088	150,179	150,179		15.00
16.00	69.00	ELECTROCARDIOLOGY	33,051	279,530	497,421	497,421		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	42,384	620,348	375,981	375,981		17.00
18.00	74.00	RENAL DIALYSIS	14,148	206,227	126,358	126,358		18.00
19.00	90.00	CLINIC	1,147,802	14,848,731	12,133,155	12,133,155		19.00
20.00	91.00	EMERGENCY	9,553	135,335	89,225	89,225		20.00
21.00	105.00	KIDNEY ACQUISITION	0	128,886	176,772	176,772		21.00
22.00	106.00	HEART ACQUISITION	0	61,600	201,060	201,060		22.00
23.00	107.00	LIVER ACQUISITION	0	312,501	362,131	362,131		23.00
24.00	108.00	LUNG ACQUISITION	0	61,600	79,413	79,413		24.00
200.00			2,384,576	31,726,641	25,723,204	25,723,204		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	45,283,798	45,283,798			1.00
1.01	00101	DCAM CAPITAL	6,263,257	0	6,263,257		1.01
1.02	00102	ORLAND PARK CAPITAL	1,474,141	0	0	1,474,141	1.02
1.03	00103	SOUTH LOOP CAPITAL	332,349	0	0	0	1.03
1.04	00104	RIVER EAST CAPITAL	0	0	0	332,349	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	56,894,362				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	179,239,248	593,687	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	1,913,395	45,293	0	0	5.01
5.02	00550	DATA PROCESSING	66,863,787	2,377,332	24,266	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	9,142,757	646,050	0	0	5.03
5.04	00570	ADMITTING	6,151,215	186,016	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	14,113,455	218,317	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	146,313,317	1,936,069	46,277	0	5.06
7.00	00700	OPERATION OF PLANT	47,968,365	616,297	8,895	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,072,092	39,371	0	0	8.00
9.00	00900	HOUSEKEEPING	24,560,297	1,488,955	112,762	0	9.00
10.00	01000	DIETARY	11,846,734	508,808	0	0	10.00
11.00	01100	CAFETERIA	667,646	1,025,117	215,543	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	13,422,191	153,895	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,438,554	923,693	112,926	0	14.00
15.00	01500	PHARMACY	26,034,585	637,508	101,879	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,016,184	412,731	0	0	16.00
17.00	01700	SOCIAL SERVICE	849,876	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	243,063	41,811	0	0	18.01
18.02	01852	PATIENT TRANSPORT	5,990,626	362,665	11,231	0	18.02
18.03	01853	MEDICAL ELECTRONICS	2,297,792	329,467	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	44,554,068	619,456	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	23,391,583	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,132,467	33,772	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	138,286,214	12,449,555	16,519	0	30.00
31.00	03100	INTENSIVE CARE UNIT	39,115,293	2,701,452	0	0	31.00
32.00	03200	CORONARY CARE UNIT	14,948,740	873,626	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,745,779	280,837	0	0	33.00
35.00	02080	NURSERY ICU	20,224,562	701,679	0	0	35.00
43.00	04300	NURSERY	6,471,416	305,744	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,133,694	2,084,436	308,506	0	50.00
51.00	05100	RECOVERY ROOM	17,543,566	1,049,773	92,738	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,329,041	559,664	0	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	1,954,627	144,312	0	0	52.01
53.00	05300	ANESTHESIOLOGY	4,857,610	163,800	20,310	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,672,864	1,770,402	552,024	0	54.00
54.01	03630	ULTRA SOUND	1,272,631	31,080	13,690	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	10,390,819	0	426,002	0	55.00
56.00	05600	RADIOISOTOPE	7,968,354	209,524	1,783	0	56.00
57.00	05700	CT SCAN	4,768,144	61,551	0	0	57.00
58.00	05800	MRI	4,282,264	1,866	89,193	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,929,378	183,612	0	0	59.00
60.00	06000	LABORATORY	39,228,314	2,031,248	64,046	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	1,573,246	57,818	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	17,705,050	186,447	22,872	0	63.00
65.00	06500	RESPIRATORY THERAPY	16,817,187	105,695	54,987	0	65.00
66.00	06600	PHYSICAL THERAPY	7,431,897	423,642	18,794	0	66.00
69.00	06900	ELECTROCARDIOLOGY	11,715,797	197,142	58,553	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,469,298	144,492	73,412	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	190,250	0	13,035	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,900,519	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,498,219	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	142,340,990	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,183,376	121,774	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	173,386	6,029	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
			0	1.00	1.01	1.02	1.03	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	3,599,006	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	113,033,120	1,809,486	3,747,534	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	5,193,596	0	36,235	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	18,209,907	152,890	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	5,343,328	0	0	703,526	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	1,744,885	0	0	0	0	90.04
91.00	09100	EMERGENCY	69,098,763	1,799,437	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,046,887	26,487	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	382,295	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,898,468	112,478	0	0	0	105.00
106.00	10600	HEART ACQUISITION	4,074,806	37,002	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	5,036,919	48,200	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	2,591,363	24,333	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	445,930	7,321	0	0	0	109.00
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)	1,703,293,002	44,061,144	6,244,012	703,526	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,497	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	27,966,199	0	0	770,615	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	3,279,966	1,222,654	19,245	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	3,533,043	0	0	0	332,349	191.02
191.03	19103	RIVER EAST CLINIC	13,304,875	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	1,169,609	0	0	0	0	191.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,752,549,191	45,283,798	6,263,257	1,474,141	332,349	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	Subtotal	
			RIVER EAST CAPITAL	MVBLE EQUIP				
			1.04	2.00			4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL	0					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		56,894,362				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	179,920	180,012,855			4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	433,567	2,392,255		5.01
5.02	00550	DATA PROCESSING	0	18,276,149	6,689,057	15,843	94,246,434	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	165,410	1,597,885	15,843	11,567,945	5.03
5.04	00570	ADMITTING	0	123,889	1,288,134	15,843	7,765,097	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,380	1,562,524	15,843	15,913,519	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	4,783,795	18,193,328	1,584,263	172,857,049	5.06
7.00	00700	OPERATION OF PLANT	0	284,741	3,422,380	15,843	52,316,521	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,819	48	15,843	4,151,173	8.00
9.00	00900	HOUSEKEEPING	0	238,347	3,737,811	15,843	30,154,015	9.00
10.00	01000	DIETARY	0	18,647	1,521,338	15,843	13,911,370	10.00
11.00	01100	CAFETERIA	0	283,251	161,448	15,843	2,368,848	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	531,645	2,883,097	15,843	17,006,671	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	138,421	723,912	15,843	9,353,349	14.00
15.00	01500	PHARMACY	0	1,183,170	4,970,914	15,843	32,943,899	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,796	1,184,314	15,843	11,634,868	16.00
17.00	01700	SOCIAL SERVICE	0	0	76,450	15,843	942,169	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	2,849	43,901	15,843	347,467	18.01
18.02	01852	PATIENT TRANSPORT	0	151,265	1,010,413	15,843	7,542,043	18.02
18.03	01853	MEDICAL ELECTRONICS	0	44,596	247,422	15,843	2,935,120	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	123,887	10,126,149	0	55,423,560	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	4,312,617	15,843	27,720,043	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	246,001	15,843	1,428,083	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,916,118	27,400,761	15,843	180,085,010	30.00
31.00	03100	INTENSIVE CARE UNIT	0	425,764	7,185,863	15,843	49,444,215	31.00
32.00	03200	CORONARY CARE UNIT	0	36,177	2,900,123	15,843	18,774,509	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	18,706	710,563	15,843	4,771,728	33.00
35.00	02080	NURSERY ICU	0	686,332	4,158,557	15,843	25,786,973	35.00
43.00	04300	NURSERY	0	74,624	1,377,653	15,843	8,245,280	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,394,975	8,200,233	31,685	68,153,529	50.00
51.00	05100	RECOVERY ROOM	0	95,983	3,383,307	0	22,165,367	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	71,064	1,537,777	15,843	10,513,389	52.00
52.01	05201	L & D TRIAGE/ANTEPARTEM CARE	0	12,345	449,874	0	2,561,158	52.01
53.00	05300	ANESTHESIOLOGY	0	685,855	2,828,253	15,843	8,571,671	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,145,425	3,407,896	15,843	34,564,454	54.00
54.01	03630	ULTRA SOUND	0	209,782	258,790	0	1,785,973	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,419,936	1,663,717	15,843	13,916,317	55.00
56.00	05600	RADIOISOTOPE	0	292,649	259,457	0	8,731,767	56.00
57.00	05700	CT SCAN	0	1,211,064	800,905	15,843	6,857,507	57.00
58.00	05800	MRI	0	2,339,666	732,596	15,843	7,461,428	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	515,954	601,457	15,843	7,246,244	59.00
60.00	06000	LABORATORY	0	1,414,659	4,592,157	15,843	47,346,267	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	76,195	142,831	0	1,850,090	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	158,812	839,809	15,843	18,928,833	63.00
65.00	06500	RESPIRATORY THERAPY	0	478,074	1,695,786	15,843	19,167,572	65.00
66.00	06600	PHYSICAL THERAPY	0	34,495	1,550,471	15,843	9,475,142	66.00
69.00	06900	ELECTROCARDIOLOGY	0	989,173	2,038,475	15,843	15,014,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	334,713	962,097	15,843	5,999,855	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	38,146	15,843	257,274	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	40,900,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	54,498,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	46	0	142,341,036	73.00
74.00	07400	RENAL DIALYSIS	0	123,852	696,648	15,843	5,141,493	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,660	36,847	0	217,922	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	3,599,006	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	Subtotal	
			RIVER EAST CAPITAL	MVBLE EQUIP				
			1.04	2.00			4.00	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	3,095,176	21,425,877	15,843	143,127,036	90.00
90.01	09001	TRANSPLANT CLINIC	0	19,789	695,629	15,843	5,961,092	90.01
90.02	09002	SILVER CROSS CLINIC	0	84,034	832,112	0	19,278,943	90.02
90.03	09003	ORLAND PARK CLINIC	0	1,939,649	684,792	0	8,671,295	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	3,087	0	1,747,972	90.04
91.00	09100	EMERGENCY	0	996,623	5,465,598	15,843	77,376,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	19,021	582,523	15,843	1,690,761	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	87,674	0	469,969	100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	14,558	489,571	15,843	7,530,918	105.00
106.00	10600	HEART ACQUISITION	0	4,790	134,940	15,843	4,267,381	106.00
107.00	10700	LIVER ACQUISITION	0	6,240	417,089	15,843	5,524,291	107.00
108.00	10800	LUNG ACQUISITION	0	3,151	143,029	15,843	2,777,719	108.00
109.00	10900	PANCREAS ACQUISITION	0	945	59,676	15,843	529,715	109.00
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	55,911,005	175,905,402	2,392,255	1,695,857,329	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,497	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	579,252	1,384,328	0	30,700,394	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	9,079	186,510	0	4,717,454	191.01
191.02	19102	SOUTH LOOP CLINIC	0	395,026	359,014	0	4,619,432	191.02
191.03	19103	RIVER EAST CLINIC	0	0	2,177,601	0	15,482,476	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	1,169,609	191.04
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)	0	56,894,362	180,012,855	2,392,255	1,752,549,191	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	94,246,434					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	657,441	12,225,386				5.03
5.04	00570	ADMITTING	441,314	780	8,207,191			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	904,413	998	0	16,818,930		5.05
5.06	00590	OTHER ADMIN & GENERAL	9,823,985	0	0	0	182,681,034	5.06
7.00	00700	OPERATION OF PLANT	2,973,305	35,776	0	0	55,325,602	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	235,924	771	0	0	4,387,868	8.00
9.00	00900	HOUSEKEEPING	1,713,743	49,486	0	0	31,917,244	9.00
10.00	01000	DIETARY	790,625	75,725	0	0	14,777,720	10.00
11.00	01100	CAFETERIA	134,629	24	0	0	2,503,501	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	966,540	958	0	0	17,974,169	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	531,579	47,109	0	0	9,932,037	14.00
15.00	01500	PHARMACY	1,872,301	0	0	0	34,816,200	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	661,244	260	0	0	12,296,372	16.00
17.00	01700	SOCIAL SERVICE	53,546	2	0	0	995,717	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	19,748	40	0	0	367,255	18.01
18.02	01852	PATIENT TRANSPORT	428,637	23	0	0	7,970,703	18.02
18.03	01853	MEDICAL ELECTRONICS	166,812	45	0	0	3,101,977	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,149,887	350	0	0	58,573,797	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,575,413	0	0	0	29,295,456	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	81,162	120	0	0	1,509,365	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,235,026	255,424	1,270,993	1,472,077	193,318,530	30.00
31.00	03100	INTENSIVE CARE UNIT	2,810,063	146,571	498,534	530,619	53,430,002	31.00
32.00	03200	CORONARY CARE UNIT	1,067,012	44,527	216,304	230,225	20,332,577	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	271,192	11,582	37,571	39,990	5,132,063	33.00
35.00	02080	NURSERY ICU	1,465,551	35,722	280,724	298,791	27,867,761	35.00
43.00	04300	NURSERY	468,604	3,585	91,755	97,660	8,906,884	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,873,370	1,705,306	668,505	1,226,429	75,627,139	50.00
51.00	05100	RECOVERY ROOM	1,259,724	40,870	102,971	188,792	23,757,724	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	597,507	34,928	63,306	69,118	11,278,248	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	145,558	0	18,092	30,686	2,755,494	52.01
53.00	05300	ANESTHESIOLOGY	487,154	63,619	268,427	545,095	9,935,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,964,402	257,503	196,387	494,212	37,476,958	54.00
54.01	03630	ULTRA SOUND	101,502	3,180	26,935	63,578	1,981,168	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	790,906	19,367	22,540	291,286	15,040,416	55.00
56.00	05600	RADIOISOTOPE	496,253	148,940	12,218	107,510	9,496,688	56.00
57.00	05700	CT SCAN	389,733	20,334	381,094	938,707	8,587,375	57.00
58.00	05800	MRI	424,055	19,031	101,331	348,518	8,354,363	58.00
59.00	05900	CARDIAC CATHETERIZATION	411,826	221,681	92,094	181,189	8,153,034	59.00
60.00	06000	LABORATORY	2,690,830	318,855	1,071,149	2,289,926	53,717,027	60.00
60.01	06001	LABORATORY - TRANSPLANT	105,146	21,668	5,457	25,355	2,007,716	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,075,782	304,824	210,066	286,455	20,805,960	63.00
65.00	06500	RESPIRATORY THERAPY	1,089,351	69,319	247,156	286,872	20,860,270	65.00
66.00	06600	PHYSICAL THERAPY	538,501	11,758	49,174	96,101	10,170,676	66.00
69.00	06900	ELECTROCARDIOLOGY	853,347	243,899	216,724	481,136	16,810,089	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	340,990	6,606	23,067	62,194	6,432,712	70.00
70.01	07001	BRACE AND PLASTER ROOM	14,622	3,805	4	1,899	277,604	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,324,499	0	204,537	369,584	43,799,139	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,097,297	0	308,803	531,498	58,435,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,089,668	6,091,960	961,697	2,674,443	160,158,804	73.00
74.00	07400	RENAL DIALYSIS	292,206	22,366	77,035	84,400	5,617,500	74.00
76.97	07697	CARDIAC REHABILITATION	12,385	199	2	4,273	234,781	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	204,542	0	12,601	14,635	3,830,784	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,134,339	457,714	128,555	1,058,470	152,906,114	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
90.01	09001	TRANSPLANT CLINIC	338,787	12,811	94	4,181	6,316,965	90.01
90.02	09002	SILVER CROSS CLINIC	1,095,680	302,626	9	324,726	21,001,984	90.02
90.03	09003	ORLAND PARK CLINIC	492,816	398,147	720	270,776	9,833,754	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	99,342	66,399	0	21,680	1,935,393	90.04
91.00	09100	EMERGENCY	4,397,525	566,526	254,076	683,788	83,278,179	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS					0	92.00
95.00	09500	AMBULANCE SERVICES	96,091	2,234	0	8	1,789,094	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	26,710	0	0	0	496,679	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	428,005	171	32,136	34,204	8,025,434	105.00
106.00	10600	HEART ACQUISITION	242,528	423	17,432	18,554	4,546,318	106.00
107.00	10700	LIVER ACQUISITION	313,962	476	22,386	23,826	5,884,941	107.00
108.00	10800	LUNG ACQUISITION	157,866	11,324	12,582	13,391	2,972,882	108.00
109.00	10900	PANCREAS ACQUISITION	30,105	6	1,948	2,073	563,847	109.00
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)	91,024,608	12,158,753	8,207,191	16,818,930	1,692,568,870	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	2,497	190.00
190.01	19001	ORLAND PARK PHYSICIAN	1,744,795	44,147	0	0	32,489,336	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	268,107	5,450	0	0	4,991,011	191.01
191.02	19102	SOUTH LOOP CLINIC	262,536	16,873	0	0	4,898,841	191.02
191.03	19103	RIVER EAST CLINIC	879,916	163	0	0	16,362,555	191.03
191.04	19104	ADVOCATE JOINT VENTURE	66,472	0	0	0	1,236,081	191.04
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)	94,246,434	12,225,386	8,207,191	16,818,930	1,752,549,191	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
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Cost Center Description		OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL	182,681,034				5.06
7.00	00700	OPERATION OF PLANT	6,438,074	61,763,676			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	510,603	62,892	4,961,363		8.00
9.00	00900	HOUSEKEEPING	3,714,114	2,378,481	0	38,009,839	9.00
10.00	01000	DIETARY	1,719,639	812,778	0	520,775	10.00
11.00	01100	CAFETERIA	291,325	1,637,538	0	1,049,227	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,091,600	245,834	0	157,514	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,155,761	1,475,521	0	945,417	14.00
15.00	01500	PHARMACY	4,051,457	1,018,366	0	652,502	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,430,892	659,304	0	422,438	16.00
17.00	01700	SOCIAL SERVICE	115,869	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	42,736	66,790	0	42,795	18.01
18.02	01852	PATIENT TRANSPORT	927,527	579,327	0	371,195	18.02
18.03	01853	MEDICAL ELECTRONICS	360,968	526,296	0	337,216	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,816,057	989,529	0	634,025	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,409,024	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	175,640	53,948	0	34,566	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,496,374	19,887,120	3,590,540	12,742,360	30.00
31.00	03100	INTENSIVE CARE UNIT	6,217,489	4,315,343	521,843	2,764,988	31.00
32.00	03200	CORONARY CARE UNIT	2,366,041	1,395,545	248,820	894,174	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	597,203	448,613	58,766	287,442	33.00
35.00	02080	NURSERY ICU	3,242,888	1,120,873	331,921	718,182	35.00
43.00	04300	NURSERY	1,036,467	488,401	209,473	312,935	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,800,503	3,329,713	0	2,133,461	50.00
51.00	05100	RECOVERY ROOM	2,764,615	1,676,924	0	1,074,463	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,312,416	894,016	0	572,827	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	320,649	230,527	0	147,707	52.01
53.00	05300	ANESTHESIOLOGY	1,156,219	261,658	0	167,653	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,361,081	2,828,068	0	1,812,041	54.00
54.01	03630	ULTRA SOUND	230,543	49,648	0	31,811	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,750,208	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,105,101	334,697	0	214,452	56.00
57.00	05700	CT SCAN	999,287	98,322	0	62,998	57.00
58.00	05800	MRI	972,172	2,981	0	1,910	58.00
59.00	05900	CARDIAC CATHETERIZATION	948,744	293,304	0	187,930	59.00
60.00	06000	LABORATORY	6,250,889	3,244,748	0	2,079,022	60.00
60.01	06001	LABORATORY - TRANSPLANT	233,632	92,360	0	59,178	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,421,127	297,833	0	190,832	63.00
65.00	06500	RESPIRATORY THERAPY	2,427,447	168,839	0	108,181	65.00
66.00	06600	PHYSICAL THERAPY	1,183,531	676,732	0	433,606	66.00
69.00	06900	ELECTROCARDIOLOGY	1,956,140	314,918	0	201,779	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	748,555	230,814	0	147,890	70.00
70.01	07001	BRACE AND PLASTER ROOM	32,304	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,096,774	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,800,001	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,637,200	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	653,692	194,523	0	124,638	74.00
76.97	07697	CARDIAC REHABILITATION	27,321	9,632	0	6,171	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	445,777	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	17,793,226	2,890,502	0	1,852,044	90.00
90.01	09001	TRANSPLANT CLINIC	735,086	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
90.02	09002	SILVER CROSS CLINIC	2,443,938	244,229	0	156,486	0	90.02
90.03	09003	ORLAND PARK CLINIC	1,144,324	0	0	0	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	225,216	0	0	0	0	90.04
91.00	09100	EMERGENCY	9,690,832	2,874,449	0	1,841,758	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	208,192	42,310	0	27,110	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	57,797	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	933,896	179,675	0	115,124	0	105.00
106.00	10600	HEART ACQUISITION	529,041	59,108	0	37,873	0	106.00
107.00	10700	LIVER ACQUISITION	684,813	76,995	0	49,333	0	107.00
108.00	10800	LUNG ACQUISITION	345,945	38,870	0	24,906	0	108.00
109.00	10900	PANCREAS ACQUISITION	65,613	11,695	0	7,494	0	109.00
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)	175,701,595	59,810,589	4,961,363	36,758,429	17,830,912	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	3,780,687	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	580,789	1,953,087	0	1,251,410	0	191.01
191.02	19102	SOUTH LOOP CLINIC	570,063	0	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	1,904,061	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	143,839	0	0	0	0	191.04
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)	182,681,034	61,763,676	4,961,363	38,009,839	17,830,912	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	5,481,591					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	113,568	0	20,582,685			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,801	0	39	13,562,576		14.00
15.00	01500	PHARMACY	249,114	0	16,781	0	40,804,420	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,138	0	0	294	0	16.00
17.00	01700	SOCIAL SERVICE	4,679	0	0	3	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	2,519	0	0	45	0	18.01
18.02	01852	PATIENT TRANSPORT	86,976	0	0	26	0	18.02
18.03	01853	MEDICAL ELECTRONICS	10,914	0	0	50	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	850,856	0	0	395	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	19,478	0	0	135	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,000,842	0	6,792,597	288,362	12,012	30.00
31.00	03100	INTENSIVE CARE UNIT	229,741	0	2,132,218	165,472	3,583	31.00
32.00	03200	CORONARY CARE UNIT	85,417	0	841,637	50,269	427	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	22,469	0	202,252	13,076	325	33.00
35.00	02080	NURSERY ICU	119,348	0	1,136,067	40,328	483	35.00
43.00	04300	NURSERY	26,867	0	229,679	4,048	394	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	215,002	0	1,311,159	1,925,211	36,052	50.00
51.00	05100	RECOVERY ROOM	109,421	0	1,077,735	46,141	6,645	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,146	0	382,037	39,432	2,616	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	16,606	0	132,731	0	0	52.01
53.00	05300	ANESTHESIOLOGY	59,147	0	372,764	71,823	77,003	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125,527	0	123,114	290,709	32,366	54.00
54.01	03630	ULTRA SOUND	10,855	0	0	3,590	3,908	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	40,503	0	45,930	21,865	79,672	55.00
56.00	05600	RADIOISOTOPE	9,268	0	0	168,146	51,230	56.00
57.00	05700	CT SCAN	30,670	0	0	22,956	56,610	57.00
58.00	05800	MRI	28,541	0	0	21,485	38,561	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,720	0	98,446	250,268	19,384	59.00
60.00	06000	LABORATORY	235,421	0	4,365	359,973	716	60.00
60.01	06001	LABORATORY - TRANSPLANT	6,662	0	0	24,462	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	33,902	0	53,700	344,132	1,676	63.00
65.00	06500	RESPIRATORY THERAPY	71,534	0	0	78,258	332	65.00
66.00	06600	PHYSICAL THERAPY	68,963	0	17,681	13,275	43,829	66.00
69.00	06900	ELECTROCARDIOLOGY	84,785	0	211,065	275,351	2,124	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,765	0	29,149	7,458	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	2,560	0	0	4,296	0	70.01
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	3	0	0	6,877,137	38,770,708	73.00
74.00	07400	RENAL DIALYSIS	22,318	0	156,516	25,250	59	74.00
76.97	07697	CARDIAC REHABILITATION	2,163	0	0	225	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	812,773	0	3,078,853	516,738	1,187,575	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
90.01	09001	TRANSPLANT CLINIC	2,413	0	97,069	14,463	28,440	90.01
90.02	09002	SILVER CROSS CLINIC	8,172	0	8,954	341,651	0	90.02
90.03	09003	ORLAND PARK CLINIC	32,018	0	71,880	449,489	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	74,961	0	90.04
91.00	09100	EMERGENCY	222,781	0	1,401,628	639,582	9,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	19,293	0	136,481	2,522	1,322	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	20,308	0	70,421	193	57	105.00
106.00	10600	HEART ACQUISITION	1,219	0	14,702	477	50	106.00
107.00	10700	LIVER ACQUISITION	9,313	0	39,976	538	335	107.00
108.00	10800	LUNG ACQUISITION	3,768	0	9,669	12,785	643	108.00
109.00	10900	PANCREAS ACQUISITION	668	0	2,316	6	0	109.00
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)	5,338,935	0	20,299,611	13,487,351	40,468,400	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	67,470	0	166,900	49,840	202,643	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	55,869	0	70,365	6,153	46,139	191.01
191.02	19102	SOUTH LOOP CLINIC	19,259	0	45,809	19,049	85,846	191.02
191.03	19103	RIVER EAST CLINIC	58	0	0	183	1,392	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	5,481,591	0	20,582,685	13,562,576	40,804,420	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Part I
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE			
					OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	
			16.00	17.00	18.00	18.01	18.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	14,861,438					16.00
17.00	01700	SOCIAL SERVICE	0	1,116,268				17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0			18.00
18.01	01851	VOLUNTEERS	0	0	0	522,140		18.01
18.02	01852	PATIENT TRANSPORT	0	0	0	0	9,935,754	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,298,789	807,842	0	79,940	1,538,198	30.00
31.00	03100	INTENSIVE CARE UNIT	902,930	117,411	0	31,783	603,568	31.00
32.00	03200	CORONARY CARE UNIT	391,764	55,983	0	13,790	261,876	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	68,048	13,222	0	2,395	45,487	33.00
35.00	02080	NURSERY ICU	508,439	74,680	0	17,897	339,869	35.00
43.00	04300	NURSERY	166,184	47,130	0	5,850	111,086	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,210,778	0	0	42,619	809,350	50.00
51.00	05100	RECOVERY ROOM	186,498	0	0	6,565	124,665	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	114,658	0	0	4,036	76,644	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	32,769	0	0	1,153	21,904	52.01
53.00	05300	ANESTHESIOLOGY	486,168	0	0	17,113	324,981	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	355,691	0	0	12,520	237,764	54.00
54.01	03630	ULTRA SOUND	48,785	0	0	1,717	32,610	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	40,824	0	0	1,437	27,289	55.00
56.00	05600	RADIOISOTOPE	22,128	0	0	779	14,792	56.00
57.00	05700	CT SCAN	690,227	0	0	24,296	461,385	57.00
58.00	05800	MRI	183,529	0	0	6,460	122,681	58.00
59.00	05900	CARDIAC CATHETERIZATION	166,798	0	0	5,871	111,497	59.00
60.00	06000	LABORATORY	1,940,036	0	0	68,288	1,296,826	60.00
60.01	06001	LABORATORY - TRANSPLANT	9,884	0	0	348	6,607	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	380,465	0	0	13,392	254,324	63.00
65.00	06500	RESPIRATORY THERAPY	447,643	0	0	15,757	299,229	65.00
66.00	06600	PHYSICAL THERAPY	89,063	0	0	3,135	59,534	66.00
69.00	06900	ELECTROCARDIOLOGY	392,524	0	0	13,817	262,384	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41,779	0	0	1,471	27,927	70.00
70.01	07001	BRACE AND PLASTER ROOM	7	0	0	0	5	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	370,452	0	0	13,040	247,630	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	559,296	0	0	19,687	373,864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,741,798	0	0	61,310	1,164,313	73.00
74.00	07400	RENAL DIALYSIS	139,523	0	0	4,911	93,265	74.00
76.97	07697	CARDIAC REHABILITATION	3	0	0	0	2	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	22,822	0	0	803	15,255	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			OTHER GENERAL SERVICE					
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OCCUPATIONAL THERAPY	VOLUNTEERS		PATIENT TRANSPORT
		16.00	17.00	18.00	18.01	18.02		
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	232,835	0	0	8,196	155,639	90.00
90.01	09001	TRANSPLANT CLINIC	171	0	0	6	114	90.01
90.02	09002	SILVER CROSS CLINIC	17	0	0	1	11	90.02
90.03	09003	ORLAND PARK CLINIC	1,304	0	0	46	871	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	460,175	0	0	16,198	307,606	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	58,203	0	0	2,049	38,906	105.00
106.00	10600	HEART ACQUISITION	31,572	0	0	1,111	21,104	106.00
107.00	10700	LIVER ACQUISITION	40,544	0	0	1,427	27,102	107.00
108.00	10800	LUNG ACQUISITION	22,788	0	0	802	15,232	108.00
109.00	10900	PANCREAS ACQUISITION	3,527	0	0	124	2,358	109.00
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)	14,861,438	1,116,268	0	522,140	9,935,754	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	14,861,438	1,116,268	0	522,140	9,935,754	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

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			OTHER GENERAL SERVICE			INTERNS & RESIDENTS		
Cost Center Description			MEDICAL ELECTRONICS	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			18.03	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OCCUPATIONAL THERAPY						18.00
18.01	01851	VOLUNTEERS						18.01
18.02	01852	PATIENT TRANSPORT						18.02
18.03	01853	MEDICAL ELECTRONICS	4,337,421					18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0		0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			67,864,659		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				32,704,480	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	669,279	0	0	13,529,434	6,519,935	30.00
31.00	03100	INTENSIVE CARE UNIT	263,645	0	0	2,681,335	1,292,155	31.00
32.00	03200	CORONARY CARE UNIT	114,390	0	0	2,004,719	966,089	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	19,869	0	0	217,484	104,807	33.00
35.00	02080	NURSERY ICU	148,458	0	0	2,087,846	1,006,148	35.00
43.00	04300	NURSERY	48,524	0	0	725,913	349,823	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	353,532	0	0	12,142,371	5,851,498	50.00
51.00	05100	RECOVERY ROOM	54,455	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,479	0	0	1,629,680	785,355	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	9,568	0	0	0	0	52.01
53.00	05300	ANESTHESIOLOGY	141,955	0	0	6,065,386	2,922,954	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	103,858	0	0	3,067,974	1,478,479	54.00
54.01	03630	ULTRA SOUND	14,245	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	11,920	0	0	3,467,177	1,670,858	55.00
56.00	05600	RADIOISOTOPE	6,461	0	0	0	0	56.00
57.00	05700	CT SCAN	201,538	0	0	274,513	132,290	57.00
58.00	05800	MRI	53,588	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,703	0	0	0	0	59.00
60.00	06000	LABORATORY	566,467	0	0	2,168,073	1,044,811	60.00
60.01	06001	LABORATORY - TRANSPLANT	2,886	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	111,091	0	0	777,143	374,511	63.00
65.00	06500	RESPIRATORY THERAPY	130,706	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	26,005	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	114,612	0	0	2,216,403	1,068,101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,199	0	0	2,683,269	1,293,087	70.00
70.01	07001	BRACE AND PLASTER ROOM	2	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,167	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	163,308	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	508,584	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	40,739	0	0	694,982	334,917	74.00
76.97	07697	CARDIAC REHABILITATION	1	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	6,664	0	0	0	0	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
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Cost Center Description			OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
			MEDICAL ELECTRONICS			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			18.03			21.00	22.00	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	67,985	0	0	7,125,741	3,433,947	90.00
90.01	09001	TRANSPLANT CLINIC	50	0	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	5	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	381	0	0	0	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	134,366	0	0	4,305,216	2,074,715	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	16,995	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	9,219	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	11,838	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	6,654	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	1,030	0	0	0	0	109.00
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)	4,337,421	0	0	67,864,659	32,704,480	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
200.00		Cross Foot Adjustments		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)	4,337,421	0	0	67,864,659	32,704,480	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
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Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OCCUPATIONAL THERAPY					18.00
18.01	01851	VOLUNTEERS					18.01
18.02	01852	PATIENT TRANSPORT					18.02
18.03	01853	MEDICAL ELECTRONICS					18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,793,132				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	298,476,390	-20,049,369	278,427,021	30.00
31.00	03100	INTENSIVE CARE UNIT	0	77,548,985	-3,973,490	73,575,495	31.00
32.00	03200	CORONARY CARE UNIT	0	30,917,765	-2,970,808	27,946,957	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	7,444,724	-322,291	7,122,433	33.00
35.00	02080	NURSERY ICU	0	39,954,098	-3,093,994	36,860,104	35.00
43.00	04300	NURSERY	0	13,422,495	-1,075,736	12,346,759	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	113,788,388	-17,993,869	95,794,519	50.00
51.00	05100	RECOVERY ROOM	0	30,885,851	0	30,885,851	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,170,590	-2,415,035	14,755,555	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	3,669,108	0	3,669,108	52.01
53.00	05300	ANESTHESIOLOGY	0	22,060,790	-8,988,340	13,072,450	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	52,306,150	-4,546,453	47,759,697	54.00
54.01	03630	ULTRA SOUND	0	2,408,880	0	2,408,880	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,198,099	-5,138,035	17,060,064	55.00
56.00	05600	RADIOISOTOPE	0	11,423,742	0	11,423,742	56.00
57.00	05700	CT SCAN	0	11,642,467	-406,803	11,235,664	57.00
58.00	05800	MRI	0	9,786,271	0	9,786,271	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,299,699	0	10,299,699	59.00
60.00	06000	LABORATORY	0	72,976,662	-3,212,884	69,763,778	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	2,443,735	0	2,443,735	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	26,060,088	-1,151,654	24,908,434	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,608,196	0	24,608,196	65.00
66.00	06600	PHYSICAL THERAPY	0	12,786,030	0	12,786,030	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,924,092	-3,284,504	20,639,588	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,699,075	-3,976,356	7,722,719	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	316,778	0	316,778	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	49,635,202	0	49,635,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,351,973	0	66,351,973	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,793,132	229,712,989	0	229,712,989	73.00
74.00	07400	RENAL DIALYSIS	0	8,102,833	-1,029,899	7,072,934	74.00
76.97	07697	CARDIAC REHABILITATION	0	280,299	0	280,299	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	4,322,105	0	4,322,105	77.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part I
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	192,062,168	-10,559,688	181,502,480	90.00
90.01	09001	TRANSPLANT CLINIC	0	7,194,777	0	7,194,777	90.01
90.02	09002	SILVER CROSS CLINIC	0	24,205,448	0	24,205,448	90.02
90.03	09003	ORLAND PARK CLINIC	0	11,534,067	0	11,534,067	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	2,235,570	0	2,235,570	90.04
91.00	09100	EMERGENCY	0	107,256,748	-6,379,931	100,876,817	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	2,226,324	0	2,226,324	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	554,476	0	554,476	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	9,461,261	0	9,461,261	105.00
106.00	10600	HEART ACQUISITION	0	5,251,794	0	5,251,794	106.00
107.00	10700	LIVER ACQUISITION	0	6,827,155	0	6,827,155	107.00
108.00	10800	LUNG ACQUISITION	0	3,454,944	0	3,454,944	108.00
109.00	10900	PANCREAS ACQUISITION	0	658,678	0	658,678	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,793,132	1,681,547,959	-100,569,139	1,580,978,820	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,497	0	2,497	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	36,756,876	0	36,756,876	190.01
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	8,954,823	0	8,954,823	191.01
191.02	19102	SOUTH LOOP CLINIC	0	5,638,867	0	5,638,867	191.02
191.03	19103	RIVER EAST CLINIC	0	18,268,249	0	18,268,249	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	1,379,920	0	1,379,920	191.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,793,132	1,752,549,191	-100,569,139	1,651,980,052	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	593,687	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	0	45,293	0	0	5.01
5.02	00550	DATA PROCESSING	0	2,377,332	24,266	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	646,050	0	0	5.03
5.04	00570	ADMITTING	0	186,016	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	218,317	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	1,936,069	46,277	0	5.06
7.00	00700	OPERATION OF PLANT	0	616,297	8,895	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	39,371	0	0	8.00
9.00	00900	HOUSEKEEPING	0	1,488,955	112,762	0	9.00
10.00	01000	DIETARY	0	508,808	0	0	10.00
11.00	01100	CAFETERIA	0	1,025,117	215,543	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	153,895	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	923,693	112,926	0	14.00
15.00	01500	PHARMACY	0	637,508	101,879	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	412,731	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	41,811	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	362,665	11,231	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	329,467	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	619,456	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	33,772	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	12,449,555	16,519	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,701,452	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	873,626	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	280,837	0	0	33.00
35.00	02080	NURSERY ICU	0	701,679	0	0	35.00
43.00	04300	NURSERY	0	305,744	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,084,436	308,506	0	50.00
51.00	05100	RECOVERY ROOM	0	1,049,773	92,738	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	559,664	0	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	144,312	0	0	52.01
53.00	05300	ANESTHESIOLOGY	0	163,800	20,310	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,770,402	552,024	0	54.00
54.01	03630	ULTRA SOUND	0	31,080	13,690	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	426,002	0	55.00
56.00	05600	RADIOISOTOPE	0	209,524	1,783	0	56.00
57.00	05700	CT SCAN	0	61,551	0	0	57.00
58.00	05800	MRI	0	1,866	89,193	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	183,612	0	0	59.00
60.00	06000	LABORATORY	0	2,031,248	64,046	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	57,818	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	186,447	22,872	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	105,695	54,987	0	65.00
66.00	06600	PHYSICAL THERAPY	0	423,642	18,794	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	197,142	58,553	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	144,492	73,412	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	13,035	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	121,774	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	6,029	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				BLDG & FIXT	DCAM CAPITAL	ORLAND PARK CAPITAL	SOUTH LOOP CAPITAL	
				1.00	1.01	1.02	1.03	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,809,486	3,747,534	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	36,235	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	152,890	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	703,526	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	1,799,437	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	26,487	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	112,478	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	37,002	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	48,200	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	24,333	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	7,321	0	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	44,061,144	6,244,012	703,526	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	770,615	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	1,222,654	19,245	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	332,349	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	45,283,798	6,263,257	1,474,141	332,349	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			RIVER EAST CAPITAL	MVBLE EQUIP				
			1.04	2.00	2A	4.00	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	179,920	773,607	773,607		4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	45,293	1,864	47,157	5.01
5.02	00550	DATA PROCESSING	0	18,276,149	20,677,747	28,759	312	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	165,410	811,460	6,870	312	5.03
5.04	00570	ADMITTING	0	123,889	309,905	5,538	312	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,380	221,697	6,718	312	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	4,783,795	6,766,141	78,220	31,244	5.06
7.00	00700	OPERATION OF PLANT	0	284,741	909,933	14,714	312	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,819	63,190	0	312	8.00
9.00	00900	HOUSEKEEPING	0	238,347	1,840,064	16,070	312	9.00
10.00	01000	DIETARY	0	18,647	527,455	6,541	312	10.00
11.00	01100	CAFETERIA	0	283,251	1,523,911	694	312	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	531,645	685,540	12,395	312	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	138,421	1,175,040	3,112	312	14.00
15.00	01500	PHARMACY	0	1,183,170	1,922,557	21,372	312	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,796	418,527	5,092	312	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	329	312	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	2,849	44,660	189	312	18.01
18.02	01852	PATIENT TRANSPORT	0	151,265	525,161	4,344	312	18.02
18.03	01853	MEDICAL ELECTRONICS	0	44,596	374,063	1,064	312	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	123,887	743,343	43,536	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	18,542	312	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	33,772	1,058	312	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,916,118	14,382,192	117,469	312	30.00
31.00	03100	INTENSIVE CARE UNIT	0	425,764	3,127,216	30,895	312	31.00
32.00	03200	CORONARY CARE UNIT	0	36,177	909,803	12,469	312	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	18,706	299,543	3,055	312	33.00
35.00	02080	NURSERY ICU	0	686,332	1,388,011	17,879	312	35.00
43.00	04300	NURSERY	0	74,624	380,368	5,923	312	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,394,975	8,787,917	35,256	625	50.00
51.00	05100	RECOVERY ROOM	0	95,983	1,238,494	14,546	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	71,064	630,728	6,611	312	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	12,345	156,657	1,934	0	52.01
53.00	05300	ANESTHESIOLOGY	0	685,855	869,965	12,160	312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,145,425	5,467,851	14,652	312	54.00
54.01	03630	ULTRA SOUND	0	209,782	254,552	1,113	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,419,936	1,845,938	7,153	312	55.00
56.00	05600	RADIOISOTOPE	0	292,649	503,956	1,116	0	56.00
57.00	05700	CT SCAN	0	1,211,064	1,272,615	3,443	312	57.00
58.00	05800	MRI	0	2,339,666	2,430,725	3,150	312	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	515,954	699,566	2,586	312	59.00
60.00	06000	LABORATORY	0	1,414,659	3,509,953	19,743	312	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	76,195	134,013	614	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	158,812	368,131	3,611	312	63.00
65.00	06500	RESPIRATORY THERAPY	0	478,074	638,756	7,291	312	65.00
66.00	06600	PHYSICAL THERAPY	0	34,495	476,931	6,666	312	66.00
69.00	06900	ELECTROCARDIOLOGY	0	989,173	1,244,868	8,764	312	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	334,713	552,617	4,136	312	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	13,035	164	312	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	123,852	245,626	2,995	312	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,660	7,689	158	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
			RIVER EAST CAPITAL	MVBLE EQUIP					
			1.04	2.00					
			1.04	2.00	2A	4.00	5.01		
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,095,176	8,652,196	92,118	312	90.00	
90.01	09001	TRANSPLANT CLINIC	0	19,789	56,024	2,991	312	90.01	
90.02	09002	SILVER CROSS CLINIC	0	84,034	236,924	3,578	0	90.02	
90.03	09003	ORLAND PARK CLINIC	0	1,939,649	2,643,175	2,944	0	90.03	
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	13	0	90.04	
91.00	09100	EMERGENCY	0	996,623	2,796,060	23,499	312	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	19,021	45,508	2,504	312	95.00	
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	377	0	100.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	14,558	127,036	2,105	312	105.00	
106.00	10600	HEART ACQUISITION	0	4,790	41,792	580	312	106.00	
107.00	10700	LIVER ACQUISITION	0	6,240	54,440	1,793	312	107.00	
108.00	10800	LUNG ACQUISITION	0	3,151	27,484	615	312	108.00	
109.00	10900	PANCREAS ACQUISITION	0	945	8,266	257	312	109.00	
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	55,911,005	106,919,687	755,947	47,157	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01	19001	ORLAND PARK PHYSICIAN	0	579,252	1,349,867	5,952	0	190.01	
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
191.01	19101	OTHER NONREIMBURSABLE	0	9,079	1,250,978	802	0	191.01	
191.02	19102	SOUTH LOOP CLINIC	0	395,026	727,375	1,544	0	191.02	
191.03	19103	RIVER EAST CLINIC	0	0	0	9,362	0	191.03	
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04	
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)	0	56,894,362	110,247,907	773,607	47,157	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	20,706,818					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	144,449	963,091				5.03
5.04	00570	ADMITTING	96,963	61	412,779			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	198,712	79	0	427,518		5.05
5.06	00590	OTHER ADMIN & GENERAL	2,158,466	0	0	0	9,034,071	5.06
7.00	00700	OPERATION OF PLANT	653,276	2,818	0	0	318,399	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	51,836	61	0	0	25,252	8.00
9.00	00900	HOUSEKEEPING	376,533	3,897	0	0	183,684	9.00
10.00	01000	DIETARY	173,711	5,964	0	0	85,046	10.00
11.00	01100	CAFETERIA	29,580	2	0	0	14,408	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	212,362	75	0	0	103,441	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	116,795	3,710	0	0	57,159	14.00
15.00	01500	PHARMACY	411,370	0	0	0	200,367	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	145,285	20	0	0	70,766	16.00
17.00	01700	SOCIAL SERVICE	11,765	0	0	0	5,730	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	4,339	3	0	0	2,114	18.01
18.02	01852	PATIENT TRANSPORT	94,177	2	0	0	45,871	18.02
18.03	01853	MEDICAL ELECTRONICS	36,651	4	0	0	17,852	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	692,074	28	0	0	337,092	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	346,140	0	0	0	168,595	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	17,832	9	0	0	8,686	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,248,344	20,117	63,236	37,789	1,112,045	30.00
31.00	03100	INTENSIVE CARE UNIT	617,410	11,544	25,123	13,621	307,490	31.00
32.00	03200	CORONARY CARE UNIT	234,437	3,507	10,901	5,910	117,014	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	59,585	912	1,893	1,027	29,535	33.00
35.00	02080	NURSERY ICU	322,002	2,813	14,147	7,670	160,379	35.00
43.00	04300	NURSERY	102,959	282	4,624	2,507	51,259	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	851,033	134,306	33,689	31,483	435,234	50.00
51.00	05100	RECOVERY ROOM	276,779	3,219	5,189	4,846	136,726	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	131,281	2,751	3,190	1,774	64,906	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	31,981	0	912	788	15,858	52.01
53.00	05300	ANESTHESIOLOGY	107,034	5,010	13,527	13,993	57,181	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	431,606	20,280	9,897	12,687	215,680	54.00
54.01	03630	ULTRA SOUND	22,301	250	1,357	1,632	11,402	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	173,773	1,525	1,136	7,477	86,558	55.00
56.00	05600	RADIOISOTOPE	109,034	11,730	616	2,760	54,653	56.00
57.00	05700	CT SCAN	85,630	1,601	19,205	24,097	49,420	57.00
58.00	05800	MRI	93,171	1,499	5,107	8,947	48,079	58.00
59.00	05900	CARDIAC CATHETERIZATION	90,484	17,459	4,641	4,651	46,921	59.00
60.00	06000	LABORATORY	591,213	25,112	53,980	58,783	309,141	60.00
60.01	06001	LABORATORY - TRANSPLANT	23,102	1,707	275	651	11,554	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	236,364	24,007	10,586	7,353	119,738	63.00
65.00	06500	RESPIRATORY THERAPY	239,345	5,459	12,455	7,364	120,051	65.00
66.00	06600	PHYSICAL THERAPY	118,316	926	2,478	2,467	58,532	66.00
69.00	06900	ELECTROCARDIOLOGY	187,492	19,209	10,922	12,351	96,742	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,920	520	1,162	1,597	37,020	70.00
70.01	07001	BRACE AND PLASTER ROOM	3,213	300	0	49	1,598	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	510,725	0	10,308	9,487	252,064	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	680,519	0	15,562	13,644	336,298	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,777,413	480,040	48,464	64,422	921,714	73.00
74.00	07400	RENAL DIALYSIS	64,202	1,761	3,882	2,167	32,329	74.00
76.97	07697	CARDIAC REHABILITATION	2,721	16	0	110	1,351	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	44,941	0	635	376	22,046	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,787,227	36,049	6,478	27,171	879,975	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN & GENERAL	
			5.02	5.03	5.04	5.05	5.06	
90.01	09001	TRANSPLANT CLINIC	74,436	1,009	5	107	36,354	90.01
90.02	09002	SILVER CROSS CLINIC	240,736	23,834	0	8,336	120,866	90.02
90.03	09003	ORLAND PARK CLINIC	108,278	31,357	36	6,951	56,593	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	21,827	5,229	0	557	11,138	90.04
91.00	09100	EMERGENCY	966,197	44,618	12,804	17,553	479,266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	21,113	176	0	0	10,296	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	5,869	0	0	0	2,858	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	94,039	13	1,619	878	46,186	105.00
106.00	10600	HEART ACQUISITION	53,287	33	878	476	26,164	106.00
107.00	10700	LIVER ACQUISITION	68,982	38	1,128	612	33,868	107.00
108.00	10800	LUNG ACQUISITION	34,685	892	634	344	17,109	108.00
109.00	10900	PANCREAS ACQUISITION	6,615	0	98	53	3,245	109.00
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)	19,998,937	957,843	412,779	427,518	8,688,898	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	383,356	3,477	0	0	186,976	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	58,907	429	0	0	28,723	191.01
191.02	19102	SOUTH LOOP CLINIC	57,683	1,329	0	0	28,193	191.02
191.03	19103	RIVER EAST CLINIC	193,330	13	0	0	94,167	191.03
191.04	19104	ADVOCATE JOINT VENTURE	14,605	0	0	0	7,114	191.04
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)	20,706,818	963,091	412,779	427,518	9,034,071	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	1,899,452				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,934	142,585			8.00
9.00	00900	HOUSEKEEPING	73,147	0	2,493,707		9.00
10.00	01000	DIETARY	24,996	0	34,166	858,191	10.00
11.00	01100	CAFETERIA	50,360	0	68,837	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,560	0	10,334	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	45,378	0	62,026	0	14.00
15.00	01500	PHARMACY	31,318	0	42,809	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,276	0	27,715	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	2,054	0	2,808	0	18.01
18.02	01852	PATIENT TRANSPORT	17,816	0	24,353	0	18.02
18.03	01853	MEDICAL ELECTRONICS	16,185	0	22,124	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	30,432	0	41,596	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,659	0	2,268	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	611,601	103,189	835,983	621,072	30.00
31.00	03100	INTENSIVE CARE UNIT	132,712	14,997	181,402	90,266	31.00
32.00	03200	CORONARY CARE UNIT	42,918	7,151	58,664	43,040	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	13,796	1,689	18,858	10,165	33.00
35.00	02080	NURSERY ICU	34,471	9,539	47,118	57,414	35.00
43.00	04300	NURSERY	15,020	6,020	20,531	36,234	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	102,400	0	139,970	0	50.00
51.00	05100	RECOVERY ROOM	51,571	0	70,492	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,494	0	37,581	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	7,090	0	9,691	0	52.01
53.00	05300	ANESTHESIOLOGY	8,047	0	10,999	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,973	0	118,882	0	54.00
54.01	03630	ULTRA SOUND	1,527	0	2,087	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	10,293	0	14,070	0	56.00
57.00	05700	CT SCAN	3,024	0	4,133	0	57.00
58.00	05800	MRI	92	0	125	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,020	0	12,330	0	59.00
60.00	06000	LABORATORY	99,788	0	136,398	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	2,840	0	3,882	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,159	0	12,520	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,192	0	7,097	0	65.00
66.00	06600	PHYSICAL THERAPY	20,812	0	28,448	0	66.00
69.00	06900	ELECTROCARDIOLOGY	9,685	0	13,238	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,098	0	9,703	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,982	0	8,177	0	74.00
76.97	07697	CARDIAC REHABILITATION	296	0	405	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	88,893	0	121,507	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	0	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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To 06/30/2021Worksheet B
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Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
90.02	09002	SILVER CROSS CLINIC	7,511	0	10,267	0	2,517	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	9,860	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	88,400	0	120,832	0	68,607	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	1,301	0	1,779	0	5,941	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	5,526	0	7,553	0	6,254	105.00
106.00	10600	HEART ACQUISITION	1,818	0	2,485	0	375	106.00
107.00	10700	LIVER ACQUISITION	2,368	0	3,237	0	2,868	107.00
108.00	10800	LUNG ACQUISITION	1,195	0	1,634	0	1,160	108.00
109.00	10900	PANCREAS ACQUISITION	360	0	492	0	206	109.00
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)	1,839,388	142,585	2,411,606	858,191	1,644,172	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	20,778	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	60,064	0	82,101	0	17,205	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	5,931	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	18	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	1,899,452	142,585	2,493,707	858,191	1,688,104	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	1,066,993				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2	1,480,103			14.00
15.00	01500	PHARMACY	0	870	0	2,707,692		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	32	0	704,081	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	0	5	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	0	3	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	5	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	43	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	15	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	352,124	31,474	797	110,270	30.00
31.00	03100	INTENSIVE CARE UNIT	0	110,533	18,061	238	42,680	31.00
32.00	03200	CORONARY CARE UNIT	0	43,630	5,487	28	18,518	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	10,485	1,427	22	3,217	33.00
35.00	02080	NURSERY ICU	0	58,893	4,402	32	24,033	35.00
43.00	04300	NURSERY	0	11,906	442	26	7,855	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	67,970	210,133	2,392	57,231	50.00
51.00	05100	RECOVERY ROOM	0	55,869	5,036	441	8,815	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,805	4,304	174	5,420	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	6,881	0	0	1,549	52.01
53.00	05300	ANESTHESIOLOGY	0	19,324	7,839	5,110	22,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,382	31,730	2,148	16,813	54.00
54.01	03630	ULTRA SOUND	0	0	392	259	2,306	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,381	2,386	5,287	1,930	55.00
56.00	05600	RADIOISOTOPE	0	0	18,353	3,400	1,046	56.00
57.00	05700	CT SCAN	0	0	2,506	3,756	32,626	57.00
58.00	05800	MRI	0	0	2,345	2,559	8,675	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,103	27,316	1,286	7,884	59.00
60.00	06000	LABORATORY	0	226	39,290	48	91,701	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	2,670	0	467	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,784	37,561	111	17,984	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	8,542	22	21,159	65.00
66.00	06600	PHYSICAL THERAPY	0	917	1,449	2,908	4,210	66.00
69.00	06900	ELECTROCARDIOLOGY	0	10,941	30,054	141	18,554	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,511	814	0	1,975	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	469	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	17,510	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	26,437	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	750,400	2,572,739	82,331	73.00
74.00	07400	RENAL DIALYSIS	0	8,114	2,756	4	6,595	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	25	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	1,079	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	159,605	56,401	78,804	11,006	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
90.01	09001	TRANSPLANT CLINIC	0	5,032	1,579	1,887	8	90.01
90.02	09002	SILVER CROSS CLINIC	0	464	37,291	0	1	90.02
90.03	09003	ORLAND PARK CLINIC	0	3,726	49,061	0	62	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	8,182	0	0	90.04
91.00	09100	EMERGENCY	0	72,659	69,809	615	21,751	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
95.00	09500	AMBULANCE SERVICES	0	7,075	275	88	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	3,651	21	4	2,751	105.00
106.00	10600	HEART ACQUISITION	0	762	52	3	1,492	106.00
107.00	10700	LIVER ACQUISITION	0	2,072	59	22	1,916	107.00
108.00	10800	LUNG ACQUISITION	0	501	1,395	43	1,077	108.00
109.00	10900	PANCREAS ACQUISITION	0	120	1	0	167	109.00
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	1,052,318	1,471,892	2,685,394	704,081	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	8,652	5,440	13,447	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	3,648	672	3,062	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	2,375	2,079	5,697	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	20	92	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	0	1,066,993	1,480,103	2,707,692	704,081	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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Cost Center Description		OTHER GENERAL SERVICE					
		SOCIAL SERVICE	OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS	
		17.00	18.00	18.01	18.02	18.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
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	19,577				17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0			18.00
18.01	01851	VOLUNTEERS	0	0	57,260		18.01
18.02	01852	PATIENT TRANSPORT	0	0	0	738,824	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,167	0	10,932	115,536	30.00
31.00	03100	INTENSIVE CARE UNIT	2,059	0	3,330	44,798	31.00
32.00	03200	CORONARY CARE UNIT	982	0	1,445	19,437	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	232	0	251	3,376	33.00
35.00	02080	NURSERY ICU	1,310	0	1,875	25,226	35.00
43.00	04300	NURSERY	827	0	613	8,245	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	4,465	60,072	50.00
51.00	05100	RECOVERY ROOM	0	0	688	9,253	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	423	5,689	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	0	121	1,626	52.01
53.00	05300	ANESTHESIOLOGY	0	0	1,793	24,121	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,312	17,647	54.00
54.01	03630	ULTRA SOUND	0	0	180	2,420	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	151	2,025	55.00
56.00	05600	RADIOISOTOPE	0	0	82	1,098	56.00
57.00	05700	CT SCAN	0	0	2,545	34,245	57.00
58.00	05800	MRI	0	0	677	9,106	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	615	8,276	59.00
60.00	06000	LABORATORY	0	0	7,154	96,254	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	36	490	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,403	18,877	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,651	22,210	65.00
66.00	06600	PHYSICAL THERAPY	0	0	328	4,419	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,447	19,475	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	154	2,073	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,366	18,380	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,062	27,749	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,423	86,418	73.00
74.00	07400	RENAL DIALYSIS	0	0	514	6,922	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	84	1,132	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
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11/19/2021 1:25 pm

Cost Center Description			OTHER GENERAL SERVICE					
			SOCIAL SERVICE	OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS	
			17.00	18.00	18.01	18.02	18.03	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	859	11,552	7,415	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	1	8	5	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	1	1	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	5	65	42	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	1,697	22,831	14,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	215	2,888	1,854	105.00
106.00	10600	HEART ACQUISITION	0	0	116	1,566	1,005	106.00
107.00	10700	LIVER ACQUISITION	0	0	150	2,012	1,291	107.00
108.00	10800	LUNG ACQUISITION	0	0	84	1,131	726	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	13	175	112	109.00
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)	19,577	0	57,260	738,824	471,621	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	19,577	0	57,260	738,824	471,621	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
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To 06/30/2021Worksheet B
Part II
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					19.00	20.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OCCUPATIONAL THERAPY						18.00
18.01	01851	VOLUNTEERS						18.01
18.02	01852	PATIENT TRANSPORT						18.02
18.03	01853	MEDICAL ELECTRONICS						18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			2,150,172			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				533,589		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY					71,610	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
32.00	03200	CORONARY CARE UNIT						32.00
33.00	03300	BURN INTENSIVE CARE UNIT						33.00
35.00	02080	NURSERY ICU						35.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE						52.01
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	03630	ULTRA SOUND						54.01
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
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	LABORATORY - TRANSPLANT						60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
70.01	07001	BRACE AND PLASTER ROOM						70.01
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
74.00	07400	RENAL DIALYSIS						74.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION						77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					19.00	20.00		
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC						90.00
90.01	09001	TRANSPLANT CLINIC						90.01
90.02	09002	SILVER CROSS CLINIC						90.02
90.03	09003	ORLAND PARK CLINIC						90.03
90.04	09004	RIVER EAST INFUSION THERAPY						90.04
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES						95.00
99.10	09910	CORF						99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY						99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
111.00	11100	ISLET ACQUISITION						111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	ORLAND PARK PHYSICIAN						190.01
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER NONREIMBURSABLE						191.01
191.02	19102	SOUTH LOOP CLINIC						191.02
191.03	19103	RIVER EAST CLINIC						191.03
191.04	19104	ADVOCATE JOINT VENTURE						191.04
200.00		Cross Foot Adjustments	0	0	2,150,172	533,589	71,610	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	2,150,172	533,589	71,610	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	DCAM CAPITAL				1.01
1.02	00102	ORLAND PARK CAPITAL				1.02
1.03	00103	SOUTH LOOP CAPITAL				1.03
1.04	00104	RIVER EAST CAPITAL				1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OCCUPATIONAL THERAPY				18.00
18.01	01851	VOLUNTEERS				18.01
18.02	01852	PATIENT TRANSPORT				18.02
18.03	01853	MEDICAL ELECTRONICS				18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	21,168,403	0	21,168,403	30.00
31.00	03100	INTENSIVE CARE UNIT	4,874,194	0	4,874,194	31.00
32.00	03200	CORONARY CARE UNIT	1,574,435	0	1,574,435	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	468,467	0	468,467	33.00
35.00	02080	NURSERY ICU	2,230,472	0	2,230,472	35.00
43.00	04300	NURSERY	669,519	0	669,519	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,058,948	0	11,058,948	50.00
51.00	05100	RECOVERY ROOM	1,921,600	0	1,921,600	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	959,998	0	959,998	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	241,246	0	241,246	52.01
53.00	05300	ANESTHESIOLOGY	1,213,093	0	1,213,093	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,504,837	0	6,504,837	54.00
54.01	03630	ULTRA SOUND	306,675	0	306,675	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,151,805	0	2,151,805	55.00
56.00	05600	RADIOISOTOPE	735,766	0	735,766	56.00
57.00	05700	CT SCAN	1,570,585	0	1,570,585	57.00
58.00	05800	MRI	2,629,204	0	2,629,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	948,603	0	948,603	59.00
60.00	06000	LABORATORY	5,173,381	0	5,173,381	60.00
60.01	06001	LABORATORY - TRANSPLANT	184,668	0	184,668	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	893,058	0	893,058	63.00
65.00	06500	RESPIRATORY THERAPY	1,133,192	0	1,133,192	65.00
66.00	06600	PHYSICAL THERAPY	754,193	0	754,193	66.00
69.00	06900	ELECTROCARDIOLOGY	1,722,806	0	1,722,806	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	710,113	0	710,113	70.00
70.01	07001	BRACE AND PLASTER ROOM	19,928	0	19,928	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	831,638	0	831,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,120,083	0	1,120,083	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,845,836	0	6,845,836	73.00
74.00	07400	RENAL DIALYSIS	403,654	0	403,654	74.00
76.97	07697	CARDIAC REHABILITATION	13,437	0	13,437	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	71,020	0	71,020	77.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet B
Part II
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	12,267,868	0	12,267,868	90.00
90.01	09001	TRANSPLANT CLINIC	180,501	0	180,501	90.01
90.02	09002	SILVER CROSS CLINIC	692,327	0	692,327	90.02
90.03	09003	ORLAND PARK CLINIC	2,912,155	0	2,912,155	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	46,946	0	46,946	90.04
91.00	09100	EMERGENCY	4,822,165	0	4,822,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	96,368	0	96,368	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	9,104	0	9,104	100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	302,905	0	302,905	105.00
106.00	10600	HEART ACQUISITION	133,196	0	133,196	106.00
107.00	10700	LIVER ACQUISITION	177,168	0	177,168	107.00
108.00	10800	LUNG ACQUISITION	91,021	0	91,021	108.00
109.00	10900	PANCREAS ACQUISITION	20,492	0	20,492	109.00
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)	102,857,073	0	102,857,073	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	1,977,945	0	1,977,945	190.01
191.00	19100	RESEARCH	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	1,506,591	0	1,506,591	191.01
191.02	19102	SOUTH LOOP CLINIC	832,206	0	832,206	191.02
191.03	19103	RIVER EAST CLINIC	297,002	0	297,002	191.03
191.04	19104	ADVOCATE JOINT VENTURE	21,719	0	21,719	191.04
200.00		Cross Foot Adjustments	2,755,371	0	2,755,371	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	110,247,907	0	110,247,907	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DCAM CAPITAL (SQUARE FEET)	ORLAND PARK CAPITAL (SQUARE FEET)	SOUTH LOOP CAPITAL (SQUARE FEET)	RIVER EAST CAPITAL (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,261,750					1.00
1.01	00101	DCAM CAPITAL	0	305,604				1.01
1.02	00102	ORLAND PARK CAPITAL	0	0	44,912			1.02
1.03	00103	SOUTH LOOP CAPITAL	0	0	0	18,074		1.03
1.04	00104	RIVER EAST CAPITAL	0	0	0	0	27,977	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,542	0	0	0	0	4.00
5.01	00540	NONPATIENT TELEPHONES	1,262	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	66,240	1,184	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	18,001	0	0	0	0	5.03
5.04	00570	ADMITTING	5,183	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,083	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	53,945	2,258	0	0	0	5.06
7.00	00700	OPERATION OF PLANT	17,172	434	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,097	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	41,487	5,502	0	0	0	9.00
10.00	01000	DIETARY	14,177	0	0	0	0	10.00
11.00	01100	CAFETERIA	28,563	10,517	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,288	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,737	5,510	0	0	0	14.00
15.00	01500	PHARMACY	17,763	4,971	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,500	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	1,165	0	0	0	0	18.01
18.02	01852	PATIENT TRANSPORT	10,105	548	0	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	9,180	0	0	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,260	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	941	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	346,884	806	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	75,271	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	24,342	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,825	0	0	0	0	33.00
35.00	02080	NURSERY ICU	19,551	0	0	0	0	35.00
43.00	04300	NURSERY	8,519	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,079	15,053	0	0	0	50.00
51.00	05100	RECOVERY ROOM	29,250	4,525	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,594	0	0	0	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	4,021	0	0	0	0	52.01
53.00	05300	ANESTHESIOLOGY	4,564	991	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,329	26,935	0	0	0	54.00
54.01	03630	ULTRA SOUND	866	668	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,786	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,838	87	0	0	0	56.00
57.00	05700	CT SCAN	1,715	0	0	0	0	57.00
58.00	05800	MRI	52	4,352	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,116	0	0	0	0	59.00
60.00	06000	LABORATORY	56,597	3,125	0	0	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	1,611	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,195	1,116	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,945	2,683	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,804	917	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	5,493	2,857	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,026	3,582	0	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	636	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,393	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	168	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	DCAM CAPITAL (SQUARE FEET)	ORLAND PARK CAPITAL (SQUARE FEET)	SOUTH LOOP CAPITAL (SQUARE FEET)	RIVER EAST CAPITAL (SQUARE FEET)	
			1.00	1.01	1.02	1.03	1.04	
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	50,418	182,854	0	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	1,768	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	4,260	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	21,434	0	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	521	90.04
91.00	09100	EMERGENCY	50,138	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	738	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	3,134	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,031	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,343	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	678	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	204	0	0	0	0	109.00
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)	1,227,683	304,665	21,434	0	521	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	23,478	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	34,067	939	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	18,074	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	27,456	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	45,283,798	6,263,257	1,474,141	332,349	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	35.889675	20.494683	32.822876	18.388237	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)						204.00
205.00		Unit cost multiplier (Wkst. B, Part II)						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: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	
		MVBLE EQUIP (DOLLAR VALUE)					
		2.00	4.00	5.01	5A.02	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	53,925,505				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	170,531	784,931,088			4.00
5.01	00540	NONPATIENT TELEPHONES	0	1,890,533	151		5.01
5.02	00550	DATA PROCESSING	17,322,472	29,167,060	1	-94,246,434	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	156,779	6,967,441	1	0	5.03
5.04	00570	ADMITTING	117,424	5,616,797	1	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,204	6,813,253	1	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	4,534,166	79,330,449	100	0	5.06
7.00	00700	OPERATION OF PLANT	269,883	14,922,994	1	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,576	208	1	0	8.00
9.00	00900	HOUSEKEEPING	225,910	16,298,403	1	0	9.00
10.00	01000	DIETARY	17,674	6,633,664	1	0	10.00
11.00	01100	CAFETERIA	268,470	703,982	1	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	503,903	12,571,497	1	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	131,198	3,156,557	1	0	14.00
15.00	01500	PHARMACY	1,121,430	21,675,246	1	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,494	5,164,100	1	0	16.00
17.00	01700	SOCIAL SERVICE	0	333,355	1	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	2,700	191,428	1	0	18.01
18.02	01852	PATIENT TRANSPORT	143,372	4,405,821	1	0	18.02
18.03	01853	MEDICAL ELECTRONICS	42,269	1,078,861	1	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	117,422	44,154,205	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	18,804,796	1	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	1,072,668	1	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,816,131	119,479,114	1	0	30.00
31.00	03100	INTENSIVE CARE UNIT	403,547	31,333,339	1	0	31.00
32.00	03200	CORONARY CARE UNIT	34,289	12,645,738	1	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	17,730	3,098,350	1	0	33.00
35.00	02080	NURSERY ICU	650,518	18,133,030	1	0	35.00
43.00	04300	NURSERY	70,730	6,007,137	1	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,061,272	35,756,415	2	0	50.00
51.00	05100	RECOVERY ROOM	90,974	14,752,621	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,356	6,705,344	1	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	11,701	1,961,639	0	0	52.01
53.00	05300	ANESTHESIOLOGY	650,066	12,332,356	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,981,290	14,859,840	1	0	54.00
54.01	03630	ULTRA SOUND	198,835	1,128,431	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,345,841	7,254,496	1	0	55.00
56.00	05600	RADIOISOTOPE	277,378	1,131,341	0	0	56.00
57.00	05700	CT SCAN	1,147,868	3,492,277	1	0	57.00
58.00	05800	MRI	2,217,577	3,194,423	1	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	489,030	2,622,600	1	0	59.00
60.00	06000	LABORATORY	1,340,839	20,023,707	1	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	72,219	622,804	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	150,525	3,661,915	1	0	63.00
65.00	06500	RESPIRATORY THERAPY	453,127	7,394,331	1	0	65.00
66.00	06600	PHYSICAL THERAPY	32,695	6,760,696	1	0	66.00
69.00	06900	ELECTROCARDIOLOGY	937,556	8,888,595	1	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	317,247	4,195,140	1	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	166,331	1	0	70.01
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	200	0	0	73.00
74.00	07400	RENAL DIALYSIS	117,389	3,037,673	1	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,573	160,670	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	
		MVBLE EQUIP (DOLLAR VALUE)					
		2.00	4.00	5.01	5A.02	5.02	
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	3,599,006	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,933,663	93,425,705	1	143,127,036	90.00
90.01	09001	TRANSPLANT CLINIC	18,756	3,033,229	1	5,961,092	90.01
90.02	09002	SILVER CROSS CLINIC	79,649	3,628,353	0	19,278,943	90.02
90.03	09003	ORLAND PARK CLINIC	1,838,434	2,985,978	0	8,671,295	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	13,460	0	1,747,972	90.04
91.00	09100	EMERGENCY	944,617	23,832,272	1	77,376,264	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	18,028	2,540,041	1	1,690,761	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	382,295	0	469,969	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	13,798	2,134,733	1	7,530,918	105.00
106.00	10600	HEART ACQUISITION	4,540	588,394	1	4,267,381	106.00
107.00	10700	LIVER ACQUISITION	5,914	1,818,682	1	5,524,291	107.00
108.00	10800	LUNG ACQUISITION	2,987	623,667	1	2,777,719	108.00
109.00	10900	PANCREAS ACQUISITION	896	260,210	1	529,715	109.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,993,462	767,020,890	151	-94,246,434	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		-2,497	190.00
190.01	19001	ORLAND PARK PHYSICIAN	549,025	6,036,245	0	30,700,394	190.01
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	8,605	813,262	0	4,717,454	191.01
191.02	19102	SOUTH LOOP CLINIC	374,413	1,565,448	0	4,619,432	191.02
191.03	19103	RIVER EAST CLINIC	0	9,495,243	0	15,482,476	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	1,169,609	191.04
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)	56,894,362	180,012,855	2,392,255	94,246,434	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.055055	0.229336	15,842.748344	0.056833	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		773,607	47,157	20,706,818	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000986	312.298013	0.012487	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: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES (COSTED REQ UIS)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	543,050,680					5.03
5.04	00570	ADMITTING	34,638	4,981,886,617				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	44,326	0	9,593,172,639			5.05
5.06	00590	OTHER ADMIN & GENERAL	0	0	0	-182,681,034	1,569,865,660	5.06
7.00	00700	OPERATION OF PLANT	1,589,195	0	0	0	55,325,602	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	34,241	0	0	0	4,387,868	8.00
9.00	00900	HOUSEKEEPING	2,198,189	0	0	0	31,917,244	9.00
10.00	01000	DIETARY	3,363,772	0	0	0	14,777,720	10.00
11.00	01100	CAFETERIA	1,054	0	0	0	2,503,501	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	42,537	0	0	0	17,974,169	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,092,631	0	0	0	9,932,037	14.00
15.00	01500	PHARMACY	0	0	0	0	34,816,200	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,561	0	0	0	12,296,372	16.00
17.00	01700	SOCIAL SERVICE	110	0	0	0	995,717	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	1,767	0	0	0	367,255	18.01
18.02	01852	PATIENT TRANSPORT	1,008	0	0	0	7,970,703	18.02
18.03	01853	MEDICAL ELECTRONICS	1,980	0	0	0	3,101,977	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,536	0	0	0	58,573,797	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	29,295,456	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	5,311	0	0	0	1,509,365	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,346,119	770,473,301	839,747,114	0	193,318,530	30.00
31.00	03100	INTENSIVE CARE UNIT	6,510,784	302,691,874	302,691,874	0	53,430,002	31.00
32.00	03200	CORONARY CARE UNIT	1,977,920	131,332,189	131,332,189	0	20,332,577	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	514,484	22,812,076	22,812,076	0	5,132,063	33.00
35.00	02080	NURSERY ICU	1,586,795	170,445,616	170,445,616	0	27,867,761	35.00
43.00	04300	NURSERY	159,259	55,710,199	55,710,199	0	8,906,884	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,750,974	405,892,574	699,617,364	0	75,627,139	50.00
51.00	05100	RECOVERY ROOM	1,815,493	62,520,175	107,696,283	0	23,757,724	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,551,544	38,437,062	39,428,281	0	11,278,248	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	10,985,091	17,505,004	0	2,755,494	52.01
53.00	05300	ANESTHESIOLOGY	2,825,991	162,979,551	310,949,787	0	9,935,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,438,491	119,239,510	281,923,811	0	37,476,958	54.00
54.01	03630	ULTRA SOUND	141,263	16,354,274	36,267,944	0	1,981,168	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	860,301	13,685,524	166,164,108	0	15,040,416	55.00
56.00	05600	RADIOISOTOPE	6,616,024	7,418,203	61,329,354	0	9,496,688	56.00
57.00	05700	CT SCAN	903,242	231,386,741	535,486,236	0	8,587,375	57.00
58.00	05800	MRI	845,373	61,524,873	198,812,567	0	8,354,363	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,847,248	55,916,056	103,359,394	0	8,153,034	59.00
60.00	06000	LABORATORY	14,163,790	650,363,994	1,306,289,741	0	53,717,027	60.00
60.01	06001	LABORATORY - TRANSPLANT	962,514	3,313,540	14,463,510	0	2,007,716	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,540,499	127,544,488	163,408,552	0	20,805,960	63.00
65.00	06500	RESPIRATORY THERAPY	3,079,193	150,064,595	163,646,571	0	20,860,270	65.00
66.00	06600	PHYSICAL THERAPY	522,320	29,856,792	54,820,805	0	10,170,676	66.00
69.00	06900	ELECTROCARDIOLOGY	10,834,184	131,586,838	274,464,487	0	16,810,089	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	293,455	14,005,716	35,478,857	0	6,432,712	70.00
70.01	07001	BRACE AND PLASTER ROOM	169,017	2,343	1,083,499	0	277,604	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	124,187,591	210,829,457	0	43,799,139	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	187,494,511	303,193,582	0	58,435,817	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	270,599,283	583,908,227	1,524,439,330	0	160,158,804	73.00
74.00	07400	RENAL DIALYSIS	993,508	46,772,640	48,146,066	0	5,617,500	74.00
76.97	07697	CARDIAC REHABILITATION	8,840	1,120	2,437,539	0	234,781	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	7,650,657	8,348,424	0	3,830,784	77.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQ UIS)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	20,332,018	78,053,838	603,805,081	0	152,906,114	90.00
90.01	09001 TRANSPLANT CLINIC	569,057	57,270	2,385,284	0	6,316,965	90.01
90.02	09002 SILVER CROSS CLINIC	13,442,891	5,714	185,240,219	0	21,001,984	90.02
90.03	09003 ORLAND PARK CLINIC	17,685,983	437,046	154,464,105	0	9,833,754	90.03
90.04	09004 RIVER EAST INFUSION THERAPY	2,949,487	0	12,367,257	0	1,935,393	90.04
91.00	09100 EMERGENCY	25,165,530	154,265,790	390,067,531	0	83,278,179	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	99,244	0	4,523	0	1,789,094	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	496,679	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	7,585	19,511,572	19,511,572	0	8,025,434	105.00
106.00	10600 HEART ACQUISITION	18,785	10,583,958	10,583,958	0	4,546,318	106.00
107.00	10700 LIVER ACQUISITION	21,155	13,591,821	13,591,821	0	5,884,941	107.00
108.00	10800 LUNG ACQUISITION	503,033	7,639,148	7,639,148	0	2,972,882	108.00
109.00	10900 PANCREAS ACQUISITION	249	1,182,519	1,182,519	0	563,847	109.00
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)	540,090,781	4,981,886,617	9,593,172,639	-182,681,034	1,509,887,836	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	-2,497	0	190.00
190.01	19001 ORLAND PARK PHYSICIAN	1,961,056	0	0	0	32,489,336	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 OTHER NONREIMBURSABLE	242,109	0	0	0	4,991,011	191.01
191.02	19102 SOUTH LOOP CLINIC	749,515	0	0	0	4,898,841	191.02
191.03	19103 RIVER EAST CLINIC	7,219	0	0	0	16,362,555	191.03
191.04	19104 ADVOCATE JOINT VENTURE	0	0	0	0	1,236,081	191.04
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)	12,225,386	8,207,191	16,818,930		182,681,034	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.022512	0.001647	0.001753		0.116367	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	963,091	412,779	427,518		9,034,071	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001773	0.000083	0.000045		0.005755	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: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	DCAM CAPITAL					1.01
1.02	00102	ORLAND PARK CAPITAL					1.02
1.03	00103	SOUTH LOOP CAPITAL					1.03
1.04	00104	RIVER EAST CAPITAL					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	1,077,322				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,097	225,078			8.00
9.00	00900	HOUSEKEEPING	41,487	0	1,034,738		9.00
10.00	01000	DIETARY	14,177	0	14,177	225,078	10.00
11.00	01100	CAFETERIA	28,563	0	28,563	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	13,404,227	12.00
13.00	01300	NURSING ADMINISTRATION	4,288	0	4,288	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,737	0	25,737	0	14.00
15.00	01500	PHARMACY	17,763	0	17,763	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,500	0	11,500	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	11,442	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	1,165	0	1,165	6,160	18.01
18.02	01852	PATIENT TRANSPORT	10,105	0	10,105	0	18.02
18.03	01853	MEDICAL ELECTRONICS	9,180	0	9,180	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,260	0	17,260	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	941	0	941	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	346,884	162,889	346,884	162,889	30.00
31.00	03100	INTENSIVE CARE UNIT	75,271	23,674	75,271	23,674	31.00
32.00	03200	CORONARY CARE UNIT	24,342	11,288	24,342	11,288	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,825	2,666	7,825	2,666	33.00
35.00	02080	NURSERY ICU	19,551	15,058	19,551	15,058	35.00
43.00	04300	NURSERY	8,519	9,503	8,519	9,503	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	58,079	0	58,079	0	50.00
51.00	05100	RECOVERY ROOM	29,250	0	29,250	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,594	0	15,594	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	4,021	0	4,021	0	52.01
53.00	05300	ANESTHESIOLOGY	4,564	0	4,564	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	49,329	0	49,329	0	54.00
54.01	03630	ULTRA SOUND	866	0	866	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	99,043	55.00
56.00	05600	RADIOISOTOPE	5,838	0	5,838	0	56.00
57.00	05700	CT SCAN	1,715	0	1,715	0	57.00
58.00	05800	MRI	52	0	52	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,116	0	5,116	0	59.00
60.00	06000	LABORATORY	56,597	0	56,597	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	1,611	0	1,611	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,195	0	5,195	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,945	0	2,945	0	65.00
66.00	06600	PHYSICAL THERAPY	11,804	0	11,804	0	66.00
69.00	06900	ELECTROCARDIOLOGY	5,493	0	5,493	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,026	0	4,026	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	6,261	70.01
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	8	73.00
74.00	07400	RENAL DIALYSIS	3,393	0	3,393	0	74.00
76.97	07697	CARDIAC REHABILITATION	168	0	168	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATI ENT DAYS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	50,418	0	50,418	0	1,987,487	90.00
90.01	09001 TRANSPLANT CLINIC	0	0	0	0	5,900	90.01
90.02	09002 SILVER CROSS CLINIC	4,260	0	4,260	0	19,984	90.02
90.03	09003 ORLAND PARK CLINIC	0	0	0	0	78,294	90.03
90.04	09004 RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	50,138	0	50,138	0	544,771	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	738	0	738	0	47,177	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	3,134	0	3,134	0	49,660	105.00
106.00	10600 HEART ACQUISITION	1,031	0	1,031	0	2,981	106.00
107.00	10700 LIVER ACQUISITION	1,343	0	1,343	0	22,774	107.00
108.00	10800 LUNG ACQUISITION	678	0	678	0	9,213	108.00
109.00	10900 PANCREAS ACQUISITION	204	0	204	0	1,634	109.00
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)	1,043,255	225,078	1,000,671	225,078	13,055,389	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 ORLAND PARK PHYSICIAN	0	0	0	0	164,985	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 OTHER NONREIMBURSABLE	34,067	0	34,067	0	136,618	191.01
191.02	19102 SOUTH LOOP CLINIC	0	0	0	0	47,094	191.02
191.03	19103 RIVER EAST CLINIC	0	0	0	0	141	191.03
191.04	19104 ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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)	61,763,676	4,961,363	38,009,839	17,830,912	5,481,591	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	57.330748	22.042861	36.733781	79.221034	0.408945	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,899,452	142,585	2,493,707	858,191	1,688,104	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.763124	0.633492	2.409989	3.812860	0.125938	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: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	4,781,134				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9	533,650,097			14.00
15.00	01500	PHARMACY	0	3,898	0	282,283,371		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	11,561	0	4,981,886,617	16.00
17.00	01700	SOCIAL SERVICE	0	0	110	0	0	17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0	0	0	0	18.00
18.01	01851	VOLUNTEERS	0	0	1,767	0	0	18.01
18.02	01852	PATIENT TRANSPORT	0	0	1,008	0	0	18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	1,980	0	0	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	15,536	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	5,311	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,577,847	11,346,119	83,097	770,473,301	30.00
31.00	03100	INTENSIVE CARE UNIT	0	495,291	6,510,784	24,788	302,691,874	31.00
32.00	03200	CORONARY CARE UNIT	0	195,503	1,977,920	2,954	131,332,189	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	46,981	514,484	2,249	22,812,076	33.00
35.00	02080	NURSERY ICU	0	263,896	1,586,795	3,341	170,445,616	35.00
43.00	04300	NURSERY	0	53,352	159,259	2,725	55,710,199	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	304,568	75,750,974	249,406	405,892,574	50.00
51.00	05100	RECOVERY ROOM	0	250,346	1,815,493	45,969	62,520,175	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	88,743	1,551,544	18,094	38,437,062	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	30,832	0	0	10,985,091	52.01
53.00	05300	ANESTHESIOLOGY	0	86,589	2,825,991	532,703	162,979,551	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,598	11,438,491	223,906	119,239,510	54.00
54.01	03630	ULTRA SOUND	0	0	141,263	27,037	16,354,274	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,669	860,301	551,169	13,685,524	55.00
56.00	05600	RADIOISOTOPE	0	0	6,616,024	354,411	7,418,203	56.00
57.00	05700	CT SCAN	0	0	903,242	391,625	231,386,741	57.00
58.00	05800	MRI	0	0	845,373	266,764	61,524,873	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,868	9,847,248	134,101	55,916,056	59.00
60.00	06000	LABORATORY	0	1,014	14,163,790	4,953	650,363,994	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	962,514	0	3,313,540	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	12,474	13,540,499	11,597	127,544,488	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,079,193	2,296	150,064,595	65.00
66.00	06600	PHYSICAL THERAPY	0	4,107	522,320	303,205	29,856,792	66.00
69.00	06900	ELECTROCARDIOLOGY	0	49,028	10,834,184	14,695	131,586,838	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,771	293,455	0	14,005,716	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	169,017	0	2,343	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	124,187,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	187,494,511	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	270,599,283	268,214,212	583,908,227	73.00
74.00	07400	RENAL DIALYSIS	0	36,357	993,508	406	46,772,640	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	8,840	0	1,120	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	7,650,657	77.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (INPATIENT CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	715,184	20,332,018	8,215,613	78,053,838	90.00
90.01	09001	TRANSPLANT CLINIC	0	22,548	569,057	196,749	57,270	90.01
90.02	09002	SILVER CROSS CLINIC	0	2,080	13,442,891	0	5,714	90.02
90.03	09003	ORLAND PARK CLINIC	0	16,697	17,685,983	0	437,046	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	2,949,487	0	0	90.04
91.00	09100	EMERGENCY	0	325,583	25,165,530	64,082	154,265,790	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	31,703	99,244	9,145	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	16,358	7,585	397	19,511,572	105.00
106.00	10600	HEART ACQUISITION	0	3,415	18,785	348	10,583,958	106.00
107.00	10700	LIVER ACQUISITION	0	9,286	21,155	2,316	13,591,821	107.00
108.00	10800	LUNG ACQUISITION	0	2,246	503,033	4,445	7,639,148	108.00
109.00	10900	PANCREAS ACQUISITION	0	538	249	0	1,182,519	109.00
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	4,715,379	530,690,198	279,958,798	4,981,886,617	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	38,769	1,961,056	1,401,879	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	16,345	242,109	319,185	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	10,641	749,515	593,882	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	7,219	9,627	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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	20,582,685	13,562,576	40,804,420	14,861,438	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4.304980	0.025415	0.144551	0.002983	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,066,993	1,480,103	2,707,692	704,081	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.223167	0.002774	0.009592	0.000141	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: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			OTHER GENERAL SERVICE					
			SOCIAL SERVICE	OCCUPATIONAL THERAPY (TIME SPENT)	VOLUNTEERS (INPATIENT CHARGES)	PATIENT TRANSPORT (INPATIENT CHARGES)	MEDICAL ELECTRONICS (INPATIENT CHARGES)	
			(TOTAL PATIENT DAYS)					
			17.00	18.00	18.01	18.02	18.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
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	225,078					17.00
18.00	01850	OCCUPATIONAL THERAPY	0	0				18.00
18.01	01851	VOLUNTEERS	0	0	4,981,886,617			18.01
18.02	01852	PATIENT TRANSPORT	0	0	0	4,981,886,617		18.02
18.03	01853	MEDICAL ELECTRONICS	0	0	0	0	4,981,886,617	18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	162,889	0	770,473,301	770,473,301	770,473,301	30.00
31.00	03100	INTENSIVE CARE UNIT	23,674	0	302,691,874	302,691,874	302,691,874	31.00
32.00	03200	CORONARY CARE UNIT	11,288	0	131,332,189	131,332,189	131,332,189	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,666	0	22,812,076	22,812,076	22,812,076	33.00
35.00	02080	NURSERY ICU	15,058	0	170,445,616	170,445,616	170,445,616	35.00
43.00	04300	NURSERY	9,503	0	55,710,199	55,710,199	55,710,199	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	405,892,574	405,892,574	405,892,574	50.00
51.00	05100	RECOVERY ROOM	0	0	62,520,175	62,520,175	62,520,175	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	38,437,062	38,437,062	38,437,062	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	0	10,985,091	10,985,091	10,985,091	52.01
53.00	05300	ANESTHESIOLOGY	0	0	162,979,551	162,979,551	162,979,551	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	119,239,510	119,239,510	119,239,510	54.00
54.01	03630	ULTRA SOUND	0	0	16,354,274	16,354,274	16,354,274	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	13,685,524	13,685,524	13,685,524	55.00
56.00	05600	RADIOISOTOPE	0	0	7,418,203	7,418,203	7,418,203	56.00
57.00	05700	CT SCAN	0	0	231,386,741	231,386,741	231,386,741	57.00
58.00	05800	MRI	0	0	61,524,873	61,524,873	61,524,873	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	55,916,056	55,916,056	55,916,056	59.00
60.00	06000	LABORATORY	0	0	650,363,994	650,363,994	650,363,994	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	3,313,540	3,313,540	3,313,540	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	127,544,488	127,544,488	127,544,488	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	150,064,595	150,064,595	150,064,595	65.00
66.00	06600	PHYSICAL THERAPY	0	0	29,856,792	29,856,792	29,856,792	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	131,586,838	131,586,838	131,586,838	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	14,005,716	14,005,716	14,005,716	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	2,343	2,343	2,343	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	124,187,591	124,187,591	124,187,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	187,494,511	187,494,511	187,494,511	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	583,908,227	583,908,227	583,908,227	73.00
74.00	07400	RENAL DIALYSIS	0	0	46,772,640	46,772,640	46,772,640	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,120	1,120	1,120	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			OTHER GENERAL SERVICE					
			SOCIAL SERVICE	OCCUPATIONAL THERAPY	VOLUNTEERS	PATIENT TRANSPORT	MEDICAL ELECTRONICS	
			(TOTAL PATIENT DAYS)	(TIME SPENT)	(INPATIENT CHARGES)	(INPATIENT CHARGES)	(INPATIENT CHARGES)	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	7,650,657	7,650,657	7,650,657	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	78,053,838	78,053,838	78,053,838	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	57,270	57,270	57,270	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	5,714	5,714	5,714	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	437,046	437,046	437,046	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	154,265,790	154,265,790	154,265,790	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	19,511,572	19,511,572	19,511,572	105.00
106.00	10600	HEART ACQUISITION	0	0	10,583,958	10,583,958	10,583,958	106.00
107.00	10700	LIVER ACQUISITION	0	0	13,591,821	13,591,821	13,591,821	107.00
108.00	10800	LUNG ACQUISITION	0	0	7,639,148	7,639,148	7,639,148	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	1,182,519	1,182,519	1,182,519	109.00
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)	225,078	0	4,981,886,617	4,981,886,617	4,981,886,617	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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		Cost to be allocated (per Wkst. B, Part I)	1,116,268	0	522,140	9,935,754	4,337,421	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.959472	0.000000	0.000105	0.001994	0.000871	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,577	0	57,260	738,824	471,621	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.086979	0.000000	0.000011	0.000148	0.000095	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0	0	0	0	0	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
					19.00	20.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DCAM CAPITAL						1.01
1.02	00102	ORLAND PARK CAPITAL						1.02
1.03	00103	SOUTH LOOP CAPITAL						1.03
1.04	00104	RIVER EAST CAPITAL						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OCCUPATIONAL THERAPY						18.00
18.01	01851	VOLUNTEERS						18.01
18.02	01852	PATIENT TRANSPORT						18.02
18.03	01853	MEDICAL ELECTRONICS						18.03
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			70,210			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				70,210		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY					100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	13,997	13,997	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,774	2,774	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	2,074	2,074	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	225	225	0	33.00
35.00	02080	NURSERY ICU	0	0	2,160	2,160	0	35.00
43.00	04300	NURSERY	0	0	751	751	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	12,562	12,562	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,686	1,686	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	0	0	0	0	52.01
53.00	05300	ANESTHESIOLOGY	0	0	6,275	6,275	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,174	3,174	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,587	3,587	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	284	284	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	2,243	2,243	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	804	804	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,293	2,293	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,776	2,776	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	0	0	70.01
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	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	719	719	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet B-1

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	7,372	7,372	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	4,454	4,454	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
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	0	70,210	70,210	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ORLAND PARK PHYSICIAN	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER NONREIMBURSABLE	0	0	0	0	0	191.01
191.02	19102	SOUTH LOOP CLINIC	0	0	0	0	0	191.02
191.03	19103	RIVER EAST CLINIC	0	0	0	0	0	191.03
191.04	19104	ADVOCATE JOINT VENTURE	0	0	0	0	0	191.04
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	0	67,864,659	32,704,480	1,793,132	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	966.595343	465.809429	17,931.320000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	2,150,172	533,589	71,610	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	30.624868	7.599900	716.100000	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			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/19/2021 1:25 pm

				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	Total Costs		
					RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	278,427,021		278,427,021	1,286,699	279,713,720	30.00
31.00	03100	INTENSIVE CARE UNIT	73,575,495		73,575,495	187,005	73,762,500	31.00
32.00	03200	CORONARY CARE UNIT	27,946,957		27,946,957	89,165	28,036,122	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,122,433		7,122,433	21,040	7,143,473	33.00
35.00	02080	NURSERY ICU	36,860,104		36,860,104	118,895	36,978,999	35.00
43.00	04300	NURSERY	12,346,759		12,346,759	75,055	12,421,814	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,794,519		95,794,519	4,873,728	100,668,247	50.00
51.00	05100	RECOVERY ROOM	30,885,851		30,885,851	0	30,885,851	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,755,555		14,755,555	734,562	15,490,117	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	3,669,108		3,669,108	0	3,669,108	52.01
53.00	05300	ANESTHESIOLOGY	13,072,450		13,072,450	475,257	13,547,707	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,759,697		47,759,697	2,053,153	49,812,850	54.00
54.01	03630	ULTRA SOUND	2,408,880		2,408,880	0	2,408,880	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	17,060,064		17,060,064	985,845	18,045,909	55.00
56.00	05600	RADIOISOTOPE	11,423,742		11,423,742	0	11,423,742	56.00
57.00	05700	CT SCAN	11,235,664		11,235,664	0	11,235,664	57.00
58.00	05800	MRI	9,786,271		9,786,271	0	9,786,271	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,299,699		10,299,699	497,421	10,797,120	59.00
60.00	06000	LABORATORY	69,763,778		69,763,778	133,684	69,897,462	60.00
60.01	06001	LABORATORY - TRANSPLANT	2,443,735		2,443,735	0	2,443,735	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,908,434		24,908,434	0	24,908,434	63.00
65.00	06500	RESPIRATORY THERAPY	24,608,196	0	24,608,196	150,179	24,758,375	65.00
66.00	06600	PHYSICAL THERAPY	12,786,030	0	12,786,030	0	12,786,030	66.00
69.00	06900	ELECTROCARDIOLOGY	20,639,588		20,639,588	497,421	21,137,009	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,722,719		7,722,719	375,981	8,098,700	70.00
70.01	07001	BRACE AND PLASTER ROOM	316,778		316,778	0	316,778	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,635,202		49,635,202	0	49,635,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,351,973		66,351,973	0	66,351,973	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	229,712,989		229,712,989	0	229,712,989	73.00
74.00	07400	RENAL DIALYSIS	7,072,934		7,072,934	126,358	7,199,292	74.00
76.97	07697	CARDIAC REHABILITATION	280,299		280,299	0	280,299	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,322,105		4,322,105	0	4,322,105	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	181,502,480		181,502,480	12,133,155	193,635,635	90.00
90.01	09001	TRANSPLANT CLINIC	7,194,777		7,194,777	0	7,194,777	90.01
90.02	09002	SILVER CROSS CLINIC	24,205,448		24,205,448	0	24,205,448	90.02
90.03	09003	ORLAND PARK CLINIC	11,534,067		11,534,067	0	11,534,067	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	2,235,570		2,235,570	0	2,235,570	90.04
91.00	09100	EMERGENCY	100,876,817		100,876,817	89,225	100,966,042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	23,261,760		23,261,760	0	23,261,760	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,226,324		2,226,324	0	2,226,324	95.00
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	554,476		554,476	0	554,476	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	9,461,261		9,461,261	0	9,461,261	105.00
106.00	10600	HEART ACQUISITION	5,251,794		5,251,794	0	5,251,794	106.00
107.00	10700	LIVER ACQUISITION	6,827,155		6,827,155	0	6,827,155	107.00
108.00	10800	LUNG ACQUISITION	3,454,944		3,454,944	0	3,454,944	108.00
109.00	10900	PANCREAS ACQUISITION	658,678		658,678	0	658,678	109.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	1,604,240,580	0	1,604,240,580	24,903,828	1,629,144,408	200.00
201.00		Less Observation Beds	23,261,760		23,261,760	0	23,261,760	201.00
202.00		Total (see instructions)	1,580,978,820	0	1,580,978,820	24,903,828	1,605,882,648	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/19/2021 1:25 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	764,694,322		764,694,322			30.00
31.00	03100	INTENSIVE CARE UNIT	302,691,874		302,691,874			31.00
32.00	03200	CORONARY CARE UNIT	131,332,189		131,332,189			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	22,812,076		22,812,076			33.00
35.00	02080	NURSERY ICU	170,445,616		170,445,616			35.00
43.00	04300	NURSERY	55,710,199		55,710,199			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	405,892,574	293,724,790	699,617,364	0.136924	0.000000	50.00
51.00	05100	RECOVERY ROOM	62,520,175	45,176,108	107,696,283	0.286787	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,437,062	991,219	39,428,281	0.374238	0.000000	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	10,985,091	6,519,913	17,505,004	0.209603	0.000000	52.01
53.00	05300	ANESTHESIOLOGY	162,979,551	147,970,236	310,949,787	0.042040	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,239,510	162,684,301	281,923,811	0.169406	0.000000	54.00
54.01	03630	ULTRA SOUND	16,354,274	19,913,670	36,267,944	0.066419	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	13,685,524	152,478,584	166,164,108	0.102670	0.000000	55.00
56.00	05600	RADIOISOTOPE	7,418,203	53,911,151	61,329,354	0.186269	0.000000	56.00
57.00	05700	CT SCAN	231,386,741	304,099,495	535,486,236	0.020982	0.000000	57.00
58.00	05800	MRI	61,524,873	137,287,694	198,812,567	0.049224	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	55,916,056	47,443,338	103,359,394	0.099649	0.000000	59.00
60.00	06000	LABORATORY	650,363,994	655,925,747	1,306,289,741	0.053406	0.000000	60.00
60.01	06001	LABORATORY - TRANSPLANT	3,313,540	11,149,970	14,463,510	0.168959	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	127,544,488	35,864,064	163,408,552	0.152430	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	150,064,595	13,581,976	163,646,571	0.150374	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	29,856,792	24,964,013	54,820,805	0.233233	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	131,586,838	142,877,649	274,464,487	0.075199	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,005,716	21,473,141	35,478,857	0.217671	0.000000	70.00
70.01	07001	BRACE AND PLASTER ROOM	2,343	1,081,156	1,083,499	0.292366	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	124,187,591	86,641,866	210,829,457	0.235428	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,494,511	115,699,071	303,193,582	0.218844	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	583,908,227	940,531,103	1,524,439,330	0.150687	0.000000	73.00
74.00	07400	RENAL DIALYSIS	46,772,640	1,373,426	48,146,066	0.146906	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	1,120	2,436,419	2,437,539	0.114993	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	7,650,657	697,767	8,348,424	0.517715	0.000000	77.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	78,053,838	525,751,243	603,805,081	0.300598	0.000000	90.00
90.01	09001	TRANSPLANT CLINIC	57,270	2,328,014	2,385,284	3.016319	0.000000	90.01
90.02	09002	SILVER CROSS CLINIC	5,714	185,234,505	185,240,219	0.130671	0.000000	90.02
90.03	09003	ORLAND PARK CLINIC	437,046	154,027,059	154,464,105	0.074672	0.000000	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	12,367,257	12,367,257	0.180765	0.000000	90.04
91.00	09100	EMERGENCY	154,265,790	235,801,741	390,067,531	0.258614	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,778,979	69,273,813	75,052,792	0.309939	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,523	4,523	492.222861	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	19,511,572	0	19,511,572			105.00
106.00	10600	HEART ACQUISITION	10,583,958	0	10,583,958			106.00
107.00	10700	LIVER ACQUISITION	13,591,821	0	13,591,821			107.00
108.00	10800	LUNG ACQUISITION	7,639,148	0	7,639,148			108.00
109.00	10900	PANCREAS ACQUISITION	1,182,519	0	1,182,519			109.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	4,981,886,617	4,611,286,022	9,593,172,639			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	4,981,886,617	4,611,286,022	9,593,172,639			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
35.00	02080	NURSERY ICU			35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.143890		50.00
51.00	05100	RECOVERY ROOM	0.286787		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.392868		52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0.209603		52.01
53.00	05300	ANESTHESIOLOGY	0.043569		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176689		54.00
54.01	03630	ULTRA SOUND	0.066419		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108603		55.00
56.00	05600	RADIOISOTOPE	0.186269		56.00
57.00	05700	CT SCAN	0.020982		57.00
58.00	05800	MRI	0.049224		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104462		59.00
60.00	06000	LABORATORY	0.053508		60.00
60.01	06001	LABORATORY - TRANSPLANT	0.168959		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.152430		63.00
65.00	06500	RESPIRATORY THERAPY	0.151292		65.00
66.00	06600	PHYSICAL THERAPY	0.233233		66.00
69.00	06900	ELECTROCARDIOLOGY	0.077012		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228268		70.00
70.01	07001	BRACE AND PLASTER ROOM	0.292366		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.235428		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.218844		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.150687		73.00
74.00	07400	RENAL DIALYSIS	0.149530		74.00
76.97	07697	CARDIAC REHABILITATION	0.114993		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.517715		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.320692		90.00
90.01	09001	TRANSPLANT CLINIC	3.016319		90.01
90.02	09002	SILVER CROSS CLINIC	0.130671		90.02
90.03	09003	ORLAND PARK CLINIC	0.074672		90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0.180765		90.04
91.00	09100	EMERGENCY	0.258842		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.309939		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	492.222861		95.00
99.10	09910	CORF			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY			99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/19/2021 1:25 pm

				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	278,427,021		278,427,021	1,286,699	279,713,720	30.00	
31.00	03100	INTENSIVE CARE UNIT	73,575,495		73,575,495	187,005	73,762,500	31.00	
32.00	03200	CORONARY CARE UNIT	27,946,957		27,946,957	89,165	28,036,122	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	7,122,433		7,122,433	21,040	7,143,473	33.00	
35.00	02080	NURSERY ICU	36,860,104		36,860,104	118,895	36,978,999	35.00	
43.00	04300	NURSERY	12,346,759		12,346,759	75,055	12,421,814	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	95,794,519		95,794,519	4,873,728	100,668,247	50.00	
51.00	05100	RECOVERY ROOM	30,885,851		30,885,851	0	30,885,851	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,755,555		14,755,555	734,562	15,490,117	52.00	
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	3,669,108		3,669,108	0	3,669,108	52.01	
53.00	05300	ANESTHESIOLOGY	13,072,450		13,072,450	475,257	13,547,707	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,759,697		47,759,697	2,053,153	49,812,850	54.00	
54.01	03630	ULTRA SOUND	2,408,880		2,408,880	0	2,408,880	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	17,060,064		17,060,064	985,845	18,045,909	55.00	
56.00	05600	RADIOISOTOPE	11,423,742		11,423,742	0	11,423,742	56.00	
57.00	05700	CT SCAN	11,235,664		11,235,664	0	11,235,664	57.00	
58.00	05800	MRI	9,786,271		9,786,271	0	9,786,271	58.00	
59.00	05900	CARDIAC CATHETERIZATION	10,299,699		10,299,699	497,421	10,797,120	59.00	
60.00	06000	LABORATORY	69,763,778		69,763,778	133,684	69,897,462	60.00	
60.01	06001	LABORATORY - TRANSPLANT	2,443,735		2,443,735	0	2,443,735	60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	24,908,434		24,908,434	0	24,908,434	63.00	
65.00	06500	RESPIRATORY THERAPY	24,608,196	0	24,608,196	150,179	24,758,375	65.00	
66.00	06600	PHYSICAL THERAPY	12,786,030	0	12,786,030	0	12,786,030	66.00	
69.00	06900	ELECTROCARDIOLOGY	20,639,588		20,639,588	497,421	21,137,009	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	7,722,719		7,722,719	375,981	8,098,700	70.00	
70.01	07001	BRACE AND PLASTER ROOM	316,778		316,778	0	316,778	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,635,202		49,635,202	0	49,635,202	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,351,973		66,351,973	0	66,351,973	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	229,712,989		229,712,989	0	229,712,989	73.00	
74.00	07400	RENAL DIALYSIS	7,072,934		7,072,934	126,358	7,199,292	74.00	
76.97	07697	CARDIAC REHABILITATION	280,299		280,299	0	280,299	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	4,322,105		4,322,105	0	4,322,105	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	181,502,480		181,502,480	12,133,155	193,635,635	90.00	
90.01	09001	TRANSPLANT CLINIC	7,194,777		7,194,777	0	7,194,777	90.01	
90.02	09002	SILVER CROSS CLINIC	24,205,448		24,205,448	0	24,205,448	90.02	
90.03	09003	ORLAND PARK CLINIC	11,534,067		11,534,067	0	11,534,067	90.03	
90.04	09004	RIVER EAST INFUSION THERAPY	2,235,570		2,235,570	0	2,235,570	90.04	
91.00	09100	EMERGENCY	100,876,817		100,876,817	89,225	100,966,042	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	23,261,760		23,261,760	0	23,261,760	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	2,226,324		2,226,324	0	2,226,324	95.00	
99.10	09910	CORF	0		0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	554,476		554,476	0	554,476	100.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	9,461,261		9,461,261	0	9,461,261	105.00	
106.00	10600	HEART ACQUISITION	5,251,794		5,251,794	0	5,251,794	106.00	
107.00	10700	LIVER ACQUISITION	6,827,155		6,827,155	0	6,827,155	107.00	
108.00	10800	LUNG ACQUISITION	3,454,944		3,454,944	0	3,454,944	108.00	
109.00	10900	PANCREAS ACQUISITION	658,678		658,678	0	658,678	109.00	
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00	
200.00		Subtotal (see instructions)	1,604,240,580	0	1,604,240,580	24,903,828	1,629,144,408	200.00	
201.00		Less Observation Beds	23,261,760		23,261,760	0	23,261,760	201.00	
202.00		Total (see instructions)	1,580,978,820	0	1,580,978,820	24,903,828	1,605,882,648	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/19/2021 1:25 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	764,694,322		764,694,322			30.00	
31.00	03100	INTENSIVE CARE UNIT	302,691,874		302,691,874			31.00	
32.00	03200	CORONARY CARE UNIT	131,332,189		131,332,189			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	22,812,076		22,812,076			33.00	
35.00	02080	NURSERY ICU	170,445,616		170,445,616			35.00	
43.00	04300	NURSERY	55,710,199		55,710,199			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	405,892,574	293,724,790	699,617,364	0.136924	0.000000	50.00	
51.00	05100	RECOVERY ROOM	62,520,175	45,176,108	107,696,283	0.286787	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,437,062	991,219	39,428,281	0.374238	0.000000	52.00	
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	10,985,091	6,519,913	17,505,004	0.209603	0.000000	52.01	
53.00	05300	ANESTHESIOLOGY	162,979,551	147,970,236	310,949,787	0.042040	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,239,510	162,684,301	281,923,811	0.169406	0.000000	54.00	
54.01	03630	ULTRA SOUND	16,354,274	19,913,670	36,267,944	0.066419	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	13,685,524	152,478,584	166,164,108	0.102670	0.000000	55.00	
56.00	05600	RADIOISOTOPE	7,418,203	53,911,151	61,329,354	0.186269	0.000000	56.00	
57.00	05700	CT SCAN	231,386,741	304,099,495	535,486,236	0.020982	0.000000	57.00	
58.00	05800	MRI	61,524,873	137,287,694	198,812,567	0.049224	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	55,916,056	47,443,338	103,359,394	0.099649	0.000000	59.00	
60.00	06000	LABORATORY	650,363,994	655,925,747	1,306,289,741	0.053406	0.000000	60.00	
60.01	06001	LABORATORY - TRANSPLANT	3,313,540	11,149,970	14,463,510	0.168959	0.000000	60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	127,544,488	35,864,064	163,408,552	0.152430	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	150,064,595	13,581,976	163,646,571	0.150374	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	29,856,792	24,964,013	54,820,805	0.233233	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	131,586,838	142,877,649	274,464,487	0.075199	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	14,005,716	21,473,141	35,478,857	0.217671	0.000000	70.00	
70.01	07001	BRACE AND PLASTER ROOM	2,343	1,081,156	1,083,499	0.292366	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	124,187,591	86,641,866	210,829,457	0.235428	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	187,494,511	115,699,071	303,193,582	0.218844	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	583,908,227	940,531,103	1,524,439,330	0.150687	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	46,772,640	1,373,426	48,146,066	0.146906	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	1,120	2,436,419	2,437,539	0.114993	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	7,650,657	697,767	8,348,424	0.517715	0.000000	77.00	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	78,053,838	525,751,243	603,805,081	0.300598	0.000000	90.00	
90.01	09001	TRANSPLANT CLINIC	57,270	2,328,014	2,385,284	3.016319	0.000000	90.01	
90.02	09002	SILVER CROSS CLINIC	5,714	185,234,505	185,240,219	0.130671	0.000000	90.02	
90.03	09003	ORLAND PARK CLINIC	437,046	154,027,059	154,464,105	0.074672	0.000000	90.03	
90.04	09004	RIVER EAST INFUSION THERAPY	0	12,367,257	12,367,257	0.180765	0.000000	90.04	
91.00	09100	EMERGENCY	154,265,790	235,801,741	390,067,531	0.258614	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,778,979	69,273,813	75,052,792	0.309939	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	4,523	4,523	492.222861	0.000000	95.00	
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	19,511,572	0	19,511,572			105.00	
106.00	10600	HEART ACQUISITION	10,583,958	0	10,583,958			106.00	
107.00	10700	LIVER ACQUISITION	13,591,821	0	13,591,821			107.00	
108.00	10800	LUNG ACQUISITION	7,639,148	0	7,639,148			108.00	
109.00	10900	PANCREAS ACQUISITION	1,182,519	0	1,182,519			109.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	4,981,886,617	4,611,286,022	9,593,172,639			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	4,981,886,617	4,611,286,022	9,593,172,639			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet C
Part I
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
35.00	02080	NURSERY ICU				35.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0.000000			52.01
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRA SOUND	0.000000			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	LABORATORY - TRANSPLANT	0.000000			60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	BRACE AND PLASTER ROOM	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	TRANSPLANT CLINIC	0.000000			90.01
90.02	09002	SILVER CROSS CLINIC	0.000000			90.02
90.03	09003	ORLAND PARK CLINIC	0.000000			90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
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: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part I
Date/Time Prepared:
11/19/2021 1:25 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	21,168,403	0	21,168,403	177,664	119.15	30.00
31.00	INTENSIVE CARE UNIT	4,874,194		4,874,194	23,674	205.89	31.00
32.00	CORONARY CARE UNIT	1,574,435		1,574,435	11,288	139.48	32.00
33.00	BURN INTENSIVE CARE UNIT	468,467		468,467	2,666	175.72	33.00
35.00	NURSERY ICU	2,230,472		2,230,472	15,058	148.13	35.00
43.00	NURSERY	669,519		669,519	9,503	70.45	43.00
200.00	Total (lines 30 through 199)	30,985,490		30,985,490	239,853		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	43,737	5,211,264				30.00
31.00	INTENSIVE CARE UNIT	7,745	1,594,618				31.00
32.00	CORONARY CARE UNIT	929	129,577				32.00
33.00	BURN INTENSIVE CARE UNIT	419	73,627				33.00
35.00	NURSERY ICU	0	0				35.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	52,830	7,009,086				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D Part II Date/Time Prepared: 11/19/2021 1:25 pm		
				Title XVIII		Hospital		PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,058,948	699,617,364	0.015807	102,019,238	1,612,618	50.00
51.00	05100	RECOVERY ROOM	1,921,600	107,696,283	0.017843	30,237	540	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	959,998	39,428,281	0.024348	226,200	5,508	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	241,246	17,505,004	0.013782	85,443	1,178	52.01
53.00	05300	ANESTHESIOLOGY	1,213,093	310,949,787	0.003901	36,483,426	142,322	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,504,837	281,923,811	0.023073	28,407,195	655,439	54.00
54.01	03630	ULTRA SOUND	306,675	36,267,944	0.008456	3,419,376	28,914	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,151,805	166,164,108	0.012950	3,934,213	50,948	55.00
56.00	05600	RADIOISOTOPE	735,766	61,329,354	0.011997	1,859,061	22,303	56.00
57.00	05700	CT SCAN	1,570,585	535,486,236	0.002933	42,261,710	123,954	57.00
58.00	05800	MRI	2,629,204	198,812,567	0.013225	13,850,683	183,175	58.00
59.00	05900	CARDIAC CATHETERIZATION	948,603	103,359,394	0.009178	17,818,898	163,542	59.00
60.00	06000	LABORATORY	5,173,381	1,306,289,741	0.003960	175,002,087	693,008	60.00
60.01	06001	LABORATORY - TRANSPLANT	184,668	14,463,510	0.012768	1,022,072	13,050	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	893,058	163,408,552	0.005465	28,973,894	158,342	63.00
65.00	06500	RESPIRATORY THERAPY	1,133,192	163,646,571	0.006925	24,266,453	168,045	65.00
66.00	06600	PHYSICAL THERAPY	754,193	54,820,805	0.013757	7,900,962	108,694	66.00
69.00	06900	ELECTROCARDIOLOGY	1,722,806	274,464,487	0.006277	38,449,919	241,350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	710,113	35,478,857	0.020015	2,614,150	52,322	70.00
70.01	07001	BRACE AND PLASTER ROOM	19,928	1,083,499	0.018392	738	14	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	831,638	210,829,457	0.003945	30,642,279	120,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,120,083	303,193,582	0.003694	65,874,837	243,342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,845,836	1,524,439,330	0.004491	143,061,538	642,489	73.00
74.00	07400	RENAL DIALYSIS	403,654	48,146,066	0.008384	16,398,276	137,483	74.00
76.97	07697	CARDIAC REHABILITATION	13,437	2,437,539	0.005513	560	3	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	71,020	8,348,424	0.008507	3,113,757	26,489	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,267,868	603,805,081	0.020318	17,595,055	357,496	90.00
90.01	09001	TRANSPLANT CLINIC	180,501	2,385,284	0.075673	36,050	2,728	90.01
90.02	09002	SILVER CROSS CLINIC	692,327	185,240,219	0.003737	4,487	17	90.02
90.03	09003	ORLAND PARK CLINIC	2,912,155	154,464,105	0.018853	167,442	3,157	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	46,946	12,367,257	0.003796	0	0	90.04
91.00	09100	EMERGENCY	4,822,165	390,067,531	0.012362	34,464,958	426,056	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,760,427	75,052,792	0.023456	3,230,968	75,786	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	72,801,756	8,092,972,822		843,216,162	6,461,196	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0088		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part III Date/Time Prepared: 11/19/2021 1:25 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	0	33.00	
35.00	02080	NURSERY ICU	0	0	0	0	0	0	0	35.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	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	177,664	0.00	43,737	30.00			
31.00	03100	INTENSIVE CARE UNIT		0	23,674	0.00	7,745	31.00			
32.00	03200	CORONARY CARE UNIT		0	11,288	0.00	929	32.00			
33.00	03300	BURN INTENSIVE CARE UNIT		0	2,666	0.00	419	33.00			
35.00	02080	NURSERY ICU		0	15,058	0.00	0	35.00			
43.00	04300	NURSERY		0	9,503	0.00	0	43.00			
200.00		Total (lines 30 through 199)		0	239,853		52,830	200.00			
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0							30.00	
31.00	03100	INTENSIVE CARE UNIT	0							31.00	
32.00	03200	CORONARY CARE UNIT	0							32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0							33.00	
35.00	02080	NURSERY ICU	0							35.00	
43.00	04300	NURSERY	0							43.00	
200.00		Total (lines 30 through 199)	0							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0088		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/19/2021 1:25 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	0	0	0	0	52.01
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	0	0	70.01
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	1,793,132	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	0	0	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	0	0	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	0	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	1,793,132	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0088		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/19/2021 1:25 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	699,617,364	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	107,696,283	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	39,428,281	0.000000	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	0	0	17,505,004	0.000000	52.01
53.00	05300	ANESTHESIOLOGY	0	0	0	310,949,787	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	281,923,811	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	36,267,944	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	166,164,108	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	61,329,354	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	535,486,236	0.000000	57.00
58.00	05800	MRI	0	0	0	198,812,567	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	103,359,394	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	1,306,289,741	0.000000	60.00
60.01	06001	LABORATORY - TRANSPLANT	0	0	0	14,463,510	0.000000	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	163,408,552	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	163,646,571	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	54,820,805	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	274,464,487	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	35,478,857	0.000000	70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0	0	1,083,499	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	210,829,457	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	303,193,582	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,793,132	1,793,132	1,524,439,330	0.001176	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	48,146,066	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,437,539	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	8,348,424	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	603,805,081	0.000000	90.00
90.01	09001	TRANSPLANT CLINIC	0	0	0	2,385,284	0.000000	90.01
90.02	09002	SILVER CROSS CLINIC	0	0	0	185,240,219	0.000000	90.02
90.03	09003	ORLAND PARK CLINIC	0	0	0	154,464,105	0.000000	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0	0	12,367,257	0.000000	90.04
91.00	09100	EMERGENCY	0	0	0	390,067,531	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	75,052,792	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,793,132	1,793,132	8,092,972,822		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0088		Period: From 07/01/2020 To 06/30/2021		Worksheet D Part IV Date/Time Prepared: 11/19/2021 1:25 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		102,019,238	0	66,755,465	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		30,237	0	4,662	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		226,200	0	5,231	0	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0.000000		85,443	0	31,033	0	52.01
53.00	05300	ANESTHESIOLOGY	0.000000		36,483,426	0	32,827,960	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		28,407,195	0	45,837,467	0	54.00
54.01	03630	ULTRA SOUND	0.000000		3,419,376	0	3,810,418	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		3,934,213	0	49,602,246	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		1,859,061	0	10,850,242	0	56.00
57.00	05700	CT SCAN	0.000000		42,261,710	0	75,118,844	0	57.00
58.00	05800	MRI	0.000000		13,850,683	0	26,570,700	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		17,818,898	0	17,857,660	0	59.00
60.00	06000	LABORATORY	0.000000		175,002,087	0	85,280,858	0	60.00
60.01	06001	LABORATORY - TRANSPLANT	0.000000		1,022,072	0	1,551,576	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		28,973,894	0	5,661,589	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		24,266,453	0	3,566,847	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		7,900,962	0	210,717	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		38,449,919	0	42,200,321	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		2,614,150	0	3,616,910	0	70.00
70.01	07001	BRACE AND PLASTER ROOM	0.000000		738	0	55,641	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		30,642,279	0	22,689,267	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		65,874,837	0	41,314,565	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001176		143,061,538	168,240	469,103,205	551,665	73.00
74.00	07400	RENAL DIALYSIS	0.000000		16,398,276	0	598,756	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		560	0	752,267	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		3,113,757	0	219,348	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		17,595,055	0	98,411,685	0	90.00
90.01	09001	TRANSPLANT CLINIC	0.000000		36,050	0	733,421	0	90.01
90.02	09002	SILVER CROSS CLINIC	0.000000		4,487	0	8,311,368	0	90.02
90.03	09003	ORLAND PARK CLINIC	0.000000		167,442	0	42,772,758	0	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0.000000		0	0	50,681	0	90.04
91.00	09100	EMERGENCY	0.000000		34,464,958	0	20,848,555	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		3,230,968	0	15,416,586	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			843,216,162	168,240	1,192,638,849	551,665	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/19/2021 1:25 pm

			Title XVIII	Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.136924	66,755,465	0	0	9,140,425	50.00
51.00	05100	RECOVERY ROOM	0.286787	4,662	0	0	1,337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.374238	5,231	0	0	1,958	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0.209603	31,033	0	0	6,505	52.01
53.00	05300	ANESTHESIOLOGY	0.042040	32,827,960	1	0	1,380,087	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169406	45,837,467	0	0	7,765,142	54.00
54.01	03630	ULTRA SOUND	0.066419	3,810,418	0	0	253,084	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102670	49,602,246	0	0	5,092,663	55.00
56.00	05600	RADIOISOTOPE	0.186269	10,850,242	0	0	2,021,064	56.00
57.00	05700	CT SCAN	0.020982	75,118,844	0	0	1,576,144	57.00
58.00	05800	MRI	0.049224	26,570,700	0	0	1,307,916	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.099649	17,857,660	0	0	1,779,498	59.00
60.00	06000	LABORATORY	0.053406	85,280,858	6,355	0	4,554,510	60.00
60.01	06001	LABORATORY - TRANSPLANT	0.168959	1,551,576	614	0	262,153	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.152430	5,661,589	2,359	0	862,996	63.00
65.00	06500	RESPIRATORY THERAPY	0.150374	3,566,847	0	0	536,361	65.00
66.00	06600	PHYSICAL THERAPY	0.233233	210,717	0	0	49,146	66.00
69.00	06900	ELECTROCARDIOLOGY	0.075199	42,200,321	0	0	3,173,422	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.217671	3,616,910	0	0	787,296	70.00
70.01	07001	BRACE AND PLASTER ROOM	0.292366	55,641	0	0	16,268	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.235428	22,689,267	0	0	5,341,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.218844	41,314,565	30,186	0	9,041,445	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.150687	469,103,205	11,651	503,536	70,687,755	73.00
74.00	07400	RENAL DIALYSIS	0.146906	598,756	0	0	87,961	74.00
76.97	07697	CARDIAC REHABILITATION	0.114993	752,267	0	0	86,505	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.517715	219,348	0	0	113,560	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.300598	98,411,685	10	12,672	29,582,356	90.00
90.01	09001	TRANSPLANT CLINIC	3.016319	733,421	0	120	2,212,232	90.01
90.02	09002	SILVER CROSS CLINIC	0.130671	8,311,368	2	64	1,086,055	90.02
90.03	09003	ORLAND PARK CLINIC	0.074672	42,772,758	0	24	3,193,927	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0.180765	50,681	0	0	9,161	90.04
91.00	09100	EMERGENCY	0.258614	20,848,555	12	2	5,391,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.309939	15,416,586	0	51	4,778,201	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	492.222861		0			95.00
200.00		Subtotal (see instructions)		1,192,638,849	51,190	516,469	172,180,550	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		1,192,638,849	51,190	516,469	172,180,550	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet D
Part V
Date/Time Prepared:
11/19/2021 1:25 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0	0		52.01
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	339	0		60.00
60.01	06001	LABORATORY - TRANSPLANT	104	0		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	360	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	BRACE AND PLASTER ROOM	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,606	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,756	75,876		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3	3,809		90.00
90.01	09001	TRANSPLANT CLINIC	0	362		90.01
90.02	09002	SILVER CROSS CLINIC	0	8		90.02
90.03	09003	ORLAND PARK CLINIC	0	2		90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0	0		90.04
91.00	09100	EMERGENCY	3	1		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	16		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	9,171	80,074		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	9,171	80,074		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/19/2021 1:25 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)		177,664	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		177,664	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)		162,889	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)		43,737	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)		279,713,720	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)		279,713,720	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)		279,713,720	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)		1,574.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		68,859,533	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)		68,859,533	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
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		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	73,762,500	23,674	3,115.76	7,745	24,131,561	43.00
44.00	CORONARY CARE UNIT	28,036,122	11,288	2,483.71	929	2,307,367	44.00
45.00	BURN INTENSIVE CARE UNIT	7,143,473	2,666	2,679.47	419	1,122,698	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NURSERY ICU	36,978,999	15,058	2,455.77	0	0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					111,798,504	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					208,219,663	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					7,009,086	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,629,436	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					13,638,522	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					194,581,141	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)					14,775	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,574.40	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					23,261,760	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
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		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	21,168,403	279,713,720	0.075679	23,261,760	1,760,427	90.00
91.00	Nursing School cost	0	279,713,720	0.000000	23,261,760	0	91.00
92.00	Allied health cost	0	279,713,720	0.000000	23,261,760	0	92.00
93.00	All other Medical Education	0	279,713,720	0.000000	23,261,760	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-1 Date/Time Prepared: 11/19/2021 1:25 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			177,664 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			177,664 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)			162,889 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)			18,183 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)			9,503 15.00
16.00	Nursery days (title V or XIX only)			1,061 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)			278,427,021 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)			278,427,021 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)			278,427,021 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)			1,567.15 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			28,495,488 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)			28,495,488 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0088

Period:
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Worksheet D-1

Date/Time Prepared:
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Cost Center Description		Title XIX		Hospital		Cost	
		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)	12,346,759	9,503	1,299.25	1,061	1,378,504	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	73,575,495	23,674	3,107.86	2,643	8,214,074	43.00
44.00	CORONARY CARE UNIT	27,946,957	11,288	2,475.81	1,260	3,119,521	44.00
45.00	BURN INTENSIVE CARE UNIT	7,122,433	2,666	2,671.58	298	796,131	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NURSERY ICU	36,860,104	15,058	2,447.88	2,149	5,260,494	47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,264,212	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					14,775	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,567.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					23,154,641	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-1

Date/Time Prepared:
11/19/2021 1:25 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	21,168,403	278,427,021	0.076029	23,154,641	1,760,424	90.00
91.00	Nursing School cost	0	278,427,021	0.000000	23,154,641	0	91.00
92.00	Allied health cost	0	278,427,021	0.000000	23,154,641	0	92.00
93.00	All other Medical Education	0	278,427,021	0.000000	23,154,641	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-2

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V	
	1.00	2.00	3.00	4.00	5.00	
PART I - NOT IN APPROVED TEACHING PROGRAM						
1.00 Total cost of services rendered	100.00	554,476				1.00
Hospital Inpatient Routine Services:						
2.00 ADULTS & PEDIATRICS	100.00	554,476	177,664	3.12	0	2.00
3.00 INTENSIVE CARE UNIT	0.00	0	23,674	0.00	0	3.00
4.00 CORONARY CARE UNIT	0.00	0	11,288	0.00	0	4.00
5.00 BURN INTENSIVE CARE UNIT	0.00	0	2,666	0.00	0	5.00
6.00 SURGICAL INTENSIVE CARE UNIT						6.00
7.00 NURSERY ICU	0.00	0	15,058	0.00	0	7.00
8.00 NURSERY	0.00	0	9,503	0.00	0	8.00
9.00 Subtotal (sum of lines 2 through 8)	100.00	554,476				9.00
10.00 SUBPROVIDER - IPF						10.00
11.00 SUBPROVIDER - IRF						11.00
12.00 SUBPROVIDER						12.00
13.00 SKILLED NURSING FACILITY						13.00
14.00 NURSING FACILITY						14.00
15.00 OTHER LONG TERM CARE						15.00
16.00 HOME HEALTH AGENCY						16.00
17.00 CMHC						17.00
17.10 CORF	0.00	0				17.10
17.20 OUTPATIENT PHYSICAL THERAPY	0.00	0				17.20
17.30 OUTPATIENT OCCUPATIONAL THERAPY	0.00	0				17.30
17.40 OUTPATIENT SPEECH PATHOLOGY	0.00	0				17.40
18.00 AMBULATORY SURGICAL CENTER (D.P.)						18.00
19.00 HOSPICE						19.00
20.00 Subtotal (sum of lines 9 through 19)	100.00	554,476				20.00
Cost Center Description			Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V	
	1.00	2.00	3.00	4.00	5.00	
Hospital Outpatient Services:						
21.00 RURAL HEALTH CLINIC						21.00
22.00 FEDERALLY QUALIFIED HEALTH CENTER						22.00
23.00 CLINIC	0.00	0	603,805,081	0.000000	0	23.00
23.01 TRANSPLANT CLINIC	0.00	0	2,385,284	0.000000	0	23.01
23.02 SILVER CROSS CLINIC	0.00	0	185,240,219	0.000000	0	23.02
23.03 ORLAND PARK CLINIC	0.00	0	154,464,105	0.000000	0	23.03
23.04 RIVER EAST INFUSION THERAPY	0.00	0	12,367,257	0.000000	0	23.04
24.00 EMERGENCY	0.00	0	390,067,531	0.000000	0	24.00
25.00 OBSERVATION BEDS (NON-DISTINCT PART	0.00	0	75,052,792	0.000000	0	25.00
26.00 OTHER OUTPATIENT SERVICE COST CENTER						26.00
27.00 Subtotal (sum of lines 21 through 26)	0.00	0				27.00
28.00 Total (sum of lines 20 and 27)	100.00	554,476				28.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-2

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)							
Hospital Inpatient Routine Services:							
29.00	ADULTS & PEDIATRICS	0	0	0	0	0.00	29.00
30.00	Swing Bed - SNF		0	0	0	0.00	30.00
31.00	Swing Bed - NF		0				31.00
32.00	INTENSIVE CARE UNIT	0		0	0	0.00	32.00
33.00	CORONARY CARE UNIT	0		0	0	0.00	33.00
34.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	SURGICAL INTENSIVE CARE UNIT						35.00
36.00	NURSERY ICU	0		0	0	0.00	36.00
37.00	Subtotal (sum of lines 29, and 32 through 36)	0		0			37.00
38.00	SUBPROVIDER - IPF						38.00
39.00	SUBPROVIDER - IRF						39.00
40.00	SUBPROVIDER						40.00
41.00	SKILLED NURSING FACILITY						41.00
42.00	Total (sum of lines 37 through 41)	0		0			42.00
Cost Center Description		Not In Approved Teaching Program			In Approved Teaching Program		
		(from Part I:)		Amount	(from Part II, col. 7, -)		
		1.00		2.00	3.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)							
Hospital							
43.00	Inpatient	col. 9, line 9.00		0	line 37.00		43.00
44.00	Outpatient	col. 9, line 27.00		0			44.00
45.00	Total Hospital (sum of lines 43 and 44)			0			45.00
46.00	SUBPROVIDER - IPF						46.00
47.00	SUBPROVIDER - IRF						47.00
48.00	SUBPROVIDER						48.00
49.00	SKILLED NURSING FACILITY						49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-2

Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)		
		Title XVIII, Part B Only less Part A Coverage but no Part B Coverage	Title XIX					
		6.00	7.00	8.00	9.00	10.00		
PART I - NOT IN APPROVED TEACHING PROGRAM								
1.00	Total cost of services rendered						1.00	
Hospital Inpatient Routine Services:								
2.00	ADULTS & PEDIATRICS	43,426	18,183	0	135,489	56,731	2.00	
3.00	INTENSIVE CARE UNIT	7,592	2,643	0	0	0	3.00	
4.00	CORONARY CARE UNIT	878	1,260	0	0	0	4.00	
5.00	BURN INTENSIVE CARE UNIT	398	298	0	0	0	5.00	
6.00	SURGICAL INTENSIVE CARE UNIT						6.00	
7.00	NURSERY ICU	0	2,149	0	0	0	7.00	
8.00	NURSERY		1,061	0		0	8.00	
9.00	Subtotal (sum of lines 2 through 8)			0	135,489	56,731	9.00	
10.00	SUBPROVIDER - IPF						10.00	
11.00	SUBPROVIDER - IRF						11.00	
12.00	SUBPROVIDER						12.00	
13.00	SKILLED NURSING FACILITY						13.00	
14.00	NURSING FACILITY						14.00	
15.00	OTHER LONG TERM CARE						15.00	
16.00	HOME HEALTH AGENCY						16.00	
17.00	CMHC						17.00	
17.10	CORF						17.10	
17.20	OUTPATIENT PHYSICAL THERAPY						17.20	
17.30	OUTPATIENT OCCUPATIONAL THERAPY						17.30	
17.40	OUTPATIENT SPEECH PATHOLOGY						17.40	
18.00	AMBULATORY SURGICAL CENTER (D.P.)						18.00	
19.00	HOSPICE						19.00	
20.00	Subtotal (sum of lines 9 through 19)						20.00	
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost				
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX		
		6.00	7.00	8.00	9.00	10.00		
Hospital Outpatient Services:								
21.00	RURAL HEALTH CLINIC						21.00	
22.00	FEDERALLY QUALIFIED HEALTH CENTER						22.00	
23.00	CLINIC	116,019,422	0	0	0	0	23.00	
23.01	TRANSPLANT CLINIC	769,591	0	0	0	0	23.01	
23.02	SILVER CROSS CLINIC	8,315,921	0	0	0	0	23.02	
23.03	ORLAND PARK CLINIC	42,940,224	0	0	0	0	23.03	
23.04	RIVER EAST INFUSION THERAPY	50,681	0	0	0	0	23.04	
24.00	EMERGENCY	55,313,527	0	0	0	0	24.00	
25.00	OBSERVATION BEDS (NON-DISTINCT PART	18,647,605	0	0	0	0	25.00	
26.00	OTHER OUTPATIENT SERVICE COST CENTER						26.00	
27.00	Subtotal (sum of lines 21 through 26)			0	0	0	27.00	
28.00	Total (sum of lines 20 and 27)						28.00	

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet D-2

Date/Time Prepared:
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Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents		
		6.00	7.00	11.00		
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)						
Hospital Inpatient Routine Services:						
29.00	ADULTS & PEDIATRICS	0	0	0		29.00
30.00	Swing Bed - SNF	0	0			30.00
31.00	Swing Bed - NF					31.00
32.00	INTENSIVE CARE UNIT	0	0	0		32.00
33.00	CORONARY CARE UNIT	0	0	0		33.00
34.00	BURN INTENSIVE CARE UNIT	0	0	0		34.00
35.00	SURGICAL INTENSIVE CARE UNIT					35.00
36.00	NURSERY ICU	0	0	0		36.00
37.00	Subtotal (sum of lines 29, and 32 through 36)		0	0		37.00
38.00	SUBPROVIDER - IPF					38.00
39.00	SUBPROVIDER - IRF					39.00
40.00	SUBPROVIDER					40.00
41.00	SKILLED NURSING FACILITY					41.00
42.00	Total (sum of lines 37 through 41)		0	0		42.00
Cost Center Description		In Approved Teaching Program	Total Title XVIII Costs			
		Amount	(to Wkst. E, Part B -) (col. 2 + col. 4)			
		4.00	5.00 6.00			
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)						
Hospital						
43.00	Inpatient	0			0	43.00
44.00	Outpatient					44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 22		0	45.00
46.00	SUBPROVIDER - IPF					46.00
47.00	SUBPROVIDER - IRF					47.00
48.00	SUBPROVIDER					48.00
49.00	SKILLED NURSING FACILITY					49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-3 Date/Time Prepared: 11/19/2021 1:25 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		198,780,878	30.00
31.00	03100	INTENSIVE CARE UNIT		54,229,757	31.00
32.00	03200	CORONARY CARE UNIT		42,971,746	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,643,761	33.00
35.00	02080	NURSERY ICU		0	35.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.143890	102,019,238	50.00
51.00	05100	RECOVERY ROOM	0.286787	30,237	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.392868	226,200	52.00
52.01	05201	L & D TRIAGE/ANTEPARTUM CARE	0.209603	85,443	52.01
53.00	05300	ANESTHESIOLOGY	0.043569	36,483,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.176689	28,407,195	54.00
54.01	03630	ULTRA SOUND	0.066419	3,419,376	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.108603	3,934,213	55.00
56.00	05600	RADIOISOTOPE	0.186269	1,859,061	56.00
57.00	05700	CT SCAN	0.020982	42,261,710	57.00
58.00	05800	MRI	0.049224	13,850,683	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104462	17,818,898	59.00
60.00	06000	LABORATORY	0.053508	175,002,087	60.00
60.01	06001	LABORATORY - TRANSPLANT	0.168959	1,022,072	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.152430	28,973,894	63.00
65.00	06500	RESPIRATORY THERAPY	0.151292	24,266,453	65.00
66.00	06600	PHYSICAL THERAPY	0.233233	7,900,962	66.00
69.00	06900	ELECTROCARDIOLOGY	0.077012	38,449,919	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228268	2,614,150	70.00
70.01	07001	BRACE AND PLASTER ROOM	0.292366	738	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.235428	30,642,279	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.218844	65,874,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.150687	143,061,538	73.00
74.00	07400	RENAL DIALYSIS	0.149530	16,398,276	74.00
76.97	07697	CARDIAC REHABILITATION	0.114993	560	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.517715	3,113,757	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.320692	17,595,055	90.00
90.01	09001	TRANSPLANT CLINIC	3.016319	36,050	90.01
90.02	09002	SILVER CROSS CLINIC	0.130671	4,487	90.02
90.03	09003	ORLAND PARK CLINIC	0.074672	167,442	90.03
90.04	09004	RIVER EAST INFUSION THERAPY	0.180765	0	90.04
91.00	09100	EMERGENCY	0.258842	34,464,958	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.309939	3,230,968	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		843,216,162	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)		843,216,162	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 11/19/2021 1:25 pm	
				Kidney	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	189,298	1,574.40	29	45,658	1.00
2.00	INTENSIVE CARE UNIT	43.00	700,766	3,115.76	53	165,135	2.00
3.00	CORONARY CARE UNIT	44.00	27,793	2,483.71	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,679.47	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,455.77	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		917,857		82	210,793	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.136924	2,687,703	368,011	8.00
9.00	RECOVERY ROOM		51.00	0.286787	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.374238	0	0	10.00
10.01	L & D TRIAGE/ANTEPARTUM CARE		52.01	0.209603	7,001	1,467	10.01
11.00	ANESTHESIOLOGY		53.00	0.042040	415,342	17,461	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.169406	317,520	53,790	12.00
12.01	ULTRA SOUND		54.01	0.066419	32,389	2,151	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.102670	11,062	1,136	13.00
14.00	RADIOISOTOPE		56.00	0.186269	989,079	184,235	14.00
15.00	CT SCAN		57.00	0.020982	1,611,741	33,818	15.00
16.00	MRI		58.00	0.049224	164,919	8,118	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.099649	157,658	15,710	17.00
18.00	LABORATORY		60.00	0.053406	2,441,424	130,387	18.00
18.01	LABORATORY - TRANSPLANT		60.01	0.168959	912,675	154,205	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.152430	186,119	28,370	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.150374	200,604	30,166	23.00
24.00	PHYSICAL THERAPY		66.00	0.233233	24,642	5,747	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.075199	1,333,210	100,256	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.217671	39,077	8,506	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.292366	260	76	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.235428	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.218844	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.150687	560,844	84,512	31.00
32.00	RENAL DIALYSIS		74.00	0.146906	10,450	1,535	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.114993	1,099	126	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.300598	1,177,731	354,024	37.00
37.01	TRANSPLANT CLINIC		90.01	3.016319	294,964	889,706	37.01
37.02	SILVER CROSS CLINIC		90.02	0.130671	48,404	6,325	37.02
37.03	ORLAND PARK CLINIC		90.03	0.074672	112,857	8,427	37.03
37.04	RIVER EAST INFUSION THERAPY		90.04	0.180765	0	0	37.04
38.00	EMERGENCY		91.00	0.258614	125,494	32,455	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.309939	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				13,864,268	2,520,720	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4
					Component CCN:		Date/Time Prepared: 11/19/2021 1:25 pm
					Kidney	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00 3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	3.12	29	90	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	53	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NURSERY ICU	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			82	90	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00 3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	1,177,731	0.000000	0	51.00	
51.01	TRANSPLANT CLINIC	23.01	294,964	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC	23.02	48,404	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC	23.03	112,857	0.000000	0	51.03	
51.04	RIVER EAST INFUSION THERAPY	23.04	0	0.000000	0	51.04	
52.00	EMERGENCY	24.00	125,494	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		1,759,450		0	55.00	
Cost Center Description					Cost	Charges	
					Part A	Part B	Part A Part B
					1.00	2.00	3.00 4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	2,731,513		14,782,125		56.00	
57.00	Interns and Residents (inpatient)	90		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	9,461,261		9,754,514		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	12,192,864		24,536,639		61.00	
62.00	Total Usable Organs (see instructions)		231			62.00	
63.00	Medicare Usable Organs (see instructions)		169			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.731602			64.00	
65.00	Medicare Cost/Charges (see instructions)	8,920,324		17,951,054		65.00	
66.00	Revenue for Organs Sold	145,424		0		66.00	
67.00	Subtotal (line 65 minus line 66)	8,774,900		17,951,054		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	8,774,900	0	17,951,054	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		28	74		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		6	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	123		73.00	
74.00	Total (sum of lines 70 through 73)		34	197		74.00	
75.00	Organs Transplanted		29	123	0	75.00	
76.00	Organs Sold to Other Hospitals		5	0	14,602	76.00	
77.00	Organs Sold to OPOs		0	74	130,821	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		34	197		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4 Date/Time Prepared: 11/19/2021 1:25 pm	
				Component CCN:			
				Liver	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	70,554	1,574.40	41	64,550	1.00
2.00	INTENSIVE CARE UNIT	43.00	290,373	3,115.76	13	40,505	2.00
3.00	CORONARY CARE UNIT	44.00	9,371	2,483.71	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,679.47	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,455.77	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		370,298		54	105,055	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.136924	619,606	84,839	8.00
9.00	RECOVERY ROOM		51.00	0.286787	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.374238	0	0	10.00
10.01	L & D TRIAGE/ANTEPARTUM CARE		52.01	0.209603	3,000	629	10.01
11.00	ANESTHESIOLOGY		53.00	0.042040	141,015	5,928	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.169406	405,555	68,703	12.00
12.01	ULTRA SOUND		54.01	0.066419	84,584	5,618	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.102670	4,741	487	13.00
14.00	RADIOISOTOPE		56.00	0.186269	66,718	12,427	14.00
15.00	CT SCAN		57.00	0.020982	315,807	6,626	15.00
16.00	MRI		58.00	0.049224	311,561	15,336	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.099649	19,522	1,945	17.00
18.00	LABORATORY		60.00	0.053406	904,978	48,331	18.00
18.01	LABORATORY - TRANSPLANT		60.01	0.168959	46,621	7,877	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.152430	48,744	7,430	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.150374	92,002	13,835	23.00
24.00	PHYSICAL THERAPY		66.00	0.233233	11,884	2,772	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.075199	210,683	15,843	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.217671	21,436	4,666	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.292366	111	32	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.235428	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.218844	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.150687	201,277	30,330	31.00
32.00	RENAL DIALYSIS		74.00	0.146906	4,133	607	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.114993	471	54	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.300598	418,092	125,678	37.00
37.01	TRANSPLANT CLINIC		90.01	3.016319	67,188	202,660	37.01
37.02	SILVER CROSS CLINIC		90.02	0.130671	20,745	2,711	37.02
37.03	ORLAND PARK CLINIC		90.03	0.074672	39,157	2,924	37.03
37.04	RIVER EAST INFUSION THERAPY		90.04	0.180765	0	0	37.04
38.00	EMERGENCY		91.00	0.258614	37,373	9,665	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.309939	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				4,097,004	677,953	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4
					Component CCN:		Date/Time Prepared: 11/19/2021 1:25 pm
					Liver	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00 3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	3.12	41	128		42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	13	0		43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0		44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0		46.00
47.00	NURSERY ICU	7.00	0.00	0	0		47.00
48.00	TOTAL (sum of lines 42 through 47)			54	128		48.00
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00 3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0		49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0		50.00
51.00	CLINIC	23.00	418,092	0.000000	0		51.00
51.01	TRANSPLANT CLINIC	23.01	67,188	0.000000	0		51.01
51.02	SILVER CROSS CLINIC	23.02	20,745	0.000000	0		51.02
51.03	ORLAND PARK CLINIC	23.03	39,157	0.000000	0		51.03
51.04	RIVER EAST INFUSION THERAPY	23.04	0	0.000000	0		51.04
52.00	EMERGENCY	24.00	37,373	0.000000	0		52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0		53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0		54.00
55.00	TOTAL (sum of lines 49 through 52)		582,555		0		55.00
Cost Center Description					Cost	Charges	
					Part A	Part B	Part A Part B
					1.00	2.00	3.00 4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	783,008		4,467,302			56.00
57.00	Interns and Residents (inpatient)	128		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	6,827,155		3,154,198			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	7,610,291		7,621,500			61.00
62.00	Total Usable Organs (see instructions)		99				62.00
63.00	Medicare Usable Organs (see instructions)		45				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.454545				64.00
65.00	Medicare Cost/Charges (see instructions)	3,459,220		3,464,315			65.00
66.00	Revenue for Organs Sold	49,500		0			66.00
67.00	Subtotal (line 65 minus line 66)	3,409,720		3,464,315			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,409,720	0	3,464,315	0		69.00
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		4	28			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	67			73.00
74.00	Total (sum of lines 70 through 73)		4	95			74.00
75.00	Organs Transplanted		4	67		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	28		49,500	77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		4	95			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088		Period: From 07/01/2020 To 06/30/2021		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 11/19/2021 1:25 pm	
				Heart		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)			
		0	1.00	2.00	3.00	4.00			
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)									
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition									
1.00	ADULTS & PEDIATRICS	38.00	6,171	1,574.40	0	0	0	1.00	
2.00	INTENSIVE CARE UNIT	43.00	78,277	3,115.76	6	18,695	2.00		
3.00	CORONARY CARE UNIT	44.00	4,526	2,483.71	0	0	3.00		
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,679.47	0	0	4.00		
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00		
6.00	NURSERY ICU	47.00	0	2,455.77	0	0	6.00		
7.00	TOTAL (sum of lines 1 through 6)		88,974		6	18,695	7.00		
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs			
			0	1.00	2.00	3.00			
Computation of Ancillary Service Cost Applicable to Organ Acquisition									
8.00	OPERATING ROOM		50.00	0.136924	59,552	8,154	8.00		
9.00	RECOVERY ROOM		51.00	0.286787	0	0	9.00		
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.374238	0	0	10.00		
10.01	L & D TRIAGE/ANTEPARTUM CARE		52.01	0.209603	2,303	483	10.01		
11.00	ANESTHESIOLOGY		53.00	0.042040	23,133	973	11.00		
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.169406	50,777	8,602	12.00		
12.01	ULTRA SOUND		54.01	0.066419	10,843	720	12.01		
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.102670	3,639	374	13.00		
14.00	RADIOISOTOPE		56.00	0.186269	18,208	3,392	14.00		
15.00	CT SCAN		57.00	0.020982	136,740	2,869	15.00		
16.00	MRI		58.00	0.049224	56,456	2,779	16.00		
17.00	CARDIAC CATHETERIZATION		59.00	0.099649	284,447	28,345	17.00		
18.00	LABORATORY		60.00	0.053406	247,451	13,215	18.00		
18.01	LABORATORY - TRANSPLANT		60.01	0.168959	16,938	2,862	18.01		
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00		
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00		
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30		
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.152430	21,765	3,318	21.00		
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00		
23.00	RESPIRATORY THERAPY		65.00	0.150374	39,825	5,989	23.00		
24.00	PHYSICAL THERAPY		66.00	0.233233	7,948	1,854	24.00		
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00		
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00		
27.00	ELECTROCARDIOLOGY		69.00	0.075199	69,313	5,212	27.00		
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.217671	7,614	1,657	28.00		
28.01	BRACE AND PLASTER ROOM		70.01	0.292366	86	25	28.01		
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.235428	0	0	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.218844	0	0	30.00		
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.150687	75,148	11,324	31.00		
32.00	RENAL DIALYSIS		74.00	0.146906	727	107	32.00		
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00		
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00		
34.97	CARDIAC REHABILITATION		76.97	0.114993	361	42	34.97		
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98		
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99		
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00		
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00		
37.00	CLINIC		90.00	0.300598	258,446	77,688	37.00		
37.01	TRANSPLANT CLINIC		90.01	3.016319	3,416	10,304	37.01		
37.02	SILVER CROSS CLINIC		90.02	0.130671	15,925	2,081	37.02		
37.03	ORLAND PARK CLINIC		90.03	0.074672	23,759	1,774	37.03		
37.04	RIVER EAST INFUSION THERAPY		90.04	0.180765	0	0	37.04		
38.00	EMERGENCY		91.00	0.258614	13,970	3,613	38.00		
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.309939	0	0	39.00		
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00		
41.00	TOTAL (sum of lines 8 through 40)				1,448,790	197,756	41.00		

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM					Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4
					Component CCN:		Date/Time Prepared: 11/19/2021 1:25 pm
					Heart	Hospital	PPS
Cost Center Description					Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
					0	1.00	2.00
							3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	3.12	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	6	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NURSERY ICU	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			6	0	48.00	
Cost Center Description					Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
					0	1.00	2.00
							3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	258,446	0.000000	0	51.00	
51.01	TRANSPLANT CLINIC	23.01	3,416	0.000000	0	51.01	
51.02	SILVER CROSS CLINIC	23.02	15,925	0.000000	0	51.02	
51.03	ORLAND PARK CLINIC	23.03	23,759	0.000000	0	51.03	
51.04	RIVER EAST INFUSION THERAPY	23.04	0	0.000000	0	51.04	
52.00	EMERGENCY	24.00	13,970	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		315,516		0	55.00	
Cost Center Description					Cost	Charges	
					Part A	Part B	Part A
					1.00	2.00	3.00
							4.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	216,451		1,537,764		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	5,251,794		2,618,585		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	5,468,245		4,156,349		61.00	
62.00	Total Usable Organs (see instructions)		76			62.00	
63.00	Medicare Usable Organs (see instructions)		32			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.421053			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,302,421		1,750,043		65.00	
66.00	Revenue for Organs Sold	22,982		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,279,439		1,750,043		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,279,439	0	1,750,043	0	69.00	
Cost Center Description					Living Related	Cadaveric	Revenue
					1.00	2.00	3.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	13		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	63		73.00	
74.00	Total (sum of lines 70 through 73)		0	76		74.00	
75.00	Organs Transplanted		0	63	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	13	22,982	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	76		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4 Date/Time Prepared: 11/19/2021 1:25 pm	
				Component CCN:			
				Lung	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	4,038	1,574.40	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	77,351	3,115.76	7	21,810	2.00
3.00	CORONARY CARE UNIT	44.00	9,051	2,483.71	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,679.47	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,455.77	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		90,440		7	21,810	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.136924	59,115	8,094	8.00
9.00	RECOVERY ROOM		51.00	0.286787	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.374238	0	0	10.00
10.01	L & D TRIAGE/ANTEPARTUM CARE		52.01	0.209603	1,515	318	10.01
11.00	ANESTHESIOLOGY		53.00	0.042040	36,420	1,531	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.169406	72,100	12,214	12.00
12.01	ULTRA SOUND		54.01	0.066419	3,690	245	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.102670	2,394	246	13.00
14.00	RADIOISOTOPE		56.00	0.186269	55,239	10,289	14.00
15.00	CT SCAN		57.00	0.020982	124,537	2,613	15.00
16.00	MRI		58.00	0.049224	33,605	1,654	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.099649	106,048	10,568	17.00
18.00	LABORATORY		60.00	0.053406	352,629	18,833	18.00
18.01	LABORATORY - TRANSPLANT		60.01	0.168959	62,794	10,610	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.152430	20,678	3,152	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.150374	102,615	15,431	23.00
24.00	PHYSICAL THERAPY		66.00	0.233233	18,721	4,366	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.075199	108,236	8,139	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.217671	6,925	1,507	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.292366	56	16	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.235428	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.218844	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.150687	69,234	10,433	31.00
32.00	RENAL DIALYSIS		74.00	0.146906	727	107	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.114993	6,265	720	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.300598	254,956	76,639	37.00
37.01	TRANSPLANT CLINIC		90.01	3.016319	26,822	80,904	37.01
37.02	SILVER CROSS CLINIC		90.02	0.130671	10,477	1,369	37.02
37.03	ORLAND PARK CLINIC		90.03	0.074672	15,631	1,167	37.03
37.04	RIVER EAST INFUSION THERAPY		90.04	0.180765	0	0	37.04
38.00	EMERGENCY		91.00	0.258614	13,129	3,395	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.309939	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				1,564,558	284,560	41.00

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 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4
				Component CCN:		Date/Time Prepared: 11/19/2021 1:25 pm
				Lung	Hospital	PPS
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition Costs (col. 1 x col. 2)
				0	1.00	2.00 3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS	2.00	3.12	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	7	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	NURSERY ICU	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7	0	48.00
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4
				0	1.00	2.00 3.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	254,956	0.000000	0	51.00
51.01	TRANSPLANT CLINIC	23.01	26,822	0.000000	0	51.01
51.02	SILVER CROSS CLINIC	23.02	10,477	0.000000	0	51.02
51.03	ORLAND PARK CLINIC	23.03	15,631	0.000000	0	51.03
51.04	RIVER EAST INFUSION THERAPY	23.04	0	0.000000	0	51.04
52.00	EMERGENCY	24.00	13,129	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		321,015		0	55.00
Cost Center Description				Cost	Charges	
				Part A	Part B	Part A Part B
				1.00	2.00	3.00 4.00
PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	306,370		1,654,998		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	3,454,944		2,963,619		59.00
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	3,761,314		4,618,617		61.00
62.00	Total Usable Organs (see instructions)		50			62.00
63.00	Medicare Usable Organs (see instructions)		25			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,880,657		2,309,309		65.00
66.00	Revenue for Organs Sold	28,286		0		66.00
67.00	Subtotal (line 65 minus line 66)	1,852,371		2,309,309		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,852,371	0	2,309,309	0	69.00
Cost Center Description				Living Related	Cadaveric	Revenue
				1.00	2.00	3.00
PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	16		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	34		73.00
74.00	Total (sum of lines 70 through 73)		0	50		74.00
75.00	Organs Transplanted		0	34	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	16	28,286	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00
82.00	Organs Used for Research		0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	50		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM				Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet D-4	
				Component CCN:		Date/Time Prepared: 11/19/2021 1:25 pm	
				Pancreas	Hospital	PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	1,155	1,574.40	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	48,376	3,115.76	4	12,463	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,483.71	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,679.47	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NURSERY ICU	47.00	0	2,455.77	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		49,531		4	12,463	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.136924	41,550	5,689	8.00
9.00	RECOVERY ROOM		51.00	0.286787	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.374238	0	0	10.00
10.01	L & D TRIAGE/ANTEPARTUM CARE		52.01	0.209603	455	95	10.01
11.00	ANESTHESIOLOGY		53.00	0.042040	8,904	374	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.169406	19,483	3,301	12.00
12.01	ULTRA SOUND		54.01	0.066419	4,470	297	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.102670	718	74	13.00
14.00	RADIOISOTOPE		56.00	0.186269	3,375	629	14.00
15.00	CT SCAN		57.00	0.020982	40,320	846	15.00
16.00	MRI		58.00	0.049224	7,324	361	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.099649	1,166	116	17.00
18.00	LABORATORY		60.00	0.053406	82,488	4,405	18.00
18.01	LABORATORY - TRANSPLANT		60.01	0.168959	2,899	490	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.152430	6,416	978	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.150374	11,882	1,787	23.00
24.00	PHYSICAL THERAPY		66.00	0.233233	1,569	366	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.075199	22,871	1,720	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.217671	2,671	581	28.00
28.01	BRACE AND PLASTER ROOM		70.01	0.292366	17	5	28.01
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.235428	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.218844	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.150687	25,529	3,847	31.00
32.00	RENAL DIALYSIS		74.00	0.146906	1,455	214	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.114993	71	8	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.300598	48,478	14,572	37.00
37.01	TRANSPLANT CLINIC		90.01	3.016319	243	733	37.01
37.02	SILVER CROSS CLINIC		90.02	0.130671	3,143	411	37.02
37.03	ORLAND PARK CLINIC		90.03	0.074672	4,689	350	37.03
37.04	RIVER EAST INFUSION THERAPY		90.04	0.180765	0	0	37.04
38.00	EMERGENCY		91.00	0.258614	7,964	2,060	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART		92.00	0.309939	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				350,150	44,309	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR A TRANSPLANT HOSPITAL WITH A MEDICARE-CERTIFIED TRANSPLANT PROGRAM			Provider CCN: 14-0088		Period: From 07/01/2020 To 06/30/2021		Worksheet D-4	
			Component CCN:				Date/Time Prepared: 11/19/2021 1:25 pm	
			Pancreas		Hospital		PPS	
Cost Center Description			Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
			0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)								
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program								
42.00	ADULTS & PEDIATRICS	2.00	3.12	0	0	42.00		
43.00	INTENSIVE CARE UNIT	3.00	0.00	4	0	43.00		
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00		
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00		
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00		
47.00	NURSERY ICU	7.00	0.00	0	0	47.00		
48.00	TOTAL (sum of lines 42 through 47)			4	0	48.00		
Cost Center Description			Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
			0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program								
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00		
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00		
51.00	CLINIC	23.00	48,478	0.000000	0	51.00		
51.01	TRANSPLANT CLINIC	23.01	243	0.000000	0	51.01		
51.02	SILVER CROSS CLINIC	23.02	3,143	0.000000	0	51.02		
51.03	ORLAND PARK CLINIC	23.03	4,689	0.000000	0	51.03		
51.04	RIVER EAST INFUSION THERAPY	23.04	0	0.000000	0	51.04		
52.00	EMERGENCY	24.00	7,964	0.000000	0	52.00		
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00		
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00		
55.00	TOTAL (sum of lines 49 through 52)		64,517		0	55.00		
Cost Center Description			Cost		Charges			
			Part A	Part B	Part A	Part B		
			1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES								
56.00	Routine and Ancillary from Part I	56,772			399,681		56.00	
57.00	Interns and Residents (inpatient)	0			0		57.00	
58.00	Interns and Residents (outpatient)	0			0		58.00	
59.00	Direct Organ Acquisition (see instructions)	658,678			61,229		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0			0		60.00	
61.00	Total (sum of lines 56 thru 60)	715,450			460,910		61.00	
62.00	Total Usable Organs (see instructions)		15				62.00	
63.00	Medicare Usable Organs (see instructions)		9				63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.600000				64.00	
65.00	Medicare Cost/Charges (see instructions)	429,270			276,546		65.00	
66.00	Revenue for Organs Sold	14,143			0		66.00	
67.00	Subtotal (line 65 minus line 66)	415,127			276,546		67.00	
68.00	Organs Furnished Part B	0	0		0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	415,127	0		276,546	0	69.00	
Cost Center Description			Living Related		Cadaveric	Revenue		
			1.00		2.00	3.00		
PART IV - STATISTICS								
70.00	Organs Excised in Provider (1)		0		8		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00	
73.00	Organs Purchased from OPOs		0		7		73.00	
74.00	Total (sum of lines 70 through 73)		0		15		74.00	
75.00	Organs Transplanted		0		7	0	75.00	
76.00	Organs Sold to Other Hospitals		0		0	0	76.00	
77.00	Organs Sold to OPOs		0		8	14,143	77.00	
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0		0	0	79.00	
80.00	Organs Sold Outside the U.S.		0		0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0		81.00	
82.00	Organs Used for Research		0		0		82.00	
83.00	Unusable/Discarded Organs		0		0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0		15		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/19/2021 1:25 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)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			113,662,871	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			15,029,074	2.04
3.00	Managed Care Simulated Payments			58,971,779	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			646.52	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)			638.65	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)			0.82	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			639.47	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			645.86	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)			639.47	12.00
13.00	Total allowable FTE count for the prior year.			638.05	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.			633.88	14.00
15.00	Sum of lines 12 through 14 divided by 3.			637.13	15.00
16.00	Adjustment for residents in initial years of the program			15.45	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.98	17.00
18.00	Adjusted rolling average FTE count			653.56	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			1.010889	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.992949	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.992949	21.00
22.00	IME payment adjustment (see instructions)			49,439,371	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			25,650,660	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)			6.39	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)			49,439,371	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			25,650,660	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			10.76	30.00
31.00	Percentage of Medicaid patient days (see instructions)			40.00	31.00
32.00	Sum of lines 30 and 31			50.76	32.00
33.00	Allowable disproportionate share percentage (see instructions)			31.09	33.00
34.00	Disproportionate share adjustment (see instructions)			8,834,447	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/19/2021 1:25 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)		0.001939686	0.001475690	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		16,197,539	12,233,491	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		4,071,511	9,149,978	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		13,221,489		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		200,187,252		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)			225,837,912	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			13,284,797	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).			10,396,319	52.00
53.00	Nursing and Allied Health Managed Care payment			73,092	53.00
54.00	Special add-on payments for new technologies			761,869	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)			16,731,557	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)			168,240	58.00
59.00	Total (sum of amounts on lines 49 through 58)			267,253,786	59.00
60.00	Primary payer payments			30,810	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			267,222,976	61.00
62.00	Deductibles billed to program beneficiaries			6,646,204	62.00
63.00	Coinsurance billed to program beneficiaries			1,173,256	63.00
64.00	Allowable bad debts (see instructions)			1,382,745	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			898,784	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			478,089	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			260,302,300	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-190,493	70.93
70.94	HRR adjustment amount (see instructions)			-121,340	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part A Date/Time Prepared: 11/19/2021 1:25 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)			259,990,467	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			243,678,089	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)			16,312,378	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			12,051,621	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)			25,370,424	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			2,256,066	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
HVPB Adjustment for HSP Bonus Payment					
101.00	HVPB adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVPB 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: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/19/2021 1:25 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	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	113,662,871	0	0	113,662,871	113,662,871
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	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	0	0	0	0	0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	15,029,074	0	0	15,029,074	15,029,074
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	58,971,779	0	0	58,971,779	58,971,779
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.992949	0.992949	0.992949	0.992949	0.992949
6.00	IME payment adjustment (see instructions)	22.00	49,439,371	0	0	49,439,371	49,439,371
6.01	IME payment adjustment for managed care (see instructions)	22.01	25,650,660	0	0	25,650,660	25,650,660
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	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	49,439,371	0	0	49,439,371	49,439,371
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	25,650,660	0	0	25,650,660	25,650,660
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3109	0.3109	0.3109	0.3109	0.3109
11.00	Disproportionate share adjustment (see instructions)	34.00	8,834,447	0	0	8,834,447	8,834,447
11.01	Uncompensated care payments	36.00	13,221,489	0	3,764,842	12,126,029	15,890,871
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	200,187,252	0	3,764,842	196,422,410	200,187,252
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	225,837,912	0	3,764,842	222,073,070	225,837,912
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	13,284,797	0	0	13,284,797	13,284,797

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/19/2021 1:25 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	761,869	0	0	761,869	761,869	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	3,764,842	236,119,736	239,884,578	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	8,837,105	0	0	8,837,105	8,837,105	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	1,272,520	0	0	1,272,520	1,272,520	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	0.3593	0.3593	0.3593	0.3593		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	3,175,172	0	0	3,175,172	3,175,172	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	13,284,797	0	0	13,284,797	13,284,797	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/19/2021 1:25 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	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	113,662,871		113,662,871	113,662,871	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	15,029,074		15,029,074	15,029,074	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	58,971,779	0	58,971,779	58,971,779	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.992949	0.992949	0.992949		5.00
6.00	IME payment adjustment (see instructions)	22.00	49,439,371	0	49,439,371	49,439,371	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	25,650,660	0	25,650,660	25,650,660	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	49,439,371	0	49,439,371	49,439,371	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	25,650,660	0	25,650,660	25,650,660	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3109	0.3109	0.3109		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	8,834,447	0	8,834,447	8,834,447	11.00
11.01	Uncompensated care payments	36.00	13,221,489	3,764,842	12,126,029	15,890,871	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	200,187,252	3,764,842	196,422,410	200,187,252	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	225,837,912	3,764,842	222,073,070	225,837,912	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	13,284,797	0	13,284,797	13,284,797	16.00
17.00	Special add-on payments for new technologies	54.00	761,869	0	761,869	761,869	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			3,764,842	236,119,736	239,884,578	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/19/2021 1:25 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	8,837,105	0	8,837,105	8,837,105	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,272,520	0	1,272,520	1,272,520	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	0.3593	0.3593	0.3593		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	3,175,172	0	3,175,172	3,175,172	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	13,284,797	0	13,284,797	13,284,797	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	-190,493	0	-190,493	-190,493	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	-121,340	0	-121,340	-121,340	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E Part B Date/Time Prepared: 11/19/2021 1:25 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		89,245	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		171,628,885	2.00
3.00	OPPS payments		119,102,233	3.00
4.00	Outlier payment (see instructions)		1,090,244	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		551,665	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		89,245	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		567,659	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)		567,659	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		567,659	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		478,414	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)		89,245	21.00
22.00	Interns and residents (see instructions)		135,489	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)		120,744,142	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		55,594	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		20,102,219	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)		100,811,063	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		7,968,946	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)		108,780,009	30.00
31.00	Primary payer payments		182	31.00
32.00	Subtotal (line 30 minus line 31)		108,779,827	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)		2,992,647	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,945,221	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,674,019	36.00
37.00	Subtotal (see instructions)		110,725,048	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)		110,725,048	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		110,893,597	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)		-168,549	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		4,876,614	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		2,903,532	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part I
Date/Time Prepared:
11/19/2021 1:25 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		236,388,782		110,893,597	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	06/07/2021	7,289,307		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		7,289,307		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		243,678,089		110,893,597	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		16,312,378		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		168,549	6.02
7.00	Total Medicare program liability (see instructions)		259,990,467		110,725,048	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	NATIONAL GOVERNMENT SERVICES INC.		06101		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet E-1
Part II
Date/Time Prepared:
11/19/2021 1:25 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 11/19/2021 1:25 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	47,264,212			1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	47,264,212		0	4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	47,264,212		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	0		0	9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0		0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)	0		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	47,264,212		0	18.00
19.00	Interns and Residents (see instructions)	56,731		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0		0	22.00
23.00	Outlier payments	0		0	23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0		0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	47,264,212		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	56,731		0	31.00
32.00	Deductibles	0		0	32.00
33.00	Coinurance	0		0	33.00
34.00	Allowable bad debts (see instructions)	0		0	34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	56,731		0	36.00
37.00	CR ADJUSTMENT	-56,731		0	37.00
38.00	Subtotal (line 36 ± line 37)	0		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0		0	40.00
41.00	Interim payments	0		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0088		Period: From 07/01/2020 To 06/30/2021		Worksheet E-4 Date/Time Prepared: 11/19/2021 1:25 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					492.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.82	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.64	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)					494.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					701.20	6.00
7.00	Enter the lesser of line 5 or line 6					494.06	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.	202.90	383.58	586.48		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.	142.96	270.27	413.23		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	142.96	270.27			11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	145.66	269.54			12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	145.89	272.07			13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	144.84	270.63			14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	11.98			15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	15.45			15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.98	0.00			16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.98	0.00			16.01	
17.00	Adjusted rolling average FTE count	145.82	282.61			17.00	
18.00	Per resident amount	114,741.20	108,649.82			18.00	
19.00	Approved amount for resident costs	16,731,562	30,705,526	47,437,088		19.00	
				1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00		20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			207.14		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)			47,437,088		25.00	
		Inpatient Part A	Managed Care Prior to 1/1	Managed Care On or after 1/1	Total		
		1.00	2.00	2.01	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	52,830	14,931	17,477			26.00
27.00	Total Inpatient Days (see instructions)	216,761	216,761	216,761			27.00
28.00	Ratio of inpatient days to total inpatient days	0.243725	0.068882	0.080628			28.00
29.00	Program direct GME amount	11,561,604	3,267,561	3,824,758	18,653,923	29.00	
29.01	Percent reduction for MA DGME		4.07	4.07			29.01
30.00	Reduction for direct GME payments for Medicare Advantage		132,990	155,668	288,658	30.00	
31.00	Net Program direct GME amount				18,365,265	31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet E-4 Date/Time Prepared: 11/19/2021 1:25 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			48,146,066	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)			208,219,663	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			16,731,557	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			30,810	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			224,920,410	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			172,405,284	42.00
43.00	Primary payer payments (see instructions)			182	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			172,405,102	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			397,325,512	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.566086	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.433914	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			18,365,265	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			10,396,319	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			7,968,946	50.00

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

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet G

Date/Time Prepared:
11/19/2021 1:25 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	115,695,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	393,288,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	479,653,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	988,636,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	2,417,883,000	0	0	0	19.00
20.00	Accumulated depreciation	-1,126,427,000	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,291,456,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,450,252,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	515,754,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,966,006,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	4,246,098,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	226,467,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	17,358,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	29,809,000	0	0	0	43.00
44.00	Other current liabilities	410,751,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	684,385,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	804,227,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	377,569,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,181,796,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,866,181,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,379,917,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	2,379,917,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	4,246,098,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-1

Date/Time Prepared:
11/19/2021 1:25 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		1,887,299,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		93,572,000				2.00
3.00	Total (sum of line 1 and line 2)		1,980,871,000		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TEMPORARILY RESTRICTED CONT	12,115,000		0		0	5.00
6.00	PERM RESTRICTED CONT	0		0		0	6.00
7.00	PENSION	2,781,000		0		0	7.00
8.00	OTHER	418,471,000		0		0	8.00
9.00	CHG IN VAL OF DERIV/OTHER	44,967,000		0		0	9.00
10.00	Total additions (sum of line 4-9)		478,334,000		0		10.00
11.00	Subtotal (line 3 plus line 10)		2,459,205,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CHANGE IN VALUATION OF DERIV	0		0		0	13.00
14.00	NET TRANSFER	71,750,000		0		0	14.00
15.00	ADDITIONAL MINIMUM PENSION LIAB	0		0		0	15.00
16.00	EXPENDED FOR OPERATING PURPOSES	7,538,000		0		0	16.00
17.00	OTHER	0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		79,288,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,379,917,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TEMPORARILY RESTRICTED CONT		0				5.00
6.00	PERM RESTRICTED CONT		0				6.00
7.00	PENSION		0				7.00
8.00	OTHER		0				8.00
9.00	CHG IN VAL OF DERIV/OTHER		0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	CHANGE IN VALUATION OF DERIV		0				13.00
14.00	NET TRANSFER		0				14.00
15.00	ADDITIONAL MINIMUM PENSION LIAB		0				15.00
16.00	EXPENDED FOR OPERATING PURPOSES		0				16.00
17.00	OTHER		0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
11/19/2021 1:25 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	895,609,528		895,609,528	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	895,609,528		895,609,528	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	303,736,548		303,736,548	11.00
12.00	CORONARY CARE UNIT	131,455,204		131,455,204	12.00
13.00	BURN INTENSIVE CARE UNIT	22,893,774		22,893,774	13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NURSERY ICU	164,057,716		164,057,716	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	622,143,242		622,143,242	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,517,752,770		1,517,752,770	17.00
18.00	Ancillary services	3,550,803,683	3,410,161,251	6,960,964,934	18.00
19.00	Outpatient services	0	1,621,843,119	1,621,843,119	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	5,068,556,453	5,032,004,370	10,100,560,823	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		2,232,067,902		29.00
30.00	ROUNDING	98			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)		98		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)		2,232,068,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0088

Period:
From 07/01/2020
To 06/30/2021

Worksheet G-3

Date/Time Prepared:
11/19/2021 1:25 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	10,100,560,823	1.00
2.00	Less contractual allowances and discounts on patients' accounts	8,108,214,823	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,992,346,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	2,232,068,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-239,722,000	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	3,467,865	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	897,815	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	289,142,760	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	ROUNDING	0	24.00
24.01	CAPITATION REVENUE	42,727,123	24.01
24.02	OTHER MISC REVENUE	29,666,416	24.02
24.03	INVESTMENT INC AND UNRES GIFTS	0	24.03
24.04	DERIVATIVE INEFFECTIVENESS	0	24.04
24.05	OTHER	-70,222,000	24.05
24.50	COVID-19 PHE Funding	37,614,021	24.50
25.00	Total other income (sum of lines 6-24)	333,294,000	25.00
26.00	Total (line 5 plus line 25)	93,572,000	26.00
27.00	LOSS ON EXTINGUISHMENT OF DEBT	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)	93,572,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0088	Period: From 07/01/2020 To 06/30/2021	Worksheet L Parts I-III Date/Time Prepared: 11/19/2021 1:25 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		8,837,105	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,272,520	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)		600.78	3.00
4.00	Number of interns & residents (see instructions)		653.56	4.00
5.00	Indirect medical education percentage (see instructions)		35.93	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)		3,175,172	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)		13,284,797	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