

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: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet S Parts I-III Date/Time Prepared: 2/25/2022 1:35 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 2/25/2022	Time: 1:35 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED 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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SWEDISH COVENANT HEALTH (14-0114) for the cost reporting period beginning 10/01/2020 and ending 09/30/2021 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.

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

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	558,398	157,647	0	0	1.00
2.00 Subprovider - IPF	0	88,346	72		0	2.00
3.00 Subprovider - IRF	0	7,046	19		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	653,790	157,738	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.

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10					
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0114		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 1:35 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 5145 NORTH CALIFORNIA AVENUE		PO Box:				1.00		
2.00	City: CHICAGO		State: IL		Zip Code: 60625		County: COOK 2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
							V	XVIII	XIX
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:									
3.00	Hospital	SWEDISH COVENANT HEALTH	140114	16984	1	07/01/1966	N	P	0
4.00	Subprovider - IPF	SCH PSYCHIATRIC UNIT	14S114	16974	4	02/01/1989	N	P	0
5.00	Subprovider - IRF	SCH REHABILITATION UNIT	14T114	16974	5	02/01/1984	N	P	0
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF	SWEDISH COVENANT SKILLED CARE	145573	16974		04/22/1987	N	P	N
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
17.20	Hospital-Based (OPT) I								
17.30	Hospital-Based (OOT) I								
17.40	Hospital-Based (OSP) I								
18.00	Renal Dialysis								
19.00	Other								
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2020	09/30/2021		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 OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				1	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/25/2022 1:35 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.	4,259	1,761	0	2	10,485	0	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.	134	68	0	0	518		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. 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.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0114		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 1:35 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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N					63.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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To 09/30/2021Worksheet S-2
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	0.00	0.000000	67.00
67.01		INTERNAL MEDICINE	3900	0.00	0.00	0.000000	67.01

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 1:35 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
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.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	N		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.	N	N		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.	N	N		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.	N	N		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.	N	N		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.	N	N		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

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0114		Period: From 10/01/2020 To 09/30/2021	
		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 1:35 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.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00	
		1.00		2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00	
		1.00		2.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00	
		1.00		2.00	
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	910,398		0	
		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		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	
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10				
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0114		Period: From 10/01/2020 To 09/30/2021		Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 1:35 pm	
			1.00		2.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	Removed and reserved							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			N				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.					N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N		149.00
			Part A		Part B		Title V	
			1.00		2.00		3.00	
							Title XIX	
			1.00		2.00		4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital		N		N		N	
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	
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N		165.00
			Name		County		State	
			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet S-2 Part I Date/Time Prepared: 2/25/2022 1:35 pm
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.00	169.00
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10				
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0114		Period: From 10/01/2020 To 09/30/2021 Worksheet S-2 Part II Date/Time Prepared: 2/25/2022 1:35 pm				
				Y/N	Date			
				1.00	2.00			
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.								
COMPLETED BY ALL HOSPITALS								
Provider Organization and Operation								
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N		1.00		
				Y/N	Date	V/I		
				1.00	2.00	3.00		
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N		2.00		
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N		3.00		
				Y/N	Type	Date		
				1.00	2.00	3.00		
Financial Data and Reports								
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	4.00		
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			Y		5.00		
				Y/N	Legal Oper.			
				1.00	2.00			
Approved Educational Activities								
6.00	Column 1: Are costs claimed for a nursing program? 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 programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N		8.00		
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y		9.00		
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N		10.00		
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N		11.00		
				Y/N				
				1.00				
Bad Debts								
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y		12.00		
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N		13.00		
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N		14.00		
Bed Complement								
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y		15.00		
				Part A		Part B		
				Y/N	Date	Y/N	Date	
				1.00	2.00	3.00	4.00	
PS&R Data								
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	01/26/2022	Y	01/26/2022	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/25/2022 1:35 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.	JENNY	DABROWSKI		41.00
42.00	Enter the employer/company name of the cost report preparer.	STRATEGIC REIMBURSEMENT GROUP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	224-522-3716	JENNY.DABROWSKI@SRGROUPLLC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet S-2
Part II
Date/Time Prepared:
2/25/2022 1:35 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	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: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 1:35 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	30.00	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	167	61,046	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)		167	61,046	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
8.01 SPECIAL CARE NURSERY	31.01	12	4,380	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		193	70,536	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	31	11,315		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	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)		242				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 1:35 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)	11,753	4,459	41,219			1.00
2.00	HMO and other (see instructions)	7,917	10,485				2.00
3.00	HMO IPF Subprovider	0	2,167				3.00
4.00	HMO IRF Subprovider	718	518				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)	11,753	4,459	41,219			7.00
8.00	INTENSIVE CARE UNIT	1,058	537	3,429			8.00
8.01	SPECIAL CARE NURSERY	0	0	613			8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		565	3,685			13.00
14.00	Total (see instructions)	12,811	5,561	48,946	62.20	1,530.20	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,488	179	5,993	0.00	26.97	16.00
17.00	SUBPROVIDER - IRF	1,276	202	3,576	0.00	17.06	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0.00	0.00	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)				62.20	1,574.23	27.00
28.00	Observation Bed Days		0	5,641			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	461	681			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: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part I
Date/Time Prepared:
2/25/2022 1:35 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	2,413	1,043	9,673	1.00
2.00 HMO and other (see instructions)			1,381	3,001		2.00
3.00 HMO IPF Subprovider				365		3.00
4.00 HMO IRF Subprovider				40		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
8.01 SPECIAL CARE NURSERY						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,413	1,043	9,673	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	160	29	878	16.00
17.00 SUBPROVIDER - IRF	0.00	0	95	10	261	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					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: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 1:35 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	112,586,517	-2,977,395	109,609,122	3,274,393.46	33.47
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		140,428	0	140,428	2,040.00	68.84
4.01	Physicians - Part A - Teaching		182,504	0	182,504	1,377.00	132.54
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	3,965,576	-86,569	3,879,007	132,643.52	29.24
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	53,111	0	53,111	1,496.75	35.48
10.00	Excluded area salaries (see instructions)		5,335,402	669,376	6,004,778	200,163.53	30.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,989,253	0	6,989,253	56,221.84	124.32
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,876,459	0	13,876,459		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		889,005	0	889,005		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		14,879	0	14,879		
22.01	Physician Part A - Teaching		16,485	0	16,485		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		581,762	0	581,762		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part II
Date/Time Prepared:
2/25/2022 1:35 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	2,019,816	0	2,019,816	68,736.10	29.39	26.00
27.00	Administrative & General	5.00	24,439,494	-1,582,711	22,856,783	470,719.93	48.56	27.00
28.00	Administrative & General under contract (see inst.)		361,382	0	361,382	1,401.50	257.85	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,498,051	0	2,498,051	83,806.02	29.81	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,374,654	0	2,374,654	13,317.06	178.32	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	342,672	-126,175	216,497	9,279.92	23.33	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	126,175	126,175	5,408.00	23.33	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,617,608	-669,798	947,810	19,856.53	47.73	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,400,368	0	2,400,368	51,703.01	46.43	40.00
41.00	Medical Records & Medical Records Library	16.00	1,373,501	0	1,373,501	46,860.72	29.31	41.00
42.00	Social Service	17.00	506,440	0	506,440	14,427.35	35.10	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part III
Date/Time Prepared:
2/25/2022 1:35 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)	108,799,819	-2,890,826	105,908,993	3,141,774.44	33.71	1.00
2.00	Excluded area salaries (see instructions)	5,388,513	669,376	6,057,889	201,660.28	30.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	103,411,306	-3,560,202	99,851,104	2,940,114.16	33.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,989,253	0	6,989,253	56,221.84	124.32	4.00
5.00	Subtotal wage-related costs (see inst.)	13,891,338	0	13,891,338	0.00	13.91	5.00
6.00	Total (sum of lines 3 thru 5)	124,291,897	-3,560,202	120,731,695	2,996,336.00	40.29	6.00
7.00	Total overhead cost (see instructions)	37,933,986	-2,252,509	35,681,477	785,516.14	45.42	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part IV
Date/Time Prepared:
2/25/2022 1:35 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	6,646,932	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	-1,767,529	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	867,041	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	379,688	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)	710,966	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	299,248	14.00
15.00	'Workers' Compensation Insurance	-203,260	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	8,049,876	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	170,110	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	225,520	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,378,592	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: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet S-3
Part V
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,989,253	15,378,592	1.00
2.00	Hospital	6,989,253	14,905,767	2.00
3.00	Subprovider - IPF	0	149,149	3.00
4.00	Subprovider - IRF	0	111,350	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			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	212,326	18.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet S-10 Date/Time Prepared: 2/25/2022 1:35 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)			0.193423	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			251,899,656	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			149,763,211	6.00
7.00	Medicaid cost (line 1 times line 6)			28,967,650	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)			0	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)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	55,823,707	732,137	56,555,844	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,797,589	732,137	11,529,726	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,797,589	732,137	11,529,726	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			16,012,286	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,313,197	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,020,303	27.01
28.00	Non-Medicare bad debt expense (see instructions)			13,991,983	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,413,477	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			14,943,203	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,943,203	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	10,857,247	10,857,247	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,530,233	6,530,233	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,019,816	1,334,093	3,353,909	17,743,580	21,097,489	4.00
5.01	00540	NON-PATIENT PHONES	197,785	203,587	401,372	0	401,372	5.01
5.03	00560	PURCHASING	1,332,565	552,068	1,884,633	0	1,884,633	5.03
5.04	00570	ADMITTING	2,097,332	330,528	2,427,860	0	2,427,860	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	1,308,331	2,721,271	4,029,602	0	4,029,602	5.05
5.06	00590	ADMINISTRATION & GENERAL	19,503,481	85,393,620	104,897,101	-35,131,060	69,766,041	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,498,051	7,747,567	10,245,618	7	10,245,625	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,007,645	1,007,645	0	1,007,645	8.00
9.00	00900	HOUSEKEEPING	2,374,654	967,098	3,341,752	0	3,341,752	9.00
10.00	01000	DIETARY	342,672	3,447,663	3,790,335	-1,395,640	2,394,695	10.00
11.00	01100	CAFETERIA	0	0	0	1,395,640	1,395,640	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,617,608	324,888	1,942,496	0	1,942,496	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	2,400,368	17,914,489	20,314,857	-16,643,040	3,671,817	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,373,501	827,321	2,200,822	0	2,200,822	16.00
17.00	01700	SOCIAL SERVICE	506,440	88,365	594,805	0	594,805	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,965,576	891,094	4,856,670	-86,569	4,770,101	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,417,491	498,011	1,915,502	86,569	2,002,071	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	362,291	25,134	387,425	0	387,425	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,589,050	10,357,103	32,946,153	-7,180,634	25,765,519	30.00
31.00	03100	INTENSIVE CARE UNIT	3,572,878	1,710,850	5,283,728	-112,319	5,171,409	31.00
31.01	02060	SPECIAL CARE NURSERY	416,054	297	416,351	774,214	1,190,565	31.01
40.00	04000	SUBPROVIDER - IPF	1,859,112	182,051	2,041,163	-654	2,040,509	40.00
41.00	04100	SUBPROVIDER - IRF	1,149,196	205,383	1,354,579	-10,912	1,343,667	41.00
43.00	04300	NURSERY	0	-95,607	-95,607	2,329,885	2,234,278	43.00
44.00	04400	SKILLED NURSING FACILITY	53,111	8,939	62,050	-443	61,607	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,048,575	13,837,014	19,885,589	-8,856,866	11,028,723	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	62	62	3,594,905	3,594,967	52.00
53.00	05300	ANESTHESIOLOGY	36,374	437,977	474,351	-147,868	326,483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,906,353	1,274,993	5,181,346	-67,986	5,113,360	54.00
54.02	03480	CANCER TREATMENT CENTER	657,539	231,585	889,124	0	889,124	54.02
54.03	03630	ULTRASOUND	1,561,250	265,653	1,826,903	-25,542	1,801,361	54.03
54.04	05401	SPECIAL PROCEDURES	620,798	1,075,522	1,696,320	-852,350	843,970	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	688,215	295,050	983,265	-76,161	907,104	57.00
58.00	05800	MRI	467,930	179,984	647,914	-5,305	642,609	58.00
59.00	05900	CARDIAC CATHETERIZATION	938,041	5,492,536	6,430,577	-3,123,309	3,307,268	59.00
60.00	06000	LABORATORY	3,738,461	7,209,595	10,948,056	0	10,948,056	60.00
60.01	03420	PATHOLOGY	549,721	663,751	1,213,472	0	1,213,472	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	291,114	1,251,940	1,543,054	0	1,543,054	63.00
65.00	06500	RESPIRATORY THERAPY	1,773,644	468,559	2,242,203	0	2,242,203	65.00
66.01	06601	REHABILITATION MEDICINE	4,018,461	471,375	4,489,836	0	4,489,836	66.01
69.00	06900	ELECTROCARDIOLOGY	641,129	357,945	999,074	-53,252	945,822	69.00
69.02	03140	CARDIOLOGY	1,771,499	898,551	2,670,050	0	2,670,050	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	506,416	1,369,822	1,876,238	8,778,620	10,654,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,218,453	6,218,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,643,040	16,643,040	73.00
74.00	07400	RENAL DIALYSIS	0	849,433	849,433	0	849,433	74.00
75.00	07500	ASC (NON-DISTINCT PART)	579,480	968,977	1,548,457	-796,440	752,017	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	486,656	52,487	539,143	0	539,143	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	759,827	280,098	1,039,925	-88,427	951,498	90.02
90.03	09002	PAIN MANAGMENT	253,126	182,889	436,015	0	436,015	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	152,120	53,042	205,162	0	205,162	90.06
90.07	09003	NILES INFUSION CENTER	1,815,740	1,508,002	3,323,742	-105,375	3,218,367	90.07
91.00	09100	EMERGENCY	5,401,882	2,702,479	8,104,361	-192,234	7,912,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/25/2022 1:35 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	
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,621,714	179,022,779	289,644,493	7	289,644,500	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	-51,055	761,880	710,825	0	710,825	190.09
190.10	19010	PLAZA	0	167,302	167,302	-7	167,295	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	-65,894	23,823	-42,071	0	-42,071	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	19,018	1,453,167	1,472,185	0	1,472,185	190.14
190.15	19001	LIFE CENTER	2,062,734	1,048,529	3,111,263	0	3,111,263	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		TOTAL (SUM OF LINES 118 through 199)	112,586,517	182,477,480	295,063,997	0	295,063,997	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/25/2022 1:35 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	-308,184	10,549,063	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-63	6,530,170	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-834,332	20,263,157	4.00
5.01	00540	NON-PATIENT PHONES	-125,375	275,997	5.01
5.03	00560	PURCHASING	0	1,884,633	5.03
5.04	00570	ADMITTING	0	2,427,860	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	-122,855	3,906,747	5.05
5.06	00590	ADMINISTRATION & GENERAL	-23,682,567	46,083,474	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-2,070,982	8,174,643	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,007,645	8.00
9.00	00900	HOUSEKEEPING	0	3,341,752	9.00
10.00	01000	DIETARY	0	2,394,695	10.00
11.00	01100	CAFETERIA	-726,495	669,145	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-669,798	1,272,698	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-22,325	3,649,492	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-217	2,200,605	16.00
17.00	01700	SOCIAL SERVICE	0	594,805	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-553,215	4,216,886	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-2,036,780	-34,709	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	387,425	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,701,826	24,063,693	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,171,409	31.00
31.01	02060	SPECIAL CARE NURSERY	0	1,190,565	31.01
40.00	04000	SUBPROVIDER - IPF	0	2,040,509	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,343,667	41.00
43.00	04300	NURSERY	-882,677	1,351,601	43.00
44.00	04400	SKILLED NURSING FACILITY	0	61,607	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,261,171	9,767,552	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,594,967	52.00
53.00	05300	ANESTHESIOLOGY	0	326,483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-14,220	5,099,140	54.00
54.02	03480	CANCER TREATMENT CENTER	-128,378	760,746	54.02
54.03	03630	ULTRASOUND	0	1,801,361	54.03
54.04	05401	SPECIAL PROCEDURES	-18,691	825,279	54.04
54.05	05402	OP ONCOLOGY	0	0	54.05
57.00	05700	CT SCAN	0	907,104	57.00
58.00	05800	MRI	0	642,609	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,307,268	59.00
60.00	06000	LABORATORY	-18,787	10,929,269	60.00
60.01	03420	PATHOLOGY	0	1,213,472	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,543,054	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,242,203	65.00
66.01	06601	REHABILITATION MEDICINE	-31,967	4,457,869	66.01
69.00	06900	ELECTROCARDIOLOGY	-21,630	924,192	69.00
69.02	03140	CARDIOLOGY	-250,296	2,419,754	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,654,858	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,218,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,643,040	73.00
74.00	07400	RENAL DIALYSIS	0	849,433	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	752,017	75.00
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
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	539,143	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	90.01
90.02	09001	WOUND CARE	0	951,498	90.02
90.03	09002	PAIN MANAGMENT	0	436,015	90.03
90.05	09004	WOMENS CENTER	0	0	90.05
90.06	09005	DIABETES CENTER	0	205,162	90.06
90.07	09003	NILES INFUSION CENTER	-1,017	3,217,350	90.07
91.00	09100	EMERGENCY	-91,030	7,821,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.01	04950	OCCUP HEALTH	0	0	93.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet A

Date/Time Prepared:
2/25/2022 1:35 pm

	Cost Center Description		Adjustments	Net Expenses	
			(See A-8)	For Allocation	
			6.00	7.00	
	OTHER REIMBURSABLE COST CENTERS				
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
	SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-35,574,878	254,069,622	118.00
	NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	190.05
190.07	19007	DENTAL	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	190.08
190.09	19009	OP PHARMACY	0	710,825	190.09
190.10	19010	PLAZA	0	167,295	190.10
190.11	19011	G CAFETERIA	0	0	190.11
190.12	19012	G PHARMACY	0	-42,071	190.12
190.13	19013	G SUITE	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	1,472,185	190.14
190.15	19001	LIFE CENTER	0	3,111,263	190.15
191.01	19101	OCC HEALTH	0	0	191.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-35,574,878	259,489,119	200.00

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - DEPRECIATION					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	6,243,716		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	2.00	0	6,530,233		2.00
TOTALS		0	12,773,949		
B - INTEREST EXPENSE					
1.00 CAP REL COSTS-BLDG & FIXT	1.00	0	4,613,531		1.00
TOTALS		0	4,613,531		
C - OB DEPT EXPENSES					
1.00 NURSERY	43.00	1,601,852	728,033		1.00
2.00 DELIVERY ROOM & LABOR ROOM	52.00	2,471,584	1,123,321		2.00
3.00 SPECIAL CARE NURSERY	31.01	532,291	241,923		3.00
TOTALS		4,605,727	2,093,277		
D - HOSPITAL USE OF PLAZA					
1.00 OPERATION OF PLANT	7.00	0	7		1.00
TOTALS		0	7		
F - DIETARY					
1.00 CAFETERIA	11.00	126,175	1,269,465		1.00
TOTALS		126,175	1,269,465		
G - EMPLOYEE BENEFITS					
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,743,580		1.00
TOTALS		0	17,743,580		
H - COST OF DRUGS SOLD (AC730380)					
1.00 DRUGS CHARGED TO PATIENTS	73.00	0	16,643,040		1.00
TOTALS		0	16,643,040		
N - OUTPATIENT SURG RE OR CASES					
1.00 OPERATING ROOM	50.00	253,253	0		1.00
TOTALS		253,253	0		
O - CHARGEABLE MEDICAL SUPPLIES					
1.00 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,778,620		1.00
2.00	0.00	0	0		2.00
3.00	0.00	0	0		3.00
4.00	0.00	0	0		4.00
5.00	0.00	0	0		5.00
6.00	0.00	0	0		6.00
7.00	0.00	0	0		7.00
8.00	0.00	0	0		8.00
9.00	0.00	0	0		9.00
10.00	0.00	0	0		10.00
11.00	0.00	0	0		11.00
12.00	0.00	0	0		12.00
13.00	0.00	0	0		13.00
15.00	0.00	0	0		15.00
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
TOTALS		0	8,778,620		
P - IMPLANTABLE DEVICES					
1.00 IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,218,453		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	6,218,453		
S - MSO TRANSFER					
1.00 ADMINISTRATION & GENERAL	5.06	0	1,582,711		1.00
2.00 I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	282,947		2.00
3.00 INTENSIVE CARE UNIT	31.00	0	882,677		3.00
4.00 OPERATING ROOM	50.00	0	112,172		4.00
5.00 REHABILITATION MEDICINE	66.01	0	29,340		5.00
6.00 CARDIOLOGY	69.02	0	237,096		6.00
7.00 EMERGENCY	91.00	149,970	0		7.00
8.00 OP PHARMACY	190.09	291,108	0		8.00
9.00 G PHARMACY	190.12	378,268	0		9.00
TOTALS		819,346	3,126,943		
T - SALARIED TEACHING PHYSICIANS					
1.00 I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	86,569	0		1.00
TOTALS		86,569	0		

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/25/2022 1:35 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
W - PRIVATE DUTY NURSING					
1.00 NURSING ADMINISTRATION	13.00	0	669,798		1.00
TOTALS		0	669,798		
500.00 Grand Total: Increases		5,891,070	73,930,663		500.00

RECLASSIFICATIONS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet A-6
Date/Time Prepared:
2/25/2022 1:35 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DEPRECIATION						
1.00	ADMINISTRATION & GENERAL	5.06	0	12,773,949	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	12,773,949			
	B - INTEREST EXPENSE						
1.00	ADMINISTRATION & GENERAL	5.06	0	4,613,531	11		1.00
	TOTALS		0	4,613,531			
	C - OB DEPT EXPENSES						
1.00	ADULTS & PEDIATRICS	30.00	4,605,727	2,093,277	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		4,605,727	2,093,277			
	D - HOSPITAL USE OF PLAZA						
1.00	PLAZA	190.10	0	7	0		1.00
	TOTALS		0	7			
	F - DIETARY						
1.00	DIETARY	10.00	126,175	1,269,465	0		1.00
	TOTALS		126,175	1,269,465			
	G - EMPLOYEE BENEFITS						
1.00	ADMINISTRATION & GENERAL	5.06	0	17,743,580	0		1.00
	TOTALS		0	17,743,580			
	H - COST OF DRUGS SOLD (AC730380)						
1.00	PHARMACY	15.00	0	16,643,040	0		1.00
	TOTALS		0	16,643,040			
	N - OUTPATIENT SURG RE OR CASES						
1.00	ASC (NON-DISTINCT PART)	75.00	253,253	0	0		1.00
	TOTALS		253,253	0			
	O - CHARGEABLE MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	461,458	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	112,319	0		2.00
3.00	SUBPROVIDER - IPF	40.00	0	654	0		3.00
4.00	SUBPROVIDER - IRF	41.00	0	10,912	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	0	443	0		5.00
6.00	OPERATING ROOM	50.00	0	4,255,857	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	147,868	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	67,986	0		8.00
9.00	ULTRASOUND	54.03	0	25,542	0		9.00
10.00	SPECIAL PROCEDURES	54.04	0	767,782	0		10.00
11.00	CT SCAN	57.00	0	76,161	0		11.00
12.00	MRI	58.00	0	5,305	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	1,909,152	0		13.00
15.00	ELECTROCARDIOLOGY	69.00	0	53,252	0		15.00
17.00	ASC (NON-DISTINCT PART)	75.00	0	504,653	0		17.00
18.00	WOUND CARE	90.02	0	81,667	0		18.00
19.00	NILES INFUSION CENTER	90.07	0	105,375	0		19.00
20.00	EMERGENCY	91.00	0	192,234	0		20.00
	TOTALS		0	8,778,620			
	P - IMPLANTABLE DEVICES						
1.00	ADULTS & PEDIATRICS	30.00	0	20,172	0		1.00
2.00	OPERATING ROOM	50.00	0	4,854,262	0		2.00
3.00	SPECIAL PROCEDURES	54.04	0	84,568	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	1,214,157	0		4.00
5.00	ASC (NON-DISTINCT PART)	75.00	0	38,534	0		5.00
6.00	WOUND CARE	90.02	0	6,760	0		6.00
	TOTALS		0	6,218,453			
	S - MSO TRANSFER						
1.00	ADMINISTRATION & GENERAL	5.06	1,582,711	0	0		1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	282,947	0	0		2.00
	COSTS APPRV						
3.00	INTENSIVE CARE UNIT	31.00	882,677	0	0		3.00
4.00	OPERATING ROOM	50.00	112,172	0	0		4.00
5.00	REHABILITATION MEDICINE	66.01	29,340	0	0		5.00
6.00	CARDIOLOGY	69.02	237,096	0	0		6.00
7.00	EMERGENCY	91.00	0	149,970	0		7.00
8.00	OP PHARMACY	190.09	0	291,108	0		8.00
9.00	G PHARMACY	190.12	0	378,268	0		9.00
	TOTALS		3,126,943	819,346			
	T - SALARIED TEACHING PHYSICIANS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	86,569	0	0		1.00
	TOTALS		86,569	0			

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-6

Date/Time Prepared:
2/25/2022 1:35 pm

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
1.00	W - PRIVATE DUTY NURSING					
	NURSING ADMINISTRATION	13.00	669,798	0	0	1.00
	TOTALS		669,798	0		
500.00	Grand Total: Decreases		8,868,465	70,953,268		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	28,616,928	1,607,143	0	1,607,143	0	1.00	
2.00	Land Improvements	2,953,848	0	0	0	0	2.00	
3.00	Buildings and Fixtures	133,844,145	11,114,789	0	11,114,789	0	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	148,271,704	0	0	0	11,422,826	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	313,686,625	12,721,932	0	12,721,932	11,422,826	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	313,686,625	12,721,932	0	12,721,932	11,422,826	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	30,224,071	0				1.00	
2.00	Land Improvements	2,953,848	0				2.00	
3.00	Buildings and Fixtures	144,958,934	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	136,848,878	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	314,985,731	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	314,985,731	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part II
Date/Time Prepared:
2/25/2022 1:35 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet A-7
Part III
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	178,136,853	0	178,136,853	0.565539	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	136,848,878	0	136,848,878	0.434461	0	2.00
3.00	Total (sum of lines 1-2)	314,985,731	0	314,985,731	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,936,782	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,530,170	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,466,952	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	4,612,281	0	0	0	10,549,063	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,530,170	2.00
3.00	Total (sum of lines 1-2)	4,612,281	0	0	0	17,079,233	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/25/2022 1:35 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				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-46,544	NON-PATIENT PHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-56,491	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	A	-146,256	ADMINISTRATION & GENERAL	5.06	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,268,928			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-726,495	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	CHILD CARE REVENUE	B	-722,189	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			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			
36.00	OTHER REVENUE	B	-122,855	PATIENT ACCOUNTS & CASHIERS	5.05	0	36.00
40.00	COST OF PHYSICIAN RECRUITMENT	A	-18,347	ADMINISTRATION & GENERAL	5.06	0	40.00
41.00	DEVELOPMENT COSTS	A	0	ADMINISTRATION & GENERAL	5.06	0	41.00
42.00	AMORT 81 CAPITAL INTEREST	A	-1,250	CAP REL COSTS-BLDG & FIXT	1.00	11	42.00
44.00	OTHER INCOME	B	-78,831	NON-PATIENT PHONES	5.01	0	44.00
44.01	OTHER INCOME	B	0	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	44.01
44.02	OTHER INCOME	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	44.02
44.03	OTHER INCOME	B	-217	MEDICAL RECORDS & LIBRARY	16.00	0	44.03
44.04	OTHER INCOME	B	-553,215	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	44.04
44.05	OTHER INCOME	B	-22,325	PHARMACY	15.00	0	44.05
45.00	LOBBING DUES	A	-43,069	ADMINISTRATION & GENERAL	5.06	0	45.00
45.01	LOBBYIST	A	-158,500	ADMINISTRATION & GENERAL	5.06	0	45.01
45.02	HOSPICE	A	-58,348	ADMINISTRATION & GENERAL	5.06	0	45.02
45.03	MARKETING FEES	A	-386,431	ADMINISTRATION & GENERAL	5.06	0	45.03
45.04	REAL ESTATE TAXES	A	-414,328	ADMINISTRATION & GENERAL	5.06	0	45.04
45.05	SCIC TRANSACTION FEE	A	0	ADMINISTRATION & GENERAL	5.06	0	45.05
45.10	OTHER OPERATING REVENUE	B	-2,627	REHABILITATION MEDICINE	66.01	0	45.10
45.20	PRIVATE DUTY NURSES	A	-669,798	NURSING ADMINISTRATION	13.00	0	45.20
45.21	PDN FRINGE BENEFITS	A	-112,143	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.21
45.22	GMP AND HIAWATHA BLDG TAX	A	0	ADMINISTRATION & GENERAL	5.06	0	45.22
45.26	PARKING LOT DEPRECIATION	A	-306,934	CAP REL COSTS-BLDG & FIXT	1.00	9	45.26
45.27	PARKING LOT DEPRECIATION	A	-63	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.27
45.36	COURTESY CAR	A	-90,255	ADMINISTRATION & GENERAL	5.06	0	45.36
45.42	DSR INCOME NETTED ON FS	A	0	CAP REL COSTS-BLDG & FIXT	1.00	11	45.42
45.43	SEPARATE SWAP AGREEMENT INTERES	A	0	CAP REL COSTS-BLDG & FIXT	1.00	11	45.43
45.57	CHEMO REV	B	-1,017	NILES INFUSION CENTER	90.07	0	45.57
45.59	OTHER A&G INCOME	B	-3,472,203	ADMINISTRATION & GENERAL	5.06	0	45.59
45.60	OTHER PLANT OPS INCOME	B	-2,014,491	OPERATION OF PLANT	7.00	0	45.60
45.62	LAB OTHER INCOME	B	-18,787	LABORATORY	60.00	0	45.62
45.64	PHYSICIAN MALPRACTICE	A	-14,994	ADMINISTRATION & GENERAL	5.06	0	45.64
45.65	OTHER INCOME	B	-1,169,740	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	45.65
45.67	MSO DEPR	B	0	OPERATION OF PLANT	7.00	0	45.67
48.00	MEDICAID TAX ASSESSMENT	A	-16,877,207	ADMINISTRATION & GENERAL	5.06	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,574,878				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet A-8-2

Date/Time Prepared:
2/25/2022 1:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATION & GENERAL	2,143,056	2,002,629	140,427	177,200	2,040	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	984,350	801,846	182,504	177,200	1,377	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,701,826	1,701,826	0	0	0	3.00
4.00	43.00	AGGREGATE-NURSERY	882,677	882,677	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	1,261,171	1,261,171	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	14,220	14,220	0	0	0	6.00
7.00	54.02	AGGREGATE-CANCER TREATMENT CENTER	128,378	128,378	0	0	0	7.00
8.00	54.04	AGGREGATE-SPECIAL PROCEDURES	18,691	18,691	0	0	0	8.00
9.00	66.01	AGGREGATE-REHABILITATION MEDICINE	29,340	29,340	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	21,630	21,630	0	0	0	10.00
11.00	69.02	AGGREGATE-CARDIOLOGY	250,296	250,296	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	91,030	91,030	0	0	0	12.00
200.00			7,526,665	7,203,734	322,931		3,417	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATION & GENERAL	173,792	8,690	0	0	0	1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	117,310	5,866	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	54.02	AGGREGATE-CANCER TREATMENT CENTER	0	0	0	0	0	7.00
8.00	54.04	AGGREGATE-SPECIAL PROCEDURES	0	0	0	0	0	8.00
9.00	66.01	AGGREGATE-REHABILITATION MEDICINE	0	0	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	69.02	AGGREGATE-CARDIOLOGY	0	0	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
200.00			291,102	14,556	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATION & GENERAL	0	173,792	0	2,002,629		1.00
2.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	117,310	65,194	867,040		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,701,826		3.00
4.00	43.00	AGGREGATE-NURSERY	0	0	0	882,677		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,261,171		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	14,220		6.00
7.00	54.02	AGGREGATE-CANCER TREATMENT CENTER	0	0	0	128,378		7.00
8.00	54.04	AGGREGATE-SPECIAL PROCEDURES	0	0	0	18,691		8.00
9.00	66.01	AGGREGATE-REHABILITATION MEDICINE	0	0	0	29,340		9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	21,630		10.00
11.00	69.02	AGGREGATE-CARDIOLOGY	0	0	0	250,296		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	91,030		12.00
200.00			0	291,102	65,194	7,268,928		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	10,549,063	10,549,063			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,530,170	6,530,170			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,263,157	27,073	16,648	20,306,878	4.00
5.01	00540	NON-PATIENT PHONES	275,997	14,066	29,808	37,331	5.01
5.03	00560	PURCHASING	1,884,633	75,111	10,648	251,514	5.03
5.04	00570	ADMITTING	2,427,860	45,457	4,286	395,859	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	3,906,747	32,939	1,830	246,940	5.05
5.06	00590	ADMINISTRATION & GENERAL	46,083,474	4,924,188	2,065,887	3,382,438	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	8,174,643	974,727	1,972,845	471,492	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,007,645	34,052	7,515	0	8.00
9.00	00900	HOUSEKEEPING	3,341,752	75,708	3,110	448,202	9.00
10.00	01000	DIETARY	2,394,695	80,107	11,572	40,863	10.00
11.00	01100	CAFETERIA	669,145	141,572	4,795	23,815	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,272,698	36,320	195,564	178,893	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	3,649,492	46,123	15,932	453,055	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,200,605	69,096	13,545	259,240	16.00
17.00	01700	SOCIAL SERVICE	594,805	27,942	0	95,588	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,216,886	0	134	732,139	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-34,709	68,811	9,853	230,478	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	387,425	6,952	2,131	68,380	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,063,693	973,247	164,797	3,394,283	30.00
31.00	03100	INTENSIVE CARE UNIT	5,171,409	78,872	41,219	507,759	31.00
31.01	02060	SPECIAL CARE NURSERY	1,190,565	15,940	2,701	178,994	31.01
40.00	04000	SUBPROVIDER - IPF	2,040,509	142,523	4,514	350,896	40.00
41.00	04100	SUBPROVIDER - IRF	1,343,667	72,069	10,664	216,904	41.00
43.00	04300	NURSERY	1,351,601	6,273	0	302,340	43.00
44.00	04400	SKILLED NURSING FACILITY	61,607	0	7,251	10,024	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,767,552	335,391	536,037	1,168,260	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,594,967	21,575	0	466,497	52.00
53.00	05300	ANESTHESIOLOGY	326,483	19,959	62,635	6,865	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,099,140	205,006	181,445	737,301	54.00
54.02	03480	CANCER TREATMENT CENTER	760,746	124,682	36,497	124,107	54.02
54.03	03630	ULTRASOUND	1,801,361	3,313	8,247	294,677	54.03
54.04	05401	SPECIAL PROCEDURES	825,279	12,871	6,576	117,172	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	54.05
57.00	05700	CT SCAN	907,104	9,260	78,690	129,896	57.00
58.00	05800	MRI	642,609	21,778	135,093	88,319	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,307,268	25,403	105,077	177,050	59.00
60.00	06000	LABORATORY	10,929,269	136,535	161,904	705,612	60.00
60.01	03420	PATHOLOGY	1,213,472	27,508	27,780	103,757	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,543,054	6,178	3,817	54,946	63.00
65.00	06500	RESPIRATORY THERAPY	2,242,203	19,443	30,285	334,765	65.00
66.01	06601	REHABILITATION MEDICINE	4,457,869	80,759	25,050	752,923	66.01
69.00	06900	ELECTROCARDIOLOGY	924,192	14,650	39,534	121,009	69.00
69.02	03140	CARDIOLOGY	2,419,754	55,749	94,117	289,609	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,654,858	139,196	47,591	95,583	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,218,453	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,643,040	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	849,433	4,589	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	752,017	73,617	100,445	61,573	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	539,143	43,394	0	91,853	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	90.01
90.02	09001	WOUND CARE	951,498	71,173	11,170	143,413	90.02
90.03	09002	PAIN MANAGMENT	436,015	74,472	743	47,776	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	205,162	10,753	0	28,712	90.06
90.07	09003	NILES INFUSION CENTER	3,217,350	27,399	134,141	342,710	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NON-PATIENT PHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
91.00	09100	EMERGENCY	7,821,097	321,963	62,831	1,047,879	16,762	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	254,069,622	9,855,784	6,486,954	19,809,691	336,394	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,355	0	0	1,156	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	710,825	14,772	0	45,309	578	190.09
190.10	19010	PLAZA	167,295	26,571	0	0	10,404	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	-42,071	43,950	0	58,959	8,670	190.12
190.13	19013	G SUITE	0	0	2,433	0	0	190.13
190.14	19014	OFFSITE CLINICS	1,472,185	48,539	40,783	3,590	0	190.14
190.15	19001	LIFE CENTER	3,111,263	550,092	0	389,329	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
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)	259,489,119	10,549,063	6,530,170	20,306,878	357,202	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING	2,225,374					5.03
5.04	00570	ADMITTING	799	2,881,197				5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	498	0	4,212,652			5.05
5.06	00590	ADMINISTRATION & GENERAL	66,571	0	0	56,580,934	56,580,934	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	29,379	0	0	11,638,692	3,245,449	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14	0	0	1,049,804	292,738	8.00
9.00	00900	HOUSEKEEPING	11,666	0	0	3,882,750	1,082,705	9.00
10.00	01000	DIETARY	0	0	0	2,530,127	705,526	10.00
11.00	01100	CAFETERIA	0	0	0	842,217	234,852	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,127	0	0	1,694,850	472,609	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	8,329	0	0	4,178,133	1,165,072	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	152	0	0	2,551,308	711,432	16.00
17.00	01700	SOCIAL SERVICE	13	0	0	724,128	201,923	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,299	0	0	4,955,458	1,381,829	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,705	0	0	285,230	79,536	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	8	0	0	464,896	129,636	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	184,420	286,423	418,837	29,511,710	8,229,331	30.00
31.00	03100	INTENSIVE CARE UNIT	29,518	42,585	62,272	5,947,506	1,658,462	31.00
31.01	02060	SPECIAL CARE NURSERY	0	7,323	10,709	1,410,856	393,417	31.01
40.00	04000	SUBPROVIDER - IPF	1,763	32,446	47,446	2,626,455	732,387	40.00
41.00	04100	SUBPROVIDER - IRF	4,903	18,227	26,653	1,695,399	472,762	41.00
43.00	04300	NURSERY	0	8,409	12,297	1,686,122	470,175	43.00
44.00	04400	SKILLED NURSING FACILITY	220	23	33	81,470	22,718	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	138,289	381,172	556,854	12,900,317	3,597,253	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	34,005	49,725	4,166,769	1,161,904	52.00
53.00	05300	ANESTHESIOLOGY	18,567	27,819	40,680	504,742	140,747	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,620	137,363	200,867	6,590,394	1,837,731	54.00
54.02	03480	CANCER TREATMENT CENTER	1,008	17,878	26,143	1,100,887	306,982	54.02
54.03	03630	ULTRASOUND	5,622	45,977	67,233	2,228,742	621,485	54.03
54.04	05401	SPECIAL PROCEDURES	10,625	22,626	33,087	1,028,236	286,724	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	8,155	154,894	226,502	1,514,501	422,319	57.00
58.00	05800	MRI	6,371	64,947	94,973	1,054,090	293,933	58.00
59.00	05900	CARDIAC CATHETERIZATION	130,282	105,404	154,132	4,008,662	1,117,815	59.00
60.00	06000	LABORATORY	215,735	348,426	509,504	13,024,903	3,631,994	60.00
60.01	03420	PATHOLOGY	23,835	22,111	32,333	1,451,952	404,877	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	78,484	19,794	28,944	1,736,951	484,349	63.00
65.00	06500	RESPIRATORY THERAPY	5,595	31,071	45,436	2,711,110	755,993	65.00
66.01	06601	REHABILITATION MEDICINE	2,478	49,528	72,426	5,451,437	1,520,133	66.01
69.00	06900	ELECTROCARDIOLOGY	3,557	29,328	42,887	1,177,469	328,337	69.00
69.02	03140	CARDIOLOGY	43,877	95,996	140,375	3,143,523	876,571	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	619,313	66,812	97,700	11,722,209	3,268,738	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	414,454	83,489	122,086	6,838,482	1,906,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	318,837	466,236	17,428,113	4,859,829	73.00
74.00	07400	RENAL DIALYSIS	0	12,545	18,344	884,911	246,757	74.00
75.00	07500	ASC (NON-DISTINCT PART)	19,870	37,257	54,481	1,109,086	309,269	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	776	5,592	8,178	688,936	192,110	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	4,464	17,536	25,643	1,224,897	341,563	90.02
90.03	09002	PAIN MANAGMENT	517	5,841	8,541	573,905	160,033	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	350	376	550	245,903	68,570	90.06
90.07	09003	NILES INFUSION CENTER	17,673	25,163	36,797	3,801,233	1,059,974	90.07
91.00	09100	EMERGENCY	82,158	323,974	473,748	10,150,412	2,830,442	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	Subtotal	ADMINISTRATION & GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,211,059	2,881,197	4,212,652	252,800,817	54,715,902	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	10,512	2,931	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	95	0	0	771,579	215,155	190.09
190.10	19010	PLAZA	120	0	0	204,390	56,994	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	4	0	0	69,512	19,383	190.12
190.13	19013	G SUITE	0	0	0	2,433	678	190.13
190.14	19014	OFFSITE CLINICS	10,085	0	0	1,575,182	439,240	190.14
190.15	19001	LIFE CENTER	4,010	0	0	4,054,694	1,130,651	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
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)	2,225,374	2,881,197	4,212,652	259,489,119	56,580,934	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	14,884,141				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	113,756	1,456,298			8.00
9.00	00900	HOUSEKEEPING	0	252,912	0	5,218,367		9.00
10.00	01000	DIETARY	0	267,607	0	68,227	3,571,487	10.00
11.00	01100	CAFETERIA	0	472,939	0	120,580	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	121,330	0	30,938	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	154,078	0	39,284	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	230,823	0	58,852	0	16.00
17.00	01700	SOCIAL SERVICE	0	93,345	0	23,796	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	229,870	0	58,604	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	23,223	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,251,247	835,282	2,738,290	2,669,378	30.00
31.00	03100	INTENSIVE CARE UNIT	0	263,480	76,531	223,385	229,555	31.00
31.01	02060	SPECIAL CARE NURSERY	0	53,249	12,517	45,148	4,552	31.01
40.00	04000	SUBPROVIDER - IPF	0	476,114	0	403,663	239,396	40.00
41.00	04100	SUBPROVIDER - IRF	0	240,756	0	204,120	401,203	41.00
43.00	04300	NURSERY	0	20,955	25,837	3,888	27,403	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,120,413	61,310	285,656	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	72,073	58,483	18,373	0	52.00
53.00	05300	ANESTHESIOLOGY	0	66,675	0	16,995	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	684,848	38,639	180,076	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	416,515	33,000	106,196	0	54.02
54.03	03630	ULTRASOUND	0	11,067	14,873	2,822	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	42,999	0	10,965	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	30,934	3,041	0	0	57.00
58.00	05800	MRI	0	72,753	48,689	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	84,863	6,444	21,636	0	59.00
60.00	06000	LABORATORY	0	456,112	0	116,288	0	60.00
60.01	03420	PATHOLOGY	0	91,894	0	23,429	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	20,638	0	5,257	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	64,951	0	16,563	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	269,785	0	68,788	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	48,940	11,738	12,482	0	69.00
69.02	03140	CARDIOLOGY	0	186,237	8,850	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	465,002	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	15,331	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	245,927	8,909	62,703	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	144,962	0	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	237,762	7,886	60,616	0	90.02
90.03	09002	PAIN MANAGMENT	0	248,784	0	63,429	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	35,923	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	91,531	0	0	0	90.07
91.00	09100	EMERGENCY	0	1,075,555	204,269	119,349	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	12,568,158	1,456,298	5,210,398	3,571,487	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,251	0	7,969	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	49,349	0	0	0	190.09
190.10	19010	PLAZA	0	88,764	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	146,821	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	162,152	0	0	0	190.14
190.15	19001	LIFE CENTER	0	1,837,646	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	14,884,141	1,456,298	5,218,367	3,571,487	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 10/01/2020
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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
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,670,588					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	13,359	0	2,333,086			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	34,776	0	0	0	5,571,343	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,516	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,708	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	89,205	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	14,562	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	7,330	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	426,121	0	1,049,640	0	416	30.00
31.00	03100	INTENSIVE CARE UNIT	56,878	0	193,069	0	10	31.00
31.01	02060	SPECIAL CARE NURSERY	18,227	0	57,432	0	135	31.01
40.00	04000	SUBPROVIDER - IPF	37,727	0	78,378	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	23,865	0	60,986	0	0	41.00
43.00	04300	NURSERY	13,275	0	37,010	0	159	43.00
44.00	04400	SKILLED NURSING FACILITY	1,007	0	3,376	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	131,898	0	231,295	0	3,111	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	53,674	0	149,658	0	642	52.00
53.00	05300	ANESTHESIOLOGY	1,455	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,364	0	21,129	0	100,302	54.00
54.02	03480	CANCER TREATMENT CENTER	7,400	0	17,748	0	0	54.02
54.03	03630	ULTRASOUND	24,228	0	0	0	1,429	54.03
54.04	05401	SPECIAL PROCEDURES	10,268	0	22,839	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	11,708	0	0	0	108	57.00
58.00	05800	MRI	7,722	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,387	0	0	0	0	59.00
60.00	06000	LABORATORY	106,285	0	0	0	0	60.00
60.01	03420	PATHOLOGY	12,198	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.	5,064	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	40,651	0	0	0	774	65.00
66.01	06601	REHABILITATION MEDICINE	71,356	0	0	0	139	66.01
69.00	06900	ELECTROCARDIOLOGY	12,632	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	29,922	0	31,825	0	124	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,234	0	20	0	170	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	5,263,407	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,904	0	11,543	0	57	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	4,442	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	16,283	0	34,087	0	2,509	90.02
90.03	09002	PAIN MANAGMENT	8,113	0	0	0	8,117	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	3,008	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	30,117	0	44,815	0	189,662	90.07
91.00	09100	EMERGENCY	124,457	0	283,794	0	72	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

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	
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,604,884	0	2,333,086	0	5,571,343	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	3,861	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	4,980	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	783	0	0	0	0	190.14
190.15	19001	LIFE CENTER	56,080	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,670,588	0	2,333,086	0	5,571,343	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			16.00	17.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,583,931					16.00
17.00	01700	SOCIAL SERVICE	0	1,052,900				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		6,426,492		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			667,802	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	356,291	747,184	0	3,950,629	410,526	30.00
31.00	03100	INTENSIVE CARE UNIT	52,972	10,014	0	403,684	41,948	31.00
31.01	02060	SPECIAL CARE NURSERY	9,110	3,616	0	20,286	2,108	31.01
40.00	04000	SUBPROVIDER - IPF	40,361	100,978	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	22,673	94,024	0	0	0	41.00
43.00	04300	NURSERY	10,461	3,616	0	41,586	4,321	43.00
44.00	04400	SKILLED NURSING FACILITY	28	90,964	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	474,065	0	0	833,740	86,637	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,299	0	0	94,328	9,802	52.00
53.00	05300	ANESTHESIOLOGY	34,605	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	170,871	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	22,239	0	0	0	0	54.02
54.03	03630	ULTRASOUND	57,193	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	28,146	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	192,678	0	0	0	0	57.00
58.00	05800	MRI	80,790	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	131,115	0	0	0	0	59.00
60.00	06000	LABORATORY	433,418	0	0	0	0	60.00
60.01	03420	PATHOLOGY	27,504	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.	24,622	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	38,650	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	61,610	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	36,482	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	119,412	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	83,110	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,854	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	396,612	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	15,605	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	46,346	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,957	0	0	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	21,814	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	7,266	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	468	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	31,302	0	0	0	0	90.07
91.00	09100	EMERGENCY	403,002	2,504	0	1,082,239	112,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS					
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES APPRV	PRGM COSTS APPRV	
		16.00	17.00	19.00	21.00	22.00		
93.01	04950	OCCUP HEALTH	0	0	0	0	93.01	
	OTHER REIMBURSABLE COST CENTERS							
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	
	SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,583,931	1,052,900	0	6,426,492	118.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	190.02	
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	190.05	
190.07	19007	DENTAL	0	0	0	0	190.07	
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	190.08	
190.09	19009	OP PHARMACY	0	0	0	0	190.09	
190.10	19010	PLAZA	0	0	0	0	190.10	
190.11	19011	G CAFETERIA	0	0	0	0	190.11	
190.12	19012	G PHARMACY	0	0	0	0	190.12	
190.13	19013	G SUITE	0	0	0	0	190.13	
190.14	19014	OFFSITE CLINICS	0	0	0	0	190.14	
190.15	19001	LIFE CENTER	0	0	0	0	190.15	
191.01	19101	OCC HEALTH	0	0	0	0	191.01	
200.00		Cross Foot Adjustments			0	0	200.00	
201.00		Negative Cost Centers	0	0	0	0	201.00	
202.00		TOTAL (sum lines 118 through 201)	3,583,931	1,052,900	0	6,426,492	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

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
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT PHONES					5.01
5.03	00560	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS					5.05
5.06	00590	ADMINISTRATION & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
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	625,085				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	54,176,045	-4,361,155	49,814,890	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,157,494	-445,632	8,711,862	31.00
31.01	02060	SPECIAL CARE NURSERY	0	2,030,653	-22,394	2,008,259	31.01
40.00	04000	SUBPROVIDER - IPF	0	4,735,459	0	4,735,459	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,215,788	0	3,215,788	41.00
43.00	04300	NURSERY	0	2,344,808	-45,907	2,298,901	43.00
44.00	04400	SKILLED NURSING FACILITY	0	199,563	0	199,563	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	19,725,695	-920,377	18,805,318	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,828,005	-104,130	5,723,875	52.00
53.00	05300	ANESTHESIOLOGY	0	765,219	0	765,219	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,704,354	0	9,704,354	54.00
54.02	03480	CANCER TREATMENT CENTER	0	2,010,967	0	2,010,967	54.02
54.03	03630	ULTRASOUND	0	2,961,839	0	2,961,839	54.03
54.04	05401	SPECIAL PROCEDURES	0	1,430,177	0	1,430,177	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	54.05
57.00	05700	CT SCAN	0	2,175,289	0	2,175,289	57.00
58.00	05800	MRI	0	1,557,977	0	1,557,977	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,385,922	0	5,385,922	59.00
60.00	06000	LABORATORY	0	17,769,000	0	17,769,000	60.00
60.01	03420	PATHOLOGY	0	2,011,854	0	2,011,854	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,276,881	0	2,276,881	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,628,692	0	3,628,692	65.00
66.01	06601	REHABILITATION MEDICINE	0	7,443,248	0	7,443,248	66.01
69.00	06900	ELECTROCARDIOLOGY	0	1,628,080	0	1,628,080	69.00
69.02	03140	CARDIOLOGY	0	4,396,464	0	4,396,464	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,554,483	0	15,554,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,849,247	0	8,849,247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	625,085	28,573,046	0	28,573,046	73.00
74.00	07400	RENAL DIALYSIS	0	1,162,604	0	1,162,604	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,801,744	0	1,801,744	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,037,407	0	1,037,407	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	1,947,417	0	1,947,417	90.02
90.03	09002	PAIN MANAGMENT	0	1,069,647	0	1,069,647	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	353,872	0	353,872	90.06
90.07	09003	NILES INFUSION CENTER	0	5,248,634	0	5,248,634	90.07
91.00	09100	EMERGENCY	0	16,388,555	-1,194,699	15,193,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
93.01	04950	OCCUP HEALTH	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
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
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	625,085	248,546,129	-7,094,294	241,451,835	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52,663	0	52,663	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	1,039,944	0	1,039,944	190.09
190.10	19010	PLAZA	0	350,148	0	350,148	190.10
190.11	19011	G CAFETERIA	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	240,696	0	240,696	190.12
190.13	19013	G SUITE	0	3,111	0	3,111	190.13
190.14	19014	OFFSITE CLINICS	0	2,177,357	0	2,177,357	190.14
190.15	19001	LIFE CENTER	0	7,079,071	0	7,079,071	190.15
191.01	19101	OCC HEALTH	0	0	0	0	191.01
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	625,085	259,489,119	-7,094,294	252,394,825	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,890	27,073	16,648	50,611	4.00
5.01	00540	NON-PATIENT PHONES	98,293	14,066	29,808	142,167	5.01
5.03	00560	PURCHASING	0	75,111	10,648	85,759	5.03
5.04	00570	ADMITTING	3,582	45,457	4,286	53,325	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	3,305	32,939	1,830	38,074	5.05
5.06	00590	ADMINISTRATION & GENERAL	229,023	4,924,188	2,065,887	7,219,098	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	8,237	974,727	1,972,845	2,955,809	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	34,052	7,515	41,567	8.00
9.00	00900	HOUSEKEEPING	489	75,708	3,110	79,307	9.00
10.00	01000	DIETARY	1,737	80,107	11,572	93,416	10.00
11.00	01100	CAFETERIA	1,013	141,572	4,795	147,380	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	12,890	36,320	195,564	244,774	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	6,022	46,123	15,932	68,077	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,438	69,096	13,545	87,079	16.00
17.00	01700	SOCIAL SERVICE	1,235	27,942	0	29,177	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	134	134	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	431	68,811	9,853	79,095	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	6,952	2,131	9,083	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,062	973,247	164,797	1,162,106	30.00
31.00	03100	INTENSIVE CARE UNIT	1,747	78,872	41,219	121,838	31.00
31.01	02060	SPECIAL CARE NURSERY	1,296	15,940	2,701	19,937	31.01
40.00	04000	SUBPROVIDER - IPF	3,453	142,523	4,514	150,490	40.00
41.00	04100	SUBPROVIDER - IRF	962	72,069	10,664	83,695	41.00
43.00	04300	NURSERY	1,147	6,273	0	7,420	43.00
44.00	04400	SKILLED NURSING FACILITY	476	0	7,251	7,727	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	465,923	335,391	536,037	1,337,351	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,638	21,575	0	26,213	52.00
53.00	05300	ANESTHESIOLOGY	5,353	19,959	62,635	87,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,923	205,006	181,445	395,374	54.00
54.02	03480	CANCER TREATMENT CENTER	0	124,682	36,497	161,179	54.02
54.03	03630	ULTRASOUND	4,087	3,313	8,247	15,647	54.03
54.04	05401	SPECIAL PROCEDURES	615	12,871	6,576	20,062	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	54.05
57.00	05700	CT SCAN	654	9,260	78,690	88,604	57.00
58.00	05800	MRI	181	21,778	135,093	157,052	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,063	25,403	105,077	133,543	59.00
60.00	06000	LABORATORY	10,927	136,535	161,904	309,366	60.00
60.01	03420	PATHOLOGY	1,285	27,508	27,780	56,573	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	636	6,178	3,817	10,631	63.00
65.00	06500	RESPIRATORY THERAPY	235,372	19,443	30,285	285,100	65.00
66.01	06601	REHABILITATION MEDICINE	3,551	80,759	25,050	109,360	66.01
69.00	06900	ELECTROCARDIOLOGY	7,900	14,650	39,534	62,084	69.00
69.02	03140	CARDIOLOGY	1,953	55,749	94,117	151,819	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	310,992	139,196	47,591	497,779	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	4,589	0	4,589	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,004	73,617	100,445	177,066	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	43,394	0	43,394	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	90.01
90.02	09001	WOUND CARE	1,016	71,173	11,170	83,359	90.02
90.03	09002	PAIN MANAGMENT	93,246	74,472	743	168,461	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	10,753	0	10,753	90.06
90.07	09003	NILES INFUSION CENTER	279,915	27,399	134,141	441,455	90.07
91.00	09100	EMERGENCY	25,029	321,963	62,831	409,823	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,878,991	9,855,784	6,486,954	18,221,729	49,373	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,355	0	9,355	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	14,772	0	14,772	113	190.09
190.10	19010	PLAZA	0	26,571	0	26,571	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	43,950	0	43,950	147	190.12
190.13	19013	G SUITE	0	0	2,433	2,433	0	190.13
190.14	19014	OFFSITE CLINICS	443	48,539	40,783	89,765	9	190.14
190.15	19001	LIFE CENTER	1,325	550,092	0	551,417	969	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,880,759	10,549,063	6,530,170	18,959,992	50,611	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
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2/25/2022 1:35 pm

Cost Center Description			NON-PATIENT PHONES	PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	ADMINISTRATION & GENERAL	
			5.01	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES	142,260					5.01
5.03	00560	PURCHASING	1,381	87,766				5.03
5.04	00570	ADMITTING	2,762	32	57,105			5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	9,438	20	0	48,147		5.05
5.06	00590	ADMINISTRATION & GENERAL	23,249	2,626	0	0	7,253,396	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,215	1,159	0	0	416,048	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	230	1	0	0	37,527	8.00
9.00	00900	HOUSEKEEPING	921	460	0	0	138,797	9.00
10.00	01000	DIETARY	1,151	0	0	0	90,444	10.00
11.00	01100	CAFETERIA	1,151	0	0	0	30,107	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,683	84	0	0	60,586	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	2,072	329	0	0	149,356	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,453	6	0	0	91,202	16.00
17.00	01700	SOCIAL SERVICE	2,302	1	0	0	25,885	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	248	0	0	177,143	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,223	107	0	0	10,196	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	16,619	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,359	7,275	5,709	4,840	1,054,992	30.00
31.00	03100	INTENSIVE CARE UNIT	5,525	1,164	849	720	212,605	31.00
31.01	02060	SPECIAL CARE NURSERY	1,842	0	146	124	50,434	31.01
40.00	04000	SUBPROVIDER - IPF	2,532	70	647	548	93,888	40.00
41.00	04100	SUBPROVIDER - IRF	921	193	363	308	60,605	41.00
43.00	04300	NURSERY	2,072	0	168	142	60,274	43.00
44.00	04400	SKILLED NURSING FACILITY	921	9	0	0	2,912	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,676	5,455	7,277	5,903	461,148	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	678	575	148,949	52.00
53.00	05300	ANESTHESIOLOGY	691	732	554	470	18,043	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,827	379	2,738	2,321	235,587	54.00
54.02	03480	CANCER TREATMENT CENTER	3,913	40	356	302	39,353	54.02
54.03	03630	ULTRASOUND	921	222	916	777	79,671	54.03
54.04	05401	SPECIAL PROCEDURES	0	419	451	382	36,756	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	322	3,087	2,617	54,139	57.00
58.00	05800	MRI	0	251	1,294	1,097	37,681	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,611	5,139	2,101	1,781	143,298	59.00
60.00	06000	LABORATORY	7,136	8,510	6,944	5,888	465,601	60.00
60.01	03420	PATHOLOGY	460	940	441	374	51,903	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	691	3,096	395	334	62,091	63.00
65.00	06500	RESPIRATORY THERAPY	921	221	619	525	96,914	65.00
66.01	06601	REHABILITATION MEDICINE	4,143	98	987	837	194,873	66.01
69.00	06900	ELECTROCARDIOLOGY	921	140	585	496	42,091	69.00
69.02	03140	CARDIOLOGY	1,611	1,731	1,913	1,622	112,372	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	460	24,411	1,332	1,129	419,034	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,348	1,664	1,411	244,455	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,355	5,388	623,003	73.00
74.00	07400	RENAL DIALYSIS	0	0	250	212	31,633	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,913	784	743	630	39,646	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	31	111	94	24,627	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	176	350	296	43,786	90.02
90.03	09002	PAIN MANAGMENT	0	20	116	99	20,515	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	14	7	6	8,790	90.06
90.07	09003	NILES INFUSION CENTER	0	697	502	425	135,883	90.07
91.00	09100	EMERGENCY	6,676	3,241	6,457	5,474	362,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
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Cost Center Description			NON-PATIENT PHONES	PURCHASING	ADMITTING	PATIENT ACCOUNTS & CASHIERS	ADMINISTRATION & GENERAL	
			5.01	5.03	5.04	5.05	5.06	
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	133,974	87,201	57,105	48,147	7,014,309	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	460	0	0	0	376	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	230	4	0	0	27,582	190.09
190.10	19010	PLAZA	4,143	5	0	0	7,306	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	3,453	0	0	0	2,485	190.12
190.13	19013	G SUITE	0	0	0	0	87	190.13
190.14	19014	OFFSITE CLINICS	0	398	0	0	56,308	190.14
190.15	19001	LIFE CENTER	0	158	0	0	144,943	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	142,260	87,766	57,105	48,147	7,253,396	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	3,380,405				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	25,836	105,161			8.00
9.00	00900	HOUSEKEEPING	0	57,440	0	278,041		9.00
10.00	01000	DIETARY	0	60,778	0	3,635	249,526	10.00
11.00	01100	CAFETERIA	0	107,411	0	6,425	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	27,556	0	1,648	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	34,993	0	2,093	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	52,423	0	3,136	0	16.00
17.00	01700	SOCIAL SERVICE	0	21,200	0	1,268	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	52,207	0	3,122	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	5,274	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	738,405	60,317	145,900	186,498	30.00
31.00	03100	INTENSIVE CARE UNIT	0	59,840	5,526	11,902	16,038	31.00
31.01	02060	SPECIAL CARE NURSERY	0	12,094	904	2,406	318	31.01
40.00	04000	SUBPROVIDER - IPF	0	108,132	0	21,508	16,726	40.00
41.00	04100	SUBPROVIDER - IRF	0	54,679	0	10,876	28,031	41.00
43.00	04300	NURSERY	0	4,759	1,866	207	1,915	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	254,462	4,427	15,220	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,369	4,223	979	0	52.00
53.00	05300	ANESTHESIOLOGY	0	15,143	0	905	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	155,539	2,790	9,595	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	94,597	2,383	5,658	0	54.02
54.03	03630	ULTRASOUND	0	2,514	1,074	150	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	9,766	0	584	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	7,025	220	0	0	57.00
58.00	05800	MRI	0	16,523	3,516	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,274	465	1,153	0	59.00
60.00	06000	LABORATORY	0	103,590	0	6,196	0	60.00
60.01	03420	PATHOLOGY	0	20,870	0	1,248	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	4,687	0	280	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	14,751	0	882	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	61,272	0	3,665	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	11,115	848	665	0	69.00
69.02	03140	CARDIOLOGY	0	42,297	639	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	105,609	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	3,482	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	55,854	643	3,341	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	32,923	0	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	53,999	569	3,230	0	90.02
90.03	09002	PAIN MANAGMENT	0	56,502	0	3,380	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	8,159	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	20,788	0	0	0	90.07
91.00	09100	EMERGENCY	0	244,274	14,751	6,359	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,854,411	105,161	277,616	249,526	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,098	0	425	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	11,208	0	0	0	190.09
190.10	19010	PLAZA	0	20,160	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	33,345	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	36,827	0	0	0	190.14
190.15	19001	LIFE CENTER	0	417,356	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,380,405	105,161	278,041	249,526	202.00

ALLOCATION OF CAPITAL RELATED 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	292,533					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,339	0	341,115			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	6,089	0	0	0	264,137	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,519	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,700	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,621	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,550	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,284	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,616	0	153,466	0	20	30.00
31.00	03100	INTENSIVE CARE UNIT	9,960	0	28,228	0	0	31.00
31.01	02060	SPECIAL CARE NURSERY	3,192	0	8,397	0	6	31.01
40.00	04000	SUBPROVIDER - IPF	6,606	0	11,459	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,179	0	8,917	0	0	41.00
43.00	04300	NURSERY	2,325	0	5,411	0	8	43.00
44.00	04400	SKILLED NURSING FACILITY	176	0	494	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,096	0	33,817	0	147	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,399	0	21,881	0	30	52.00
53.00	05300	ANESTHESIOLOGY	255	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,072	0	3,089	0	4,755	54.00
54.02	03480	CANCER TREATMENT CENTER	1,296	0	2,595	0	0	54.02
54.03	03630	ULTRASOUND	4,243	0	0	0	68	54.03
54.04	05401	SPECIAL PROCEDURES	1,798	0	3,339	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	2,050	0	0	0	5	57.00
58.00	05800	MRI	1,352	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,694	0	0	0	0	59.00
60.00	06000	LABORATORY	18,611	0	0	0	0	60.00
60.01	03420	PATHOLOGY	2,136	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.	887	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	7,118	0	0	0	37	65.00
66.01	06601	REHABILITATION MEDICINE	12,495	0	0	0	7	66.01
69.00	06900	ELECTROCARDIOLOGY	2,212	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	5,240	0	4,653	0	6	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,668	0	3	0	8	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	249,538	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,384	0	1,688	0	3	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	649	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	2,851	0	4,984	0	119	90.02
90.03	09002	PAIN MANAGMENT	1,421	0	0	0	385	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	527	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	5,274	0	6,552	0	8,992	90.07
91.00	09100	EMERGENCY	21,793	0	41,493	0	3	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

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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	
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	281,028	0	341,115	0	264,137	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	676	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	872	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	137	0	0	0	0	190.14
190.15	19001	LIFE CENTER	9,820	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	292,533	0	341,115	0	264,137	202.00

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
					16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT PHONES					5.01
5.03	00560	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS					5.05
5.06	00590	ADMINISTRATION & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	243,464				16.00
17.00	01700	SOCIAL SERVICE	0	81,771			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	194,969		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		143,610	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,199	58,029			30.00
31.00	03100	INTENSIVE CARE UNIT	3,598	778			31.00
31.01	02060	SPECIAL CARE NURSERY	619	281			31.01
40.00	04000	SUBPROVIDER - IPF	2,741	7,842			40.00
41.00	04100	SUBPROVIDER - IRF	1,540	7,302			41.00
43.00	04300	NURSERY	711	281			43.00
44.00	04400	SKILLED NURSING FACILITY	2	7,064			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,239	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,873	0			52.00
53.00	05300	ANESTHESIOLOGY	2,350	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,606	0			54.00
54.02	03480	CANCER TREATMENT CENTER	1,510	0			54.02
54.03	03630	ULTRASOUND	3,885	0			54.03
54.04	05401	SPECIAL PROCEDURES	1,912	0			54.04
54.05	05402	OP ONCOLOGY	0	0			54.05
57.00	05700	CT SCAN	13,087	0			57.00
58.00	05800	MRI	5,487	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	8,905	0			59.00
60.00	06000	LABORATORY	29,438	0			60.00
60.01	03420	PATHOLOGY	1,868	0			60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,672	0			63.00
65.00	06500	RESPIRATORY THERAPY	2,625	0			65.00
66.01	06601	REHABILITATION MEDICINE	4,185	0			66.01
69.00	06900	ELECTROCARDIOLOGY	2,478	0			69.00
69.02	03140	CARDIOLOGY	8,111	0			69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,645	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,054	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,938	0			73.00
74.00	07400	RENAL DIALYSIS	1,060	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,148	0			75.00
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
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	472	0			90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0			90.01
90.02	09001	WOUND CARE	1,482	0			90.02
90.03	09002	PAIN MANAGMENT	494	0			90.03
90.05	09004	WOMENS CENTER	0	0			90.05
90.06	09005	DIABETES CENTER	32	0			90.06
90.07	09003	NILES INFUSION CENTER	2,126	0			90.07
91.00	09100	EMERGENCY	27,372	194			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
						SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
93.01	04950	OCCUP HEALTH	16.00	17.00	19.00	21.00	22.00	93.01
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	243,464	81,771	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0				190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0				190.05
190.07	19007	DENTAL	0	0				190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0				190.08
190.09	19009	OP PHARMACY	0	0				190.09
190.10	19010	PLAZA	0	0				190.10
190.11	19011	G CAFETERIA	0	0				190.11
190.12	19012	G PHARMACY	0	0				190.12
190.13	19013	G SUITE	0	0				190.13
190.14	19014	OFFSITE CLINICS	0	0				190.14
190.15	19001	LIFE CENTER	0	0				190.15
191.01	19101	OCC HEALTH	0	0				191.01
200.00		Cross Foot Adjustments			0	194,969	143,610	200.00
201.00		Negative Cost Centers	0	0	0	0	7,464	201.00
202.00		TOTAL (sum lines 118 through 201)	243,464	81,771	0	194,969	151,074	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 1:35 pm

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
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NON-PATIENT PHONES					5.01
5.03	00560	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS					5.05
5.06	00590	ADMINISTRATION & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
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	32,430				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		3,695,229	0	3,695,229	30.00
31.00	03100	INTENSIVE CARE UNIT		479,835	0	479,835	31.00
31.01	02060	SPECIAL CARE NURSERY		101,146	0	101,146	31.01
40.00	04000	SUBPROVIDER - IPF		424,063	0	424,063	40.00
41.00	04100	SUBPROVIDER - IRF		262,149	0	262,149	41.00
43.00	04300	NURSERY		88,312	0	88,312	43.00
44.00	04400	SKILLED NURSING FACILITY		19,330	0	19,330	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		2,190,127	0	2,190,127	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		233,331	0	233,331	52.00
53.00	05300	ANESTHESIOLOGY		127,107	0	127,107	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		847,508	0	847,508	54.00
54.02	03480	CANCER TREATMENT CENTER		313,491	0	313,491	54.02
54.03	03630	ULTRASOUND		110,822	0	110,822	54.03
54.04	05401	SPECIAL PROCEDURES		75,761	0	75,761	54.04
54.05	05402	OP ONCOLOGY		0	0	0	54.05
57.00	05700	CT SCAN		171,479	0	171,479	57.00
58.00	05800	MRI		224,473	0	224,473	58.00
59.00	05900	CARDIAC CATHETERIZATION		320,405	0	320,405	59.00
60.00	06000	LABORATORY		963,037	0	963,037	60.00
60.01	03420	PATHOLOGY		137,071	0	137,071	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		84,901	0	84,901	63.00
65.00	06500	RESPIRATORY THERAPY		410,547	0	410,547	65.00
66.01	06601	REHABILITATION MEDICINE		393,797	0	393,797	66.01
69.00	06900	ELECTROCARDIOLOGY		123,936	0	123,936	69.00
69.02	03140	CARDIOLOGY		332,735	0	332,735	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,058,316	0	1,058,316	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		270,932	0	270,932	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		911,222	0	911,222	73.00
74.00	07400	RENAL DIALYSIS		41,226	0	41,226	74.00
75.00	07500	ASC (NON-DISTINCT PART)		288,996	0	288,996	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		102,530	0	102,530	90.00
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	90.01
90.02	09001	WOUND CARE		195,558	0	195,558	90.02
90.03	09002	PAIN MANAGMENT		251,512	0	251,512	90.03
90.05	09004	WOMENS CENTER		0	0	0	90.05
90.06	09005	DIABETES CENTER		28,359	0	28,359	90.06
90.07	09003	NILES INFUSION CENTER		623,547	0	623,547	90.07
91.00	09100	EMERGENCY		1,153,366	0	1,153,366	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet B
Part II
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
93.01	04950	OCCUP HEALTH		0	0	0		93.01
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	17,056,156	0	17,056,156		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		17,714	0	17,714		190.00
190.02	19002	COVENANT RETIREMENT HOME		0	0	0		190.02
190.05	19005	BOARD OF BENEVOLENCE		0	0	0		190.05
190.07	19007	DENTAL		0	0	0		190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY		0	0	0		190.08
190.09	19009	OP PHARMACY		54,585	0	54,585		190.09
190.10	19010	PLAZA		58,185	0	58,185		190.10
190.11	19011	G CAFETERIA		0	0	0		190.11
190.12	19012	G PHARMACY		84,252	0	84,252		190.12
190.13	19013	G SUITE		2,520	0	2,520		190.13
190.14	19014	OFFSITE CLINICS		183,444	0	183,444		190.14
190.15	19001	LIFE CENTER		1,124,663	0	1,124,663		190.15
191.01	19101	OCC HEALTH		0	0	0		191.01
200.00		Cross Foot Adjustments	32,430	371,009	0	371,009		200.00
201.00		Negative Cost Centers	0	7,464	0	7,464		201.00
202.00		TOTAL (sum lines 118 through 201)	32,430	18,959,992	0	18,959,992		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT PHONES (PHONES))	PURCHASING (SUPPLY EXP ENSE))	
			BLDG & FIXT (SQUARE FEE T))	MVBLE EQUIP (DOLLAR VAL UE))				
			1.00	2.00	4.00	5.01	5.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	776,953					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,517,122				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,994	16,615	107,589,306			4.00
5.01	00540	NON-PATIENT PHONES	1,036	29,748	197,785	618		5.01
5.03	00560	PURCHASING	5,532	10,627	1,332,565	6	33,389,211	5.03
5.04	00570	ADMITTING	3,348	4,277	2,097,332	12	11,991	5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	2,426	1,826	1,308,331	41	7,465	5.05
5.06	00590	ADMINISTRATION & GENERAL	362,673	2,061,758	17,920,770	101	998,830	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	71,790	1,968,903	2,498,051	27	440,808	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,508	7,500	0	1	209	8.00
9.00	00900	HOUSEKEEPING	5,576	3,104	2,374,654	5	175,035	9.00
10.00	01000	DIETARY	5,900	11,549	216,497	5	0	10.00
11.00	01100	CAFETERIA	10,427	4,785	126,175	5	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,675	195,173	947,810	16	31,912	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,397	15,900	2,400,368	9	124,965	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,089	13,518	1,373,501	15	2,277	16.00
17.00	01700	SOCIAL SERVICE	2,058	0	506,440	10	202	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	134	3,879,007	0	94,505	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,068	9,833	1,221,113	14	40,593	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	512	2,127	362,291	0	124	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,681	164,468	17,983,323	45	2,767,029	30.00
31.00	03100	INTENSIVE CARE UNIT	5,809	41,137	2,690,201	24	442,893	31.00
31.01	02060	SPECIAL CARE NURSERY	1,174	2,696	948,345	8	0	31.01
40.00	04000	SUBPROVIDER - IPF	10,497	4,505	1,859,112	11	26,450	40.00
41.00	04100	SUBPROVIDER - IRF	5,308	10,643	1,149,196	4	73,571	41.00
43.00	04300	NURSERY	462	0	1,601,852	9	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,237	53,111	4	3,300	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,702	534,966	6,189,656	29	2,074,886	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,589	0	2,471,584	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,470	62,510	36,374	3	278,580	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,099	181,082	3,906,353	34	144,338	54.00
54.02	03480	CANCER TREATMENT CENTER	9,183	36,424	657,539	17	15,117	54.02
54.03	03630	ULTRASOUND	244	8,231	1,561,250	4	84,355	54.03
54.04	05401	SPECIAL PROCEDURES	948	6,563	620,798	0	159,420	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	682	78,533	688,215	0	122,351	57.00
58.00	05800	MRI	1,604	134,823	467,930	0	95,586	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,871	104,867	938,041	7	1,954,752	59.00
60.00	06000	LABORATORY	10,056	161,581	3,738,461	31	3,236,887	60.00
60.01	03420	PATHOLOGY	2,026	27,724	549,721	2	357,615	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	455	3,809	291,114	3	1,177,579	63.00
65.00	06500	RESPIRATORY THERAPY	1,432	30,224	1,773,644	4	83,950	65.00
66.01	06601	REHABILITATION MEDICINE	5,948	25,000	3,989,121	18	37,175	66.01
69.00	06900	ELECTROCARDIOLOGY	1,079	39,455	641,129	4	53,364	69.00
69.02	03140	CARDIOLOGY	4,106	93,929	1,534,403	7	658,333	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,252	47,496	506,416	2	9,291,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,218,454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	338	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,422	100,244	326,227	17	298,135	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,196	0	486,656	0	11,637	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	5,242	11,148	759,827	0	66,980	90.02
90.03	09002	PAIN MANAGMENT	5,485	742	253,126	0	7,756	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	792	0	152,120	0	5,251	90.06
90.07	09003	NILES INFUSION CENTER	2,018	133,873	1,815,740	0	265,167	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NON-PATIENT PHONES (PHONES))	PURCHASING (SUPPLY EXP ENSE))	
			BLDG & FIXT (SQUARE FEE T))	MVBLE EQUIP (DOLLAR VAL UE))				
			1.00	2.00	4.00	5.01	5.03	
91.00	09100	EMERGENCY	23,713	62,705	5,551,852	29	1,232,693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	725,892	6,473,992	104,955,127	582	33,174,451	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	689	0	0	2	8	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	1,088	0	240,053	1	1,419	190.09
190.10	19010	PLAZA	1,957	0	0	18	1,793	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	3,237	0	312,374	15	58	190.12
190.13	19013	G SUITE	0	2,428	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	3,575	40,702	19,018	0	151,313	190.14
190.15	19001	LIFE CENTER	40,515	0	2,062,734	0	60,169	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,549,063	6,530,170	20,306,878	357,202	2,225,374	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.577479	1.002002	0.188744	577.996764	0.066649	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			50,611	142,260	87,766	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000470	230.194175	0.002629	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: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			ADMITTING (GROSS REVE NUE)	PATIENT ACCOUNTS & CASHIERS (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING	1,248,312,889					5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS	0	1,248,312,889				5.05
5.06	00590	ADMINISTRATION & GENERAL	0	0	-56,580,934	202,908,185		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	11,638,692	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,049,804	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	3,882,750	0	9.00
10.00	01000	DIETARY	0	0	0	2,530,127	0	10.00
11.00	01100	CAFETERIA	0	0	0	842,217	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,694,850	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	4,178,133	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,551,308	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	724,128	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	4,955,458	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	285,230	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	464,896	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	124,099,871	124,099,871	0	29,511,710	0	30.00
31.00	03100	INTENSIVE CARE UNIT	18,450,848	18,450,848	0	5,947,506	0	31.00
31.01	02060	SPECIAL CARE NURSERY	3,173,008	3,173,008	0	1,410,856	0	31.01
40.00	04000	SUBPROVIDER - IPF	14,058,023	14,058,023	0	2,626,455	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,897,205	7,897,205	0	1,695,399	0	41.00
43.00	04300	NURSERY	3,643,605	3,643,605	0	1,686,122	0	43.00
44.00	04400	SKILLED NURSING FACILITY	9,793	9,793	0	81,470	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	165,113,808	165,113,808	0	12,900,317	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,733,328	14,733,328	0	4,166,769	0	52.00
53.00	05300	ANESTHESIOLOGY	12,053,288	12,053,288	0	504,742	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,516,238	59,516,238	0	6,590,394	0	54.00
54.02	03480	CANCER TREATMENT CENTER	7,745,934	7,745,934	0	1,100,887	0	54.02
54.03	03630	ULTRASOUND	19,920,802	19,920,802	0	2,228,742	0	54.03
54.04	05401	SPECIAL PROCEDURES	9,803,427	9,803,427	0	1,028,236	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	67,111,722	67,111,722	0	1,514,501	0	57.00
58.00	05800	MRI	28,140,041	28,140,041	0	1,054,090	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,668,762	45,668,762	0	4,008,662	0	59.00
60.00	06000	LABORATORY	150,964,255	150,964,255	0	13,024,903	0	60.00
60.01	03420	PATHOLOGY	9,580,040	9,580,040	0	1,451,952	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,576,124	8,576,124	0	1,736,951	0	63.00
65.00	06500	RESPIRATORY THERAPY	13,462,382	13,462,382	0	2,711,110	0	65.00
66.01	06601	REHABILITATION MEDICINE	21,459,461	21,459,461	0	5,451,437	0	66.01
69.00	06900	ELECTROCARDIOLOGY	12,707,170	12,707,170	0	1,177,469	0	69.00
69.02	03140	CARDIOLOGY	41,592,538	41,592,538	0	3,143,523	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,948,201	28,948,201	0	11,722,209	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,173,581	36,173,581	0	6,838,482	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	138,144,128	138,144,128	0	17,428,113	0	73.00
74.00	07400	RENAL DIALYSIS	5,435,326	5,435,326	0	884,911	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	16,142,641	16,142,641	0	1,109,086	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,423,039	2,423,039	0	688,936	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	7,597,980	7,597,980	0	1,224,897	0	90.02
90.03	09002	PAIN MANAGMENT	2,530,784	2,530,784	0	573,905	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	162,979	162,979	0	245,903	0	90.06
90.07	09003	NILES INFUSION CENTER	10,902,670	10,902,670	0	3,801,233	0	90.07
91.00	09100	EMERGENCY	140,369,887	140,369,887	0	10,150,412	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			ADMITTING (GROSS REVE NUE)	PATIENT ACCOUNTS & CASHIERS (GROSS REVE NUE)	Reconciliation	ADMINISTRATION & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	6.00	
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,248,312,889	1,248,312,889	-56,580,934	196,219,883	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	10,512	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	0	0	771,579	0	190.09
190.10	19010	PLAZA	0	0	0	204,390	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	0	0	69,512	0	190.12
190.13	19013	G SUITE	0	0	0	2,433	0	190.13
190.14	19014	OFFSITE CLINICS	0	0	0	1,575,182	0	190.14
190.15	19001	LIFE CENTER	0	0	0	4,054,694	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,881,197	4,212,652		56,580,934	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002308	0.003375		0.278850	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	57,105	48,147		7,253,396	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000046	0.000039		0.035747	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	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
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	328,154					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,508	2,145,726				8.00
9.00	00900	HOUSEKEEPING	5,576	0	567,752			9.00
10.00	01000	DIETARY	5,900	0	7,423	160,048		10.00
11.00	01100	CAFETERIA	10,427	0	13,119	0	119,425	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,675	0	3,366	0	955	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	3,397	0	4,274	0	2,486	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,089	0	6,403	0	2,253	16.00
17.00	01700	SOCIAL SERVICE	2,058	0	2,589	0	694	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	6,377	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,068	0	6,376	0	1,041	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	512	0	0	0	524	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,681	1,230,712	297,923	119,622	30,462	30.00
31.00	03100	INTENSIVE CARE UNIT	5,809	112,761	24,304	10,287	4,066	31.00
31.01	02060	SPECIAL CARE NURSERY	1,174	18,443	4,912	204	1,303	31.01
40.00	04000	SUBPROVIDER - IPF	10,497	0	43,918	10,728	2,697	40.00
41.00	04100	SUBPROVIDER - IRF	5,308	0	22,208	17,979	1,706	41.00
43.00	04300	NURSERY	462	38,068	423	1,228	949	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	72	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,702	90,335	31,079	0	9,429	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,589	86,170	1,999	0	3,837	52.00
53.00	05300	ANESTHESIOLOGY	1,470	0	1,849	0	104	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,099	56,931	19,592	0	5,745	54.00
54.02	03480	CANCER TREATMENT CENTER	9,183	48,622	11,554	0	529	54.02
54.03	03630	ULTRASOUND	244	21,914	307	0	1,732	54.03
54.04	05401	SPECIAL PROCEDURES	948	0	1,193	0	734	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	682	4,481	0	0	837	57.00
58.00	05800	MRI	1,604	71,739	0	0	552	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,871	9,495	2,354	0	1,100	59.00
60.00	06000	LABORATORY	10,056	0	12,652	0	7,598	60.00
60.01	03420	PATHOLOGY	2,026	0	2,549	0	872	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	455	0	572	0	362	63.00
65.00	06500	RESPIRATORY THERAPY	1,432	0	1,802	0	2,906	65.00
66.01	06601	REHABILITATION MEDICINE	5,948	0	7,484	0	5,101	66.01
69.00	06900	ELECTROCARDIOLOGY	1,079	17,295	1,358	0	903	69.00
69.02	03140	CARDIOLOGY	4,106	13,040	0	0	2,139	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,252	0	0	0	1,089	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	338	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,422	13,127	6,822	0	565	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,196	0	0	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	5,242	11,620	6,595	0	1,164	90.02
90.03	09002	PAIN MANAGEMENT	5,485	0	6,901	0	580	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	792	0	0	0	215	90.06
90.07	09003	NILES INFUSION CENTER	2,018	0	0	0	2,153	90.07
91.00	09100	EMERGENCY	23,713	300,973	12,985	0	8,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (HOURS OF SERVICE))	DIETARY (MEALS SERVED))	CAFETERIA (FTES))	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
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
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	277,093	2,145,726	566,885	160,048	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	689	0	867	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	190.08
190.09	19009	OP PHARMACY	1,088	0	0	276	190.09
190.10	19010	PLAZA	1,957	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	190.11
190.12	19012	G PHARMACY	3,237	0	0	356	190.12
190.13	19013	G SUITE	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	3,575	0	0	56	190.14
190.15	19001	LIFE CENTER	40,515	0	0	4,009	190.15
191.01	19101	OCC HEALTH	0	0	0	0	191.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,884,141	1,456,298	5,218,367	3,571,487	1,670,588
203.00		Unit cost multiplier (Wkst. B, Part I)	45.357183	0.678697	9.191279	22.315099	13.988595
204.00		Cost to be allocated (per Wkst. B, Part II)	3,380,405	105,161	278,041	249,526	292,533
205.00		Unit cost multiplier (Wkst. B, Part II)	10.301276	0.049010	0.489723	1.559070	2.449512
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: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	917,034				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	0	0	0	17,616,737		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,248,312,889	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
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	0	412,567	0	1,314	124,099,871	30.00
31.00	03100	INTENSIVE CARE UNIT	0	75,887	0	31	18,450,848	31.00
31.01	02060	SPECIAL CARE NURSERY	0	22,574	0	427	3,173,008	31.01
40.00	04000	SUBPROVIDER - IPF	0	30,807	0	0	14,058,023	40.00
41.00	04100	SUBPROVIDER - IRF	0	23,971	0	0	7,897,205	41.00
43.00	04300	NURSERY	0	14,547	0	502	3,643,605	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,327	0	0	9,793	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	90,912	0	9,836	165,113,808	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	58,824	0	2,029	14,733,328	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	12,053,288	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,305	0	317,156	59,516,238	54.00
54.02	03480	CANCER TREATMENT CENTER	0	6,976	0	0	7,745,934	54.02
54.03	03630	ULTRASOUND	0	0	0	4,519	19,920,802	54.03
54.04	05401	SPECIAL PROCEDURES	0	8,977	0	0	9,803,427	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	0	0	341	67,111,722	57.00
58.00	05800	MRI	0	0	0	0	28,140,041	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	45,668,762	59.00
60.00	06000	LABORATORY	0	0	0	0	150,964,255	60.00
60.01	03420	PATHOLOGY	0	0	0	0	9,580,040	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	8,576,124	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,446	13,462,382	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	440	21,459,461	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	12,707,170	69.00
69.02	03140	CARDIOLOGY	0	12,509	0	391	41,592,538	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8	0	539	28,948,201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	36,173,581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,643,040	138,144,128	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	5,435,326	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	4,537	0	180	16,142,641	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,746	0	0	2,423,039	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	13,398	0	7,933	7,597,980	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	25,667	2,530,784	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	0	0	162,979	90.06
90.07	09003	NILES INFUSION CENTER	0	17,615	0	599,717	10,902,670	90.07
91.00	09100	EMERGENCY	0	111,547	0	229	140,369,887	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	
			12.00	13.00	14.00	15.00	16.00	
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	917,034	0	17,616,737	1,248,312,889	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	0	0	0	0	190.14
190.15	19001	LIFE CENTER	0	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,333,086	0	5,571,343	3,583,931	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2.544165	0.000000	0.316253	0.002871	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	341,115	0	264,137	243,464	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.371976	0.000000	0.014994	0.000195	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: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED T IME))	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED T IME))		
					17.00	19.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NON-PATIENT PHONES						5.01
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	PATIENT ACCOUNTS & CASHIERS						5.05
5.06	00590	ADMINISTRATION & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	3,785					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		6,336			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			6,336		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0				100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,686	0	3,895	3,895	0	30.00
31.00	03100	INTENSIVE CARE UNIT	36	0	398	398	0	31.00
31.01	02060	SPECIAL CARE NURSERY	13	0	20	20	0	31.01
40.00	04000	SUBPROVIDER - IPF	363	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	338	0	0	0	0	41.00
43.00	04300	NURSERY	13	0	41	41	0	43.00
44.00	04400	SKILLED NURSING FACILITY	327	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	822	822	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	93	93	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0	0	54.02
54.03	03630	ULTRASOUND	0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	54.05
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	03420	PATHOLOGY	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
66.01	06601	REHABILITATION MEDICINE	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	0	0	0	0	0	69.02
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	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet B-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED T IME))	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED T IME))		
			17.00	19.00	21.00	22.00	23.00	
91.00	09100	EMERGENCY	9	0	1,067	1,067	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,785	0	6,336	6,336	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	COVENANT RETIREMENT HOME	0	0	0	0	0	190.02
190.05	19005	BOARD OF BENEVOLENCE	0	0	0	0	0	190.05
190.07	19007	DENTAL	0	0	0	0	0	190.07
190.08	19008	COVENANT RETIREMENT COMMUNITY	0	0	0	0	0	190.08
190.09	19009	OP PHARMACY	0	0	0	0	0	190.09
190.10	19010	PLAZA	0	0	0	0	0	190.10
190.11	19011	G CAFETERIA	0	0	0	0	0	190.11
190.12	19012	G PHARMACY	0	0	0	0	0	190.12
190.13	19013	G SUITE	0	0	0	0	0	190.13
190.14	19014	OFFSITE CLINICS	0	0	0	0	0	190.14
190.15	19001	LIFE CENTER	0	0	0	0	0	190.15
191.01	19101	OCC HEALTH	0	0	0	0	0	191.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,052,900	0	6,426,492	667,802	625,085	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	278.177015	0.000000	1,014.282197	105.398043	6,250.850000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	81,771	0	194,969	151,074	32,430	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	21.603963	0.000000	30.771622	22.665720	324.300000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	49,814,890		49,814,890	30.00
31.00	03100	INTENSIVE CARE UNIT	8,711,862		8,711,862	31.00
31.01	02060	SPECIAL CARE NURSERY	2,008,259		2,008,259	31.01
40.00	04000	SUBPROVIDER - IPF	4,735,459		4,735,459	40.00
41.00	04100	SUBPROVIDER - IRF	3,215,788		3,215,788	41.00
43.00	04300	NURSERY	2,298,901		2,298,901	43.00
44.00	04400	SKILLED NURSING FACILITY	199,563		199,563	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,805,318		18,805,318	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,723,875		5,723,875	52.00
53.00	05300	ANESTHESIOLOGY	765,219		765,219	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,704,354		9,704,354	54.00
54.02	03480	CANCER TREATMENT CENTER	2,010,967		2,010,967	54.02
54.03	03630	ULTRASOUND	2,961,839		2,961,839	54.03
54.04	05401	SPECIAL PROCEDURES	1,430,177		1,430,177	54.04
54.05	05402	OP ONCOLOGY	0		0	54.05
57.00	05700	CT SCAN	2,175,289		2,175,289	57.00
58.00	05800	MRI	1,557,977		1,557,977	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,385,922		5,385,922	59.00
60.00	06000	LABORATORY	17,769,000		17,769,000	60.00
60.01	03420	PATHOLOGY	2,011,854		2,011,854	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,276,881		2,276,881	63.00
65.00	06500	RESPIRATORY THERAPY	3,628,692	0	3,628,692	65.00
66.01	06601	REHABILITATION MEDICINE	7,443,248	0	7,443,248	66.01
69.00	06900	ELECTROCARDIOLOGY	1,628,080		1,628,080	69.00
69.02	03140	CARDIOLOGY	4,396,464		4,396,464	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,554,483		15,554,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,849,247		8,849,247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,573,046		28,573,046	73.00
74.00	07400	RENAL DIALYSIS	1,162,604		1,162,604	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,801,744		1,801,744	75.00
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
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,037,407		1,037,407	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0		0	90.01
90.02	09001	WOUND CARE	1,947,417		1,947,417	90.02
90.03	09002	PAIN MANAGMENT	1,069,647		1,069,647	90.03
90.05	09004	WOMENS CENTER	0		0	90.05
90.06	09005	DIABETES CENTER	353,872		353,872	90.06
90.07	09003	NILES INFUSION CENTER	5,248,634		5,248,634	90.07
91.00	09100	EMERGENCY	15,193,856		15,193,856	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,996,721		5,996,721	92.00
93.01	04950	OCCUP HEALTH	0		0	93.01
OTHER REIMBURSABLE COST CENTERS						
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
200.00		Subtotal (see instructions)	247,448,556	0	247,448,556	200.00
201.00		Less Observation Beds	5,996,721		5,996,721	201.00
202.00		Total (see instructions)	241,451,835	0	241,451,835	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:35 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	109,477,319		109,477,319		30.00
31.00	03100	INTENSIVE CARE UNIT	18,450,848		18,450,848		31.00
31.01	02060	SPECIAL CARE NURSERY	3,173,008		3,173,008		31.01
40.00	04000	SUBPROVIDER - IPF	14,058,023		14,058,023		40.00
41.00	04100	SUBPROVIDER - IRF	7,897,205		7,897,205		41.00
43.00	04300	NURSERY	3,643,605		3,643,605		43.00
44.00	04400	SKILLED NURSING FACILITY	9,793		9,793		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,435,802	118,678,006	165,113,808	0.113893	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,711,991	21,337	14,733,328	0.388498	52.00
53.00	05300	ANESTHESIOLOGY	5,010,229	7,043,059	12,053,288	0.063486	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,606,206	44,910,032	59,516,238	0.163054	54.00
54.02	03480	CANCER TREATMENT CENTER	223,231	7,522,703	7,745,934	0.259616	54.02
54.03	03630	ULTRASOUND	1,900,565	18,020,237	19,920,802	0.148681	54.03
54.04	05401	SPECIAL PROCEDURES	5,407,901	4,395,525	9,803,426	0.145885	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0.000000	54.05
57.00	05700	CT SCAN	22,968,510	44,143,212	67,111,722	0.032413	57.00
58.00	05800	MRI	7,708,877	20,431,164	28,140,041	0.055365	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,213,150	23,455,611	45,668,761	0.117934	59.00
60.00	06000	LABORATORY	68,724,910	82,239,345	150,964,255	0.117703	60.00
60.01	03420	PATHOLOGY	1,909,598	7,670,442	9,580,040	0.210005	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,182,040	2,394,084	8,576,124	0.265491	63.00
65.00	06500	RESPIRATORY THERAPY	12,350,502	1,111,880	13,462,382	0.269543	65.00
66.01	06601	REHABILITATION MEDICINE	9,183,084	12,276,377	21,459,461	0.346852	66.01
69.00	06900	ELECTROCARDIOLOGY	4,934,102	7,773,068	12,707,170	0.128123	69.00
69.02	03140	CARDIOLOGY	14,421,497	27,171,041	41,592,538	0.105703	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,289,333	12,658,868	28,948,201	0.537321	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,053,633	17,119,949	36,173,582	0.244633	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,377,256	82,766,872	138,144,128	0.206835	73.00
74.00	07400	RENAL DIALYSIS	5,214,748	220,578	5,435,326	0.213898	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,013,738	13,128,903	16,142,641	0.111614	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,423,039	2,423,039	0.428143	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE	161,025	7,436,955	7,597,980	0.256307	90.02
90.03	09002	PAIN MANAGMENT	1,913	2,528,871	2,530,784	0.422654	90.03
90.05	09004	WOMENS CENTER	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER	0	162,979	162,979	2.171274	90.06
90.07	09003	NILES INFUSION CENTER	808,174	10,094,497	10,902,671	0.481408	90.07
91.00	09100	EMERGENCY	39,601,895	100,767,991	140,369,886	0.108242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,266,164	12,356,388	14,622,552	0.410101	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS							
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
200.00		Subtotal (see instructions)	557,389,875	690,923,013	1,248,312,888		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	557,389,875	690,923,013	1,248,312,888		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:35 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
31.01	02060	SPECIAL CARE NURSERY				31.01
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.113893			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.388498			52.00
53.00	05300	ANESTHESIOLOGY	0.063486			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.163054			54.00
54.02	03480	CANCER TREATMENT CENTER	0.259616			54.02
54.03	03630	ULTRASOUND	0.148681			54.03
54.04	05401	SPECIAL PROCEDURES	0.145885			54.04
54.05	05402	OP ONCOLOGY	0.000000			54.05
57.00	05700	CT SCAN	0.032413			57.00
58.00	05800	MRI	0.055365			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.117934			59.00
60.00	06000	LABORATORY	0.117703			60.00
60.01	03420	PATHOLOGY	0.210005			60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.265491			63.00
65.00	06500	RESPIRATORY THERAPY	0.269543			65.00
66.01	06601	REHABILITATION MEDICINE	0.346852			66.01
69.00	06900	ELECTROCARDIOLOGY	0.128123			69.00
69.02	03140	CARDIOLOGY	0.105703			69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.537321			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244633			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206835			73.00
74.00	07400	RENAL DIALYSIS	0.213898			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.111614			75.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.428143			90.00
90.01	04040	FAMILY PRACTICE CLINIC	0.000000			90.01
90.02	09001	WOUND CARE	0.256307			90.02
90.03	09002	PAIN MANAGMENT	0.422654			90.03
90.05	09004	WOMENS CENTER	0.000000			90.05
90.06	09005	DIABETES CENTER	2.171274			90.06
90.07	09003	NILES INFUSION CENTER	0.481408			90.07
91.00	09100	EMERGENCY	0.108242			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.410101			92.00
93.01	04950	OCCUP HEALTH	0.000000			93.01
OTHER REIMBURSABLE COST CENTERS						
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
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: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,176,045		54,176,045	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,157,494		9,157,494	0	0	31.00
31.01	02060	SPECIAL CARE NURSERY	2,030,653		2,030,653	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	4,735,459		4,735,459	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,215,788		3,215,788	0	0	41.00
43.00	04300	NURSERY	2,344,808		2,344,808	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	199,563		199,563	0	0	44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,725,695		19,725,695	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,828,005		5,828,005	0	0	52.00
53.00	05300	ANESTHESIOLOGY	765,219		765,219	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,704,354		9,704,354	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	2,010,967		2,010,967	0	0	54.02
54.03	03630	ULTRASOUND	2,961,839		2,961,839	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	1,430,177		1,430,177	0	0	54.04
54.05	05402	OP ONCOLOGY	0		0	0	0	54.05
57.00	05700	CT SCAN	2,175,289		2,175,289	0	0	57.00
58.00	05800	MRI	1,557,977		1,557,977	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,385,922		5,385,922	0	0	59.00
60.00	06000	LABORATORY	17,769,000		17,769,000	0	0	60.00
60.01	03420	PATHOLOGY	2,011,854		2,011,854	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,276,881		2,276,881	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,628,692	0	3,628,692	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	7,443,248	0	7,443,248	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	1,628,080		1,628,080	0	0	69.00
69.02	03140	CARDIOLOGY	4,396,464		4,396,464	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,554,483		15,554,483	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,849,247		8,849,247	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,573,046		28,573,046	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,162,604		1,162,604	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,801,744		1,801,744	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,037,407		1,037,407	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0		0	0	0	90.01
90.02	09001	WOUND CARE	1,947,417		1,947,417	0	0	90.02
90.03	09002	PAIN MANAGMENT	1,069,647		1,069,647	0	0	90.03
90.05	09004	WOMENS CENTER	0		0	0	0	90.05
90.06	09005	DIABETES CENTER	353,872		353,872	0	0	90.06
90.07	09003	NILES INFUSION CENTER	5,248,634		5,248,634	0	0	90.07
91.00	09100	EMERGENCY	16,388,555		16,388,555	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,521,729		6,521,729	0	0	92.00
93.01	04950	OCCUP HEALTH	0		0	0	0	93.01
	OTHER REIMBURSABLE COST CENTERS							
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
200.00		Subtotal (see instructions)	255,067,858	0	255,067,858	0	0	200.00
201.00		Less Observation Beds	6,521,729		6,521,729		0	201.00
202.00		Total (see instructions)	248,546,129	0	248,546,129	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
31.01	02060	SPECIAL CARE NURSERY	0		0			31.01
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0.000000	0.000000	54.02
54.03	03630	ULTRASOUND	0	0	0	0.000000	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0.000000	0.000000	54.05
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
60.01	03420	PATHOLOGY	0	0	0	0.000000	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.	0	0	0	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	0.000000	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.02	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09001	WOUND CARE	0	0	0	0.000000	0.000000	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	0.000000	0.000000	90.03
90.05	09004	WOMENS CENTER	0	0	0	0.000000	0.000000	90.05
90.06	09005	DIABETES CENTER	0	0	0	0.000000	0.000000	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	0.000000	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0.000000	0.000000	93.01
	OTHER REIMBURSABLE COST CENTERS							
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
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet C
Part I
Date/Time Prepared:
2/25/2022 1:35 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
31.01	02060	SPECIAL CARE NURSERY				31.01
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.02	03480	CANCER TREATMENT CENTER	0.000000			54.02
54.03	03630	ULTRASOUND	0.000000			54.03
54.04	05401	SPECIAL PROCEDURES	0.000000			54.04
54.05	05402	OP ONCOLOGY	0.000000			54.05
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	03420	PATHOLOGY	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
66.01	06601	REHABILITATION MEDICINE	0.000000			66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.02	03140	CARDIOLOGY	0.000000			69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	04040	FAMILY PRACTICE CLINIC	0.000000			90.01
90.02	09001	WOUND CARE	0.000000			90.02
90.03	09002	PAIN MANAGMENT	0.000000			90.03
90.05	09004	WOMENS CENTER	0.000000			90.05
90.06	09005	DIABETES CENTER	0.000000			90.06
90.07	09003	NILES INFUSION CENTER	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.01	04950	OCCUP HEALTH	0.000000			93.01
OTHER REIMBURSABLE COST CENTERS						
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
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: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/25/2022 1:35 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	3,695,229	0	3,695,229	46,860	78.86	30.00	
31.00	INTENSIVE CARE UNIT	479,835		479,835	3,429	139.93	31.00	
31.01	SPECIAL CARE NURSERY	101,146		101,146	613	165.00	31.01	
40.00	SUBPROVIDER - IPF	424,063	0	424,063	5,993	70.76	40.00	
41.00	SUBPROVIDER - IRF	262,149	0	262,149	3,576	73.31	41.00	
43.00	NURSERY	88,312		88,312	3,685	23.97	43.00	
44.00	SKILLED NURSING FACILITY	19,330		19,330	0	0.00	44.00	
200.00	Total (lines 30 through 199)	5,070,064		5,070,064	64,156		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	11,753	926,842					30.00
31.00	INTENSIVE CARE UNIT	1,058	148,046					31.00
31.01	SPECIAL CARE NURSERY	0	0					31.01
40.00	SUBPROVIDER - IPF	1,488	105,291					40.00
41.00	SUBPROVIDER - IRF	1,276	93,544					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	15,575	1,273,723					200.00

Health Financial Systems			SWEDISH COVENANT HEALTH			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part II Date/Time Prepared: 2/25/2022 1:35 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	2,190,127	165,113,808	0.013264	13,538,948	179,581	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	233,331	14,733,328	0.015837	11,209	178	52.00
53.00	05300	ANESTHESIOLOGY	127,107	12,053,288	0.010545	1,390,066	14,658	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	847,508	59,516,238	0.014240	4,822,456	68,672	54.00
54.02	03480	CANCER TREATMENT CENTER	313,491	7,745,934	0.040472	174,483	7,062	54.02
54.03	03630	ULTRASOUND	110,822	19,920,802	0.005563	505,996	2,815	54.03
54.04	05401	SPECIAL PROCEDURES	75,761	9,803,426	0.007728	2,013,554	15,561	54.04
54.05	05402	OP ONCOLOGY	0	0	0.000000	0	0	54.05
57.00	05700	CT SCAN	171,479	67,111,722	0.002555	6,851,972	17,507	57.00
58.00	05800	MRI	224,473	28,140,041	0.007977	2,074,878	16,551	58.00
59.00	05900	CARDIAC CATHETERIZATION	320,405	45,668,761	0.007016	7,498,429	52,609	59.00
60.00	06000	LABORATORY	963,037	150,964,255	0.006379	19,199,755	122,475	60.00
60.01	03420	PATHOLOGY	137,071	9,580,040	0.014308	417,774	5,978	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	84,901	8,576,124	0.009900	1,673,792	16,571	63.00
65.00	06500	RESPIRATORY THERAPY	410,547	13,462,382	0.030496	4,008,305	122,237	65.00
66.01	06601	REHABILITATION MEDICINE	393,797	21,459,461	0.018351	1,763,377	32,360	66.01
69.00	06900	ELECTROCARDIOLOGY	123,936	12,707,170	0.009753	1,625,595	15,854	69.00
69.02	03140	CARDIOLOGY	332,735	41,592,538	0.008000	4,630,713	37,046	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,058,316	28,948,201	0.036559	4,890,103	178,777	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	270,932	36,173,582	0.007490	6,167,621	46,195	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	911,222	138,144,128	0.006596	15,556,672	102,612	73.00
74.00	07400	RENAL DIALYSIS	41,226	5,435,326	0.007585	1,813,991	13,759	74.00
75.00	07500	ASC (NON-DISTINCT PART)	288,996	16,142,641	0.017903	954,960	17,097	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	102,530	2,423,039	0.042315	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.01
90.02	09001	WOUND CARE	195,558	7,597,980	0.025738	58,362	1,502	90.02
90.03	09002	PAIN MANAGMENT	251,512	2,530,784	0.099381	1,612	160	90.03
90.05	09004	WOMENS CENTER	0	0	0.000000	0	0	90.05
90.06	09005	DIABETES CENTER	28,359	162,979	0.174004	0	0	90.06
90.07	09003	NILES INFUSION CENTER	623,547	10,902,671	0.057192	236,832	13,545	90.07
91.00	09100	EMERGENCY	1,153,366	140,369,886	0.008217	11,333,042	93,124	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	444,831	14,622,552	0.030421	758,268	23,067	92.00
93.01	04950	OCCUP HEALTH	0	0	0.000000	0	0	93.01
200.00		Total (lines 50 through 199)	12,430,923	1,091,603,087		113,972,765	1,217,553	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0114		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/25/2022 1:35 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
31.01	02060	SPECIAL CARE NURSERY	0	0	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	46,860	0.00	11,753	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	3,429	0.00	1,058	31.00		
31.01	02060	SPECIAL CARE NURSERY	0	0	613	0.00	0	31.01		
40.00	04000	SUBPROVIDER - IPF	0	0	5,993	0.00	1,488	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,576	0.00	1,276	41.00		
43.00	04300	NURSERY	0	0	3,685	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00		
200.00		Total (lines 30 through 199)	0	0	64,156		15,575	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	
31.01	02060	SPECIAL CARE NURSERY	0						31.01	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.02	03480 CANCER TREATMENT CENTER	0	0	0	0	0	0	54.02
54.03	03630 ULTRASOUND	0	0	0	0	0	0	54.03
54.04	05401 SPECIAL PROCEDURES	0	0	0	0	0	0	54.04
54.05	05402 OP ONCOLOGY	0	0	0	0	0	0	54.05
57.00	05700 CT SCAN	0	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	0	60.00
60.01	03420 PATHOLOGY	0	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.01	06601 REHABILITATION MEDICINE	0	0	0	0	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.02	03140 CARDIOLOGY	0	0	0	0	0	0	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	625,085	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	0	0	0	0	0	90.00
90.01	04040 FAMILY PRACTICE CLINIC	0	0	0	0	0	0	90.01
90.02	09001 WOUND CARE	0	0	0	0	0	0	90.02
90.03	09002 PAIN MANAGMENT	0	0	0	0	0	0	90.03
90.05	09004 WOMENS CENTER	0	0	0	0	0	0	90.05
90.06	09005 DIABETES CENTER	0	0	0	0	0	0	90.06
90.07	09003 NILES INFUSION CENTER	0	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.01	04950 OCCUP HEALTH	0	0	0	0	0	0	93.01
200.00	Total (lines 50 through 199)	0	0	0	0	0	625,085	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	165,113,808	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,733,328	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,053,288	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	59,516,238	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	7,745,934	0.000000	54.02
54.03	03630	ULTRASOUND	0	0	0	19,920,802	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	9,803,426	0.000000	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN	0	0	0	67,111,722	0.000000	57.00
58.00	05800	MRI	0	0	0	28,140,041	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	45,668,761	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	150,964,255	0.000000	60.00
60.01	03420	PATHOLOGY	0	0	0	9,580,040	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	8,576,124	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,462,382	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	21,459,461	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,707,170	0.000000	69.00
69.02	03140	CARDIOLOGY	0	0	0	41,592,538	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,948,201	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,173,582	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	625,085	625,085	138,144,128	0.004525	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,435,326	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	16,142,641	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,423,039	0.000000	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE	0	0	0	7,597,980	0.000000	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	2,530,784	0.000000	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER	0	0	0	162,979	0.000000	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	10,902,671	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	140,369,886	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,622,552	0.000000	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)	0	625,085	625,085	1,091,603,087		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	13,538,948	0	28,016,111	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	11,209	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,390,066	0	1,035,447	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,822,456	0	9,848,249	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0.000000	174,483	0	2,523,462	0	54.02
54.03	03630	ULTRASOUND	0.000000	505,996	0	1,330,254	0	54.03
54.04	05401	SPECIAL PROCEDURES	0.000000	2,013,554	0	1,837,913	0	54.04
54.05	05402	OP ONCOLOGY	0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN	0.000000	6,851,972	0	9,113,702	0	57.00
58.00	05800	MRI	0.000000	2,074,878	0	4,615,027	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,498,429	0	7,375,477	0	59.00
60.00	06000	LABORATORY	0.000000	19,199,755	0	6,139,970	0	60.00
60.01	03420	PATHOLOGY	0.000000	417,774	0	1,018,119	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	1,673,792	0	434,270	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,008,305	0	272,385	0	65.00
66.01	06601	REHABILITATION MEDICINE	0.000000	1,763,377	0	49,151	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,625,595	0	1,704,255	0	69.00
69.02	03140	CARDIOLOGY	0.000000	4,630,713	0	7,222,532	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,890,103	0	3,361,639	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,167,621	0	4,973,938	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004525	15,556,672	70,394	22,805,970	103,197	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,813,991	0	164,520	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	954,960	0	2,201,682	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE	0.000000	58,362	0	2,380,866	0	90.02
90.03	09002	PAIN MANAGMENT	0.000000	1,612	0	1,036,462	0	90.03
90.05	09004	WOMENS CENTER	0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0.000000	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0.000000	236,832	0	2,650,500	0	90.07
91.00	09100	EMERGENCY	0.000000	11,333,042	0	11,922,084	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	758,268	0	3,820,847	0	92.00
93.01	04950	OCCUP HEALTH	0.000000	0	0	0	0	93.01
200.00		Total (lines 50 through 199)		113,972,765	70,394	137,854,832	103,197	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/25/2022 1:35 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	0.113893	28,016,111	0	0	3,190,839	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.388498	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.063486	1,035,447	0	0	65,736	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.163054	9,848,249	0	0	1,605,796	54.00	
54.02	03480	CANCER TREATMENT CENTER	0.259616	2,523,462	0	0	655,131	54.02	
54.03	03630	ULTRASOUND	0.148681	1,330,254	0	0	197,783	54.03	
54.04	05401	SPECIAL PROCEDURES	0.145885	1,837,913	0	0	268,124	54.04	
54.05	05402	OP ONCOLOGY	0.000000	0	0	0	0	54.05	
57.00	05700	CT SCAN	0.032413	9,113,702	0	0	295,402	57.00	
58.00	05800	MRI	0.055365	4,615,027	0	0	255,511	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.117934	7,375,477	0	0	869,820	59.00	
60.00	06000	LABORATORY	0.117703	6,139,970	0	0	722,693	60.00	
60.01	03420	PATHOLOGY	0.210005	1,018,119	0	0	213,810	60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.265491	434,270	0	0	115,295	63.00	
65.00	06500	RESPIRATORY THERAPY	0.269543	272,385	0	0	73,419	65.00	
66.01	06601	REHABILITATION MEDICINE	0.346852	49,151	0	0	17,048	66.01	
69.00	06900	ELECTROCARDIOLOGY	0.128123	1,704,255	0	0	218,354	69.00	
69.02	03140	CARDIOLOGY	0.105703	7,222,532	0	0	763,443	69.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.537321	3,361,639	0	0	1,806,279	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244633	4,973,938	0	0	1,216,789	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206835	22,805,970	0	77,394	4,717,073	73.00	
74.00	07400	RENAL DIALYSIS	0.213898	164,520	0	0	35,190	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.111614	2,201,682	0	0	245,739	75.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.428143	0	0	0	0	90.00	
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01	
90.02	09001	WOUND CARE	0.256307	2,380,866	0	0	610,233	90.02	
90.03	09002	PAIN MANAGMENT	0.422654	1,036,462	0	0	438,065	90.03	
90.05	09004	WOMENS CENTER	0.000000	0	0	0	0	90.05	
90.06	09005	DIABETES CENTER	2.171274	0	0	0	0	90.06	
90.07	09003	NILES INFUSION CENTER	0.481408	2,650,500	0	0	1,275,972	90.07	
91.00	09100	EMERGENCY	0.108242	11,922,084	0	0	1,290,470	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.410101	3,820,847	0	0	1,566,933	92.00	
93.01	04950	OCCUP HEALTH	0.000000	0	0	0	0	93.01	
200.00		Subtotal (see instructions)		137,854,832	0	77,394	22,730,947	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		137,854,832	0	77,394	22,730,947	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part V
Date/Time Prepared:
2/25/2022 1:35 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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02	03480	CANCER TREATMENT CENTER	0	0		54.02
54.03	03630	ULTRASOUND	0	0		54.03
54.04	05401	SPECIAL PROCEDURES	0	0		54.04
54.05	05402	OP ONCOLOGY	0	0		54.05
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	03420	PATHOLOGY	0	0		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.01	06601	REHABILITATION MEDICINE	0	0		66.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.02	03140	CARDIOLOGY	0	0		69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,008		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
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
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0		90.01
90.02	09001	WOUND CARE	0	0		90.02
90.03	09002	PAIN MANAGMENT	0	0		90.03
90.05	09004	WOMENS CENTER	0	0		90.05
90.06	09005	DIABETES CENTER	0	0		90.06
90.07	09003	NILES INFUSION CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.01	04950	OCCUP HEALTH	0	0		93.01
200.00		Subtotal (see instructions)	0	16,008		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	16,008		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part II Date/Time Prepared: 2/25/2022 1:35 pm
				Component CCN: 14-S114		
				Title XVIII	Subprovider - IPF	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	2,190,127	165,113,808	0.013264	9,269	123	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	233,331	14,733,328	0.015837	0	0	52.00
53.00 05300 ANESTHESIOLOGY	127,107	12,053,288	0.010545	910	10	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	847,508	59,516,238	0.014240	17,226	245	54.00
54.02 03480 CANCER TREATMENT CENTER	313,491	7,745,934	0.040472	0	0	54.02
54.03 03630 ULTRASOUND	110,822	19,920,802	0.005563	5,544	31	54.03
54.04 05401 SPECIAL PROCEDURES	75,761	9,803,426	0.007728	0	0	54.04
54.05 05402 OP ONCOLOGY	0	0	0.000000	0	0	54.05
57.00 05700 CT SCAN	171,479	67,111,722	0.002555	41,189	105	57.00
58.00 05800 MRI	224,473	28,140,041	0.007977	10,323	82	58.00
59.00 05900 CARDIAC CATHETERIZATION	320,405	45,668,761	0.007016	0	0	59.00
60.00 06000 LABORATORY	963,037	150,964,255	0.006379	358,383	2,286	60.00
60.01 03420 PATHOLOGY	137,071	9,580,040	0.014308	638	9	60.01
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	84,901	8,576,124	0.009900	1,315	13	63.00
65.00 06500 RESPIRATORY THERAPY	410,547	13,462,382	0.030496	4,764	145	65.00
66.01 06601 REHABILITATION MEDICINE	393,797	21,459,461	0.018351	10,173	187	66.01
69.00 06900 ELECTROCARDIOLOGY	123,936	12,707,170	0.009753	24,259	237	69.00
69.02 03140 CARDIOLOGY	332,735	41,592,538	0.008000	12,554	100	69.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,058,316	28,948,201	0.036559	2,252	82	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	270,932	36,173,582	0.007490	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	911,222	138,144,128	0.006596	330,646	2,181	73.00
74.00 07400 RENAL DIALYSIS	41,226	5,435,326	0.007585	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	288,996	16,142,641	0.017903	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99 07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	102,530	2,423,039	0.042315	0	0	90.00
90.01 04040 FAMILY PRACTICE CLINIC	0	0	0.000000	0	0	90.01
90.02 09001 WOUND CARE	195,558	7,597,980	0.025738	0	0	90.02
90.03 09002 PAIN MANAGMENT	251,512	2,530,784	0.099381	0	0	90.03
90.05 09004 WOMENS CENTER	0	0	0.000000	0	0	90.05
90.06 09005 DIABETES CENTER	28,359	162,979	0.174004	0	0	90.06
90.07 09003 NILES INFUSION CENTER	623,547	10,902,671	0.057192	0	0	90.07
91.00 09100 EMERGENCY	1,153,366	140,369,886	0.008217	476,388	3,914	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	14,622,552	0.000000	0	0	92.00
93.01 04950 OCCUP HEALTH	0	0	0.000000	0	0	93.01
200.00 Total (lines 50 through 199)	11,986,092	1,091,603,087		1,305,833	9,750	200.00

Health Financial Systems		SWEDISH COVENANT HEALTH			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2020 To 09/30/2021	Worksheet D Part IV Date/Time Prepared: 2/25/2022 1:35 pm	
			Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0	54.02
54.03	03630	ULTRASOUND	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	54.05
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	03420	PATHOLOGY	0	0	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	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	93.01
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 1:35 pm	
			Title XVIII		Subprovider - IPF		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	165,113,808	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,733,328	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,053,288	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	59,516,238	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	7,745,934	0.000000	54.02
54.03	03630	ULTRASOUND	0	0	0	19,920,802	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	9,803,426	0.000000	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN	0	0	0	67,111,722	0.000000	57.00
58.00	05800	MRI	0	0	0	28,140,041	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	45,668,761	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	150,964,255	0.000000	60.00
60.01	03420	PATHOLOGY	0	0	0	9,580,040	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	8,576,124	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,462,382	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	21,459,461	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,707,170	0.000000	69.00
69.02	03140	CARDIOLOGY	0	0	0	41,592,538	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,948,201	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,173,582	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	625,085	625,085	138,144,128	0.004525	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,435,326	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	16,142,641	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,423,039	0.000000	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE	0	0	0	7,597,980	0.000000	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	2,530,784	0.000000	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER	0	0	0	162,979	0.000000	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	10,902,671	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	140,369,886	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	14,622,552	0.000000	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)	0	625,085	625,085	1,091,603,087		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 1:35 pm	
				Title XVIII		Subprovider - IPF		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		9,269	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		910	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		17,226	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0.000000		0	0	0	0	54.02
54.03	03630	ULTRASOUND	0.000000		5,544	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0.000000		0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0.000000		0	0	0	0	54.05
57.00	05700	CT SCAN	0.000000		41,189	0	0	0	57.00
58.00	05800	MRI	0.000000		10,323	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000		358,383	0	0	0	60.00
60.01	03420	PATHOLOGY	0.000000		638	0	0	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		1,315	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		4,764	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0.000000		10,173	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000		24,259	0	4,232	0	69.00
69.02	03140	CARDIOLOGY	0.000000		12,554	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		2,252	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004525		330,646	1,496	558	3	73.00
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0.000000		0	0	0	0	90.01
90.02	09001	WOUND CARE	0.000000		0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0.000000		0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0.000000		0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0.000000		0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0.000000		0	0	0	0	90.07
91.00	09100	EMERGENCY	0.000000		476,388	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0.000000		0	0	0	0	93.01
200.00		Total (lines 50 through 199)			1,305,833	1,496	4,790	3	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-S114

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
2/25/2022 1:35 pm

Title XVIII

Subprovider -
IPF

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	0.113893	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.388498	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.063486	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163054	0	0	0	0 54.00
54.02	03480 CANCER TREATMENT CENTER	0.259616	0	0	0	0 54.02
54.03	03630 ULTRASOUND	0.148681	0	0	0	0 54.03
54.04	05401 SPECIAL PROCEDURES	0.145885	0	0	0	0 54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	0	0 54.05
57.00	05700 CT SCAN	0.032413	0	0	0	0 57.00
58.00	05800 MRI	0.055365	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.117934	0	0	0	0 59.00
60.00	06000 LABORATORY	0.117703	0	0	0	0 60.00
60.01	03420 PATHOLOGY	0.210005	0	0	0	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.	0.265491	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.269543	0	0	0	0 65.00
66.01	06601 REHABILITATION MEDICINE	0.346852	0	0	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY	0.128123	4,232	0	0	542 69.00
69.02	03140 CARDIOLOGY	0.105703	0	0	0	0 69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.537321	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.244633	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206835	558	0	336	115 73.00
74.00	07400 RENAL DIALYSIS	0.213898	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.111614	0	0	0	0 75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.428143	0	0	0	0 90.00
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	0	0 90.01
90.02	09001 WOUND CARE	0.256307	0	0	0	0 90.02
90.03	09002 PAIN MANAGMENT	0.422654	0	0	0	0 90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	0	0 90.05
90.06	09005 DIABETES CENTER	2.171274	0	0	0	0 90.06
90.07	09003 NILES INFUSION CENTER	0.481408	0	0	0	0 90.07
91.00	09100 EMERGENCY	0.108242	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.410101	0	0	0	0 92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	0	0 93.01
200.00	Subtotal (see instructions)		4,790	0	336	657 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		4,790	0	336	657 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0114

Period:

Worksheet D

Component CCN:14-S114

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
2/25/2022 1:35 pm

Title XVIII

Subprovider -
IPF

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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02	03480	CANCER TREATMENT CENTER	0	0		54.02
54.03	03630	ULTRASOUND	0	0		54.03
54.04	05401	SPECIAL PROCEDURES	0	0		54.04
54.05	05402	OP ONCOLOGY	0	0		54.05
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	03420	PATHOLOGY	0	0		60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.01	06601	REHABILITATION MEDICINE	0	0		66.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.02	03140	CARDIOLOGY	0	0		69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	69		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
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
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0		90.01
90.02	09001	WOUND CARE	0	0		90.02
90.03	09002	PAIN MANAGMENT	0	0		90.03
90.05	09004	WOMENS CENTER	0	0		90.05
90.06	09005	DIABETES CENTER	0	0		90.06
90.07	09003	NILES INFUSION CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.01	04950	OCCUP HEALTH	0	0		93.01
200.00		Subtotal (see instructions)	0	69		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	69		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part II Date/Time Prepared: 2/25/2022 1:35 pm
				Component CCN: 14-T114		
				Title XVIII	Subprovider - IRF	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	2,190,127	165,113,808	0.013264	7,600	101 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	233,331	14,733,328	0.015837	0	0 52.00
53.00	05300 ANESTHESIOLOGY	127,107	12,053,288	0.010545	2,284	24 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	847,508	59,516,238	0.014240	49,627	707 54.00
54.02	03480 CANCER TREATMENT CENTER	313,491	7,745,934	0.040472	0	0 54.02
54.03	03630 ULTRASOUND	110,822	19,920,802	0.005563	8,664	48 54.03
54.04	05401 SPECIAL PROCEDURES	75,761	9,803,426	0.007728	15,299	118 54.04
54.05	05402 OP ONCOLOGY	0	0	0.000000	0	0 54.05
57.00	05700 CT SCAN	171,479	67,111,722	0.002555	42,714	109 57.00
58.00	05800 MRI	224,473	28,140,041	0.007977	18,910	151 58.00
59.00	05900 CARDIAC CATHETERIZATION	320,405	45,668,761	0.007016	13,433	94 59.00
60.00	06000 LABORATORY	963,037	150,964,255	0.006379	347,084	2,214 60.00
60.01	03420 PATHOLOGY	137,071	9,580,040	0.014308	2,311	33 60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	84,901	8,576,124	0.009900	13,038	129 63.00
65.00	06500 RESPIRATORY THERAPY	410,547	13,462,382	0.030496	83,353	2,542 65.00
66.01	06601 REHABILITATION MEDICINE	393,797	21,459,461	0.018351	1,609,412	29,534 66.01
69.00	06900 ELECTROCARDIOLOGY	123,936	12,707,170	0.009753	5,151	50 69.00
69.02	03140 CARDIOLOGY	332,735	41,592,538	0.008000	5,383	43 69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,058,316	28,948,201	0.036559	55,816	2,041 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	270,932	36,173,582	0.007490	4,510	34 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	911,222	138,144,128	0.006596	484,573	3,196 73.00
74.00	07400 RENAL DIALYSIS	41,226	5,435,326	0.007585	52,032	395 74.00
75.00	07500 ASC (NON-DISTINCT PART)	288,996	16,142,641	0.017903	9,155	164 75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	102,530	2,423,039	0.042315	0	0 90.00
90.01	04040 FAMILY PRACTICE CLINIC	0	0	0.000000	0	0 90.01
90.02	09001 WOUND CARE	195,558	7,597,980	0.025738	0	0 90.02
90.03	09002 PAIN MANAGMENT	251,512	2,530,784	0.099381	0	0 90.03
90.05	09004 WOMENS CENTER	0	0	0.000000	0	0 90.05
90.06	09005 DIABETES CENTER	28,359	162,979	0.174004	0	0 90.06
90.07	09003 NILES INFUSION CENTER	623,547	10,902,671	0.057192	3,943	226 90.07
91.00	09100 EMERGENCY	1,153,366	140,369,886	0.008217	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	14,622,552	0.000000	0	0 92.00
93.01	04950 OCCUP HEALTH	0	0	0.000000	0	0 93.01
200.00	Total (lines 50 through 199)	11,986,092	1,091,603,087		2,834,292	41,953 200.00

Health Financial Systems		SWEDISH COVENANT HEALTH			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2020 To 09/30/2021	Worksheet D Part IV Date/Time Prepared: 2/25/2022 1:35 pm	
			Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03480 CANCER TREATMENT CENTER	0	0	0	0	0	54.02
54.03	03630 ULTRASOUND	0	0	0	0	0	54.03
54.04	05401 SPECIAL PROCEDURES	0	0	0	0	0	54.04
54.05	05402 OP ONCOLOGY	0	0	0	0	0	54.05
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	03420 PATHOLOGY	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
66.01	06601 REHABILITATION MEDICINE	0	0	0	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	03140 CARDIOLOGY	0	0	0	0	0	69.02
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	625,085	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04040 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001 WOUND CARE	0	0	0	0	0	90.02
90.03	09002 PAIN MANAGMENT	0	0	0	0	0	90.03
90.05	09004 WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005 DIABETES CENTER	0	0	0	0	0	90.06
90.07	09003 NILES INFUSION CENTER	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.01	04950 OCCUP HEALTH	0	0	0	0	0	93.01
200.00	Total (lines 50 through 199)	0	0	0	0	625,085	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0114 Component CCN: 14-T114		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 1:35 pm	
			Title XVIII		Subprovider - IRF		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	165,113,808	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,733,328	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	12,053,288	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	59,516,238	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	7,745,934	0.000000	54.02
54.03	03630	ULTRASOUND	0	0	0	19,920,802	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	9,803,426	0.000000	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN	0	0	0	67,111,722	0.000000	57.00
58.00	05800	MRI	0	0	0	28,140,041	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	45,668,761	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	150,964,255	0.000000	60.00
60.01	03420	PATHOLOGY	0	0	0	9,580,040	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	8,576,124	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,462,382	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	21,459,461	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,707,170	0.000000	69.00
69.02	03140	CARDIOLOGY	0	0	0	41,592,538	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,948,201	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,173,582	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	625,085	625,085	138,144,128	0.004525	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,435,326	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	16,142,641	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	2,423,039	0.000000	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE	0	0	0	7,597,980	0.000000	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	2,530,784	0.000000	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER	0	0	0	162,979	0.000000	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	10,902,671	0.000000	90.07
91.00	09100	EMERGENCY	0	0	0	140,369,886	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	14,622,552	0.000000	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)	0	625,085	625,085	1,091,603,087		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114
Component CCN: 14-T114

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 1:35 pm

				Title XVIII		Subprovider - IRF		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	7,600	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	2,284	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	49,627	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER		0.000000	0	0	0	0	54.02
54.03	03630	ULTRASOUND		0.000000	8,664	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES		0.000000	15,299	0	0	0	54.04
54.05	05402	OP ONCOLOGY		0.000000	0	0	0	0	54.05
57.00	05700	CT SCAN		0.000000	42,714	0	0	0	57.00
58.00	05800	MRI		0.000000	18,910	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	13,433	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	347,084	0	269	0	60.00
60.01	03420	PATHOLOGY		0.000000	2,311	0	0	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	13,038	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	83,353	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE		0.000000	1,609,412	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY		0.000000	5,151	0	9,496	0	69.00
69.02	03140	CARDIOLOGY		0.000000	5,383	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	55,816	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	4,510	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.004525	484,573	2,193	4,230	19	73.00
74.00	07400	RENAL DIALYSIS		0.000000	52,032	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	9,155	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC		0.000000	0	0	0	0	90.01
90.02	09001	WOUND CARE		0.000000	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT		0.000000	0	0	0	0	90.03
90.05	09004	WOMENS CENTER		0.000000	0	0	0	0	90.05
90.06	09005	DIABETES CENTER		0.000000	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER		0.000000	3,943	0	0	0	90.07
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH		0.000000	0	0	0	0	93.01
200.00		Total (lines 50 through 199)			2,834,292	2,193	13,995	19	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-T114

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
2/25/2022 1:35 pm

Title XVIII

Subprovider -
IRF

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	0.113893	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.388498	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063486	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163054	0	0	0	0	54.00
54.02	03480 CANCER TREATMENT CENTER	0.259616	0	0	0	0	54.02
54.03	03630 ULTRASOUND	0.148681	0	0	0	0	54.03
54.04	05401 SPECIAL PROCEDURES	0.145885	0	0	0	0	54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	0	0	54.05
57.00	05700 CT SCAN	0.032413	0	0	0	0	57.00
58.00	05800 MRI	0.055365	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.117934	0	0	0	0	59.00
60.00	06000 LABORATORY	0.117703	269	0	0	32	60.00
60.01	03420 PATHOLOGY	0.210005	0	0	0	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.	0.265491	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.269543	0	0	0	0	65.00
66.01	06601 REHABILITATION MEDICINE	0.346852	0	0	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	0.128123	9,496	0	0	1,217	69.00
69.02	03140 CARDIOLOGY	0.105703	0	0	0	0	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.537321	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.244633	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206835	4,230	0	0	875	73.00
74.00	07400 RENAL DIALYSIS	0.213898	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.111614	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.428143	0	0	0	0	90.00
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01
90.02	09001 WOUND CARE	0.256307	0	0	0	0	90.02
90.03	09002 PAIN MANAGMENT	0.422654	0	0	0	0	90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	0	0	90.05
90.06	09005 DIABETES CENTER	2.171274	0	0	0	0	90.06
90.07	09003 NILES INFUSION CENTER	0.481408	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.108242	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.410101	0	0	0	0	92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	0	0	93.01
200.00	Subtotal (see instructions)		13,995	0	0	2,124	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		13,995	0	0	2,124	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-T114

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
2/25/2022 1:35 pm

Title XVIII

Subprovider -
IRF

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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	54.02
54.03	03630	ULTRASOUND	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	54.05
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	03420	PATHOLOGY	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.02	03140	CARDIOLOGY	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
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
	OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	90.01
90.02	09001	WOUND CARE	0	0	90.02
90.03	09002	PAIN MANAGMENT	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	0	90.07
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	93.01
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

Health Financial Systems			SWEDISH COVENANT HEALTH			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-5573		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 1:35 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.02	03480	CANCER TREATMENT CENTER	0	0	0	0	0	0	54.02
54.03	03630	ULTRASOUND	0	0	0	0	0	0	54.03
54.04	05401	SPECIAL PROCEDURES	0	0	0	0	0	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0	0	0	0	54.05
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	03420	PATHOLOGY	0	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.01	06601	REHABILITATION MEDICINE	0	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.02	03140	CARDIOLOGY	0	0	0	0	0	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	625,085	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0	0	0	0	90.01
90.02	09001	WOUND CARE	0	0	0	0	0	0	90.02
90.03	09002	PAIN MANAGMENT	0	0	0	0	0	0	90.03
90.05	09004	WOMENS CENTER	0	0	0	0	0	0	90.05
90.06	09005	DIABETES CENTER	0	0	0	0	0	0	90.06
90.07	09003	NILES INFUSION CENTER	0	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0	0	0	0	93.01
200.00		Total (lines 50 through 199)	0	0	0	0	0	625,085	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114 Component CCN: 14-5573		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 1:35 pm	
				Title XVIII		Skilled Nursing Facility		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	165,113,808	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	14,733,328	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	12,053,288	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	59,516,238	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	7,745,934	0.000000	54.02
54.03	03630	ULTRASOUND		0	0	0	19,920,802	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	9,803,426	0.000000	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN		0	0	0	67,111,722	0.000000	57.00
58.00	05800	MRI		0	0	0	28,140,041	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	45,668,761	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	150,964,255	0.000000	60.00
60.01	03420	PATHOLOGY		0	0	0	9,580,040	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	8,576,124	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	13,462,382	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	21,459,461	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	12,707,170	0.000000	69.00
69.02	03140	CARDIOLOGY		0	0	0	41,592,538	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	28,948,201	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	36,173,582	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	625,085	625,085	138,144,128	0.004525	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	5,435,326	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	16,142,641	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	2,423,039	0.000000	90.00
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE		0	0	0	7,597,980	0.000000	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	2,530,784	0.000000	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER		0	0	0	162,979	0.000000	90.06
90.07	09003	NILES INFUSION CENTER		0	0	0	10,902,671	0.000000	90.07
91.00	09100	EMERGENCY		0	0	0	140,369,886	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	14,622,552	0.000000	92.00
93.01	04950	OCCUP HEALTH		0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)		0	625,085	625,085	1,091,603,087		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114
Component CCN: 14-5573

Period:
From 10/01/2020
To 09/30/2021

Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.02	03480 CANCER TREATMENT CENTER	0.000000	0	0	0	0	54.02
54.03	03630 ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05401 SPECIAL PROCEDURES	0.000000	0	0	0	0	54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	0	0	54.05
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
60.01	03420 PATHOLOGY	0.000000	0	0	0	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	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.01	06601 REHABILITATION MEDICINE	0.000000	0	0	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.02	03140 CARDIOLOGY	0.000000	0	0	0	0	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004525	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.01
90.02	09001 WOUND CARE	0.000000	0	0	0	0	90.02
90.03	09002 PAIN MANAGMENT	0.000000	0	0	0	0	90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	0	0	90.05
90.06	09005 DIABETES CENTER	0.000000	0	0	0	0	90.06
90.07	09003 NILES INFUSION CENTER	0.000000	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	0	0	93.01
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0114

Period:

Worksheet D

Component CCN: 14-5573

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
2/25/2022 1:35 pm

Title XVIII

Skilled Nursing
Facility

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	0.113893	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.388498	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.063486	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163054	0	0	0	0 54.00
54.02	03480 CANCER TREATMENT CENTER	0.259616	0	0	0	0 54.02
54.03	03630 ULTRASOUND	0.148681	0	0	0	0 54.03
54.04	05401 SPECIAL PROCEDURES	0.145885	0	0	0	0 54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	0	0 54.05
57.00	05700 CT SCAN	0.032413	0	0	0	0 57.00
58.00	05800 MRI	0.055365	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.117934	0	0	0	0 59.00
60.00	06000 LABORATORY	0.117703	0	0	0	0 60.00
60.01	03420 PATHOLOGY	0.210005	0	0	0	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.	0.265491	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.269543	0	0	0	0 65.00
66.01	06601 REHABILITATION MEDICINE	0.346852	0	0	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY	0.128123	0	0	0	0 69.00
69.02	03140 CARDIOLOGY	0.105703	0	0	0	0 69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.537321	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.244633	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206835	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.213898	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.111614	0	0	0	0 75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.428143	0	0	0	0 90.00
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	0	0 90.01
90.02	09001 WOUND CARE	0.256307	0	0	0	0 90.02
90.03	09002 PAIN MANAGMENT	0.422654	0	0	0	0 90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	0	0 90.05
90.06	09005 DIABETES CENTER	2.171274	0	0	0	0 90.06
90.07	09003 NILES INFUSION CENTER	0.481408	0	0	0	0 90.07
91.00	09100 EMERGENCY	0.108242	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.410101	0	0	0	0 92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	0	0 93.01
200.00	Subtotal (see instructions)		0	0	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	0	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0114

Period:

Worksheet D

Component CCN:14-5573

From 10/01/2020
To 09/30/2021Part V
Date/Time Prepared:
2/25/2022 1:35 pm

Title XVIII

Skilled Nursing
Facility

PPS

	Cost Center Description	Costs				
		Cost	Cost			
		Reimbursed	Reimbursed			
		Services	Services Not			
		Subject To	Subject To			
		Ded. & Coins.	Ded. & Coins.			
		(see inst.)	(see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.02	03480	CANCER TREATMENT CENTER	0	0	54.02	
54.03	03630	ULTRASOUND	0	0	54.03	
54.04	05401	SPECIAL PROCEDURES	0	0	54.04	
54.05	05402	OP ONCOLOGY	0	0	54.05	
57.00	05700	CT SCAN	0	0	57.00	
58.00	05800	MRI	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
60.00	06000	LABORATORY	0	0	60.00	
60.01	03420	PATHOLOGY	0	0	60.01	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
66.01	06601	REHABILITATION MEDICINE	0	0	66.01	
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00	
69.02	03140	CARDIOLOGY	0	0	69.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00	
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	
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00	
90.01	04040	FAMILY PRACTICE CLINIC	0	0	90.01	
90.02	09001	WOUND CARE	0	0	90.02	
90.03	09002	PAIN MANAGMENT	0	0	90.03	
90.05	09004	WOMENS CENTER	0	0	90.05	
90.06	09005	DIABETES CENTER	0	0	90.06	
90.07	09003	NILES INFUSION CENTER	0	0	90.07	
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00	
93.01	04950	OCCUP HEALTH	0	0	93.01	
200.00		Subtotal (see instructions)	0	0	200.00	
201.00		Less PBP Clinic Lab. Services-Program	0		201.00	
		Only Charges				
202.00		Net Charges (line 200 - line 201)	0	0	202.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part I
Date/Time Prepared:
2/25/2022 1:35 pm

			Title XIX		Hospital	Cost		
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	3,695,229	0	3,695,229	46,860	78.86	30.00	
31.00	INTENSIVE CARE UNIT	479,835		479,835	3,429	139.93	31.00	
31.01	SPECIAL CARE NURSERY	101,146		101,146	613	165.00	31.01	
40.00	SUBPROVIDER - IPF	424,063	0	424,063	5,993	70.76	40.00	
41.00	SUBPROVIDER - IRF	262,149	0	262,149	3,576	73.31	41.00	
43.00	NURSERY	88,312		88,312	3,685	23.97	43.00	
44.00	SKILLED NURSING FACILITY	19,330		19,330	0	0.00	44.00	
200.00	Total (lines 30 through 199)	5,070,064		5,070,064	64,156		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	4,459	351,637					30.00
31.00	INTENSIVE CARE UNIT	537	75,142					31.00
31.01	SPECIAL CARE NURSERY	0	0					31.01
40.00	SUBPROVIDER - IPF	179	12,666					40.00
41.00	SUBPROVIDER - IRF	202	14,809					41.00
43.00	NURSERY	565	13,543					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (lines 30 through 199)	5,942	467,797					200.00

Health Financial Systems			SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet D Part II Date/Time Prepared: 2/25/2022 1:35 pm	
				Title XIX	Hospital	Cost	
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	2,190,127	0	0.000000	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	233,331	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	127,107	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	847,508	0	0.000000	0	54.00
54.02	03480	CANCER TREATMENT CENTER	313,491	0	0.000000	0	54.02
54.03	03630	ULTRASOUND	110,822	0	0.000000	0	54.03
54.04	05401	SPECIAL PROCEDURES	75,761	0	0.000000	0	54.04
54.05	05402	OP ONCOLOGY	0	0	0.000000	0	54.05
57.00	05700	CT SCAN	171,479	0	0.000000	0	57.00
58.00	05800	MRI	224,473	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	320,405	0	0.000000	0	59.00
60.00	06000	LABORATORY	963,037	0	0.000000	0	60.00
60.01	03420	PATHOLOGY	137,071	0	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	84,901	0	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	410,547	0	0.000000	0	65.00
66.01	06601	REHABILITATION MEDICINE	393,797	0	0.000000	0	66.01
69.00	06900	ELECTROCARDIOLOGY	123,936	0	0.000000	0	69.00
69.02	03140	CARDIOLOGY	332,735	0	0.000000	0	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,058,316	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	270,932	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	911,222	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	41,226	0	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	288,996	0	0.000000	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	102,530	0	0.000000	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0	0	0.000000	0	90.01
90.02	09001	WOUND CARE	195,558	0	0.000000	0	90.02
90.03	09002	PAIN MANAGMENT	251,512	0	0.000000	0	90.03
90.05	09004	WOMENS CENTER	0	0	0.000000	0	90.05
90.06	09005	DIABETES CENTER	28,359	0	0.000000	0	90.06
90.07	09003	NILES INFUSION CENTER	623,547	0	0.000000	0	90.07
91.00	09100	EMERGENCY	1,153,366	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	444,834	0	0.000000	0	92.00
93.01	04950	OCCUP HEALTH	0	0	0.000000	0	93.01
200.00		Total (lines 50 through 199)	12,430,926	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0114		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part III Date/Time Prepared: 2/25/2022 1:35 pm	
					Title XIX		Hospital		Cost	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
31.01	02060	SPECIAL CARE NURSERY	0	0	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	46,860	0.00	4,459	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	3,429	0.00	537	31.00		
31.01	02060	SPECIAL CARE NURSERY		0	613	0.00	0	31.01		
40.00	04000	SUBPROVIDER - IPF	0	0	5,993	0.00	179	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	3,576	0.00	202	41.00		
43.00	04300	NURSERY		0	3,685	0.00	565	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00		
200.00		Total (lines 30 through 199)		0	64,156		5,942	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	
31.01	02060	SPECIAL CARE NURSERY	0						31.01	
40.00	04000	SUBPROVIDER - IPF	0						40.00	
41.00	04100	SUBPROVIDER - IRF	0						41.00	
43.00	04300	NURSERY	0						43.00	
44.00	04400	SKILLED NURSING FACILITY	0						44.00	
200.00		Total (lines 30 through 199)	0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet D
Part IV
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		Title XIX			Hospital		Cost
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03480 CANCER TREATMENT CENTER	0	0	0	0	0	54.02
54.03	03630 ULTRASOUND	0	0	0	0	0	54.03
54.04	05401 SPECIAL PROCEDURES	0	0	0	0	0	54.04
54.05	05402 OP ONCOLOGY	0	0	0	0	0	54.05
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	03420 PATHOLOGY	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
66.01	06601 REHABILITATION MEDICINE	0	0	0	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	03140 CARDIOLOGY	0	0	0	0	0	69.02
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	625,085	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04040 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09001 WOUND CARE	0	0	0	0	0	90.02
90.03	09002 PAIN MANAGMENT	0	0	0	0	0	90.03
90.05	09004 WOMENS CENTER	0	0	0	0	0	90.05
90.06	09005 DIABETES CENTER	0	0	0	0	0	90.06
90.07	09003 NILES INFUSION CENTER	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.01	04950 OCCUP HEALTH	0	0	0	0	0	93.01
200.00	Total (lines 50 through 199)	0	0	0	0	625,085	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0114		Period: From 10/01/2020 To 09/30/2021		Worksheet D Part IV Date/Time Prepared: 2/25/2022 1:35 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.02	03480	CANCER TREATMENT CENTER		0	0	0	0	0.000000	54.02
54.03	03630	ULTRASOUND		0	0	0	0	0.000000	54.03
54.04	05401	SPECIAL PROCEDURES		0	0	0	0	0.000000	54.04
54.05	05402	OP ONCOLOGY		0	0	0	0	0.000000	54.05
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
60.01	03420	PATHOLOGY		0	0	0	0	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	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
66.01	06601	REHABILITATION MEDICINE		0	0	0	0	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.02	03140	CARDIOLOGY		0	0	0	0	0.000000	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	625,085	625,085	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	04040	FAMILY PRACTICE CLINIC		0	0	0	0	0.000000	90.01
90.02	09001	WOUND CARE		0	0	0	0	0.000000	90.02
90.03	09002	PAIN MANAGMENT		0	0	0	0	0.000000	90.03
90.05	09004	WOMENS CENTER		0	0	0	0	0.000000	90.05
90.06	09005	DIABETES CENTER		0	0	0	0	0.000000	90.06
90.07	09003	NILES INFUSION CENTER		0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
93.01	04950	OCCUP HEALTH		0	0	0	0	0.000000	93.01
200.00		Total (lines 50 through 199)		0	625,085	625,085	0		200.00

Health Financial Systems		SWEDISH COVENANT HEALTH			In Lieu of Form CMS-2552-10	
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0114		Period: From 10/01/2020 To 09/30/2021	Worksheet D Part IV Date/Time Prepared: 2/25/2022 1:35 pm
			Title XIX		Hospital	Cost
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0 54.00
54.02	03480	CANCER TREATMENT CENTER	0.000000	0	0	0 54.02
54.03	03630	ULTRASOUND	0.000000	0	0	0 54.03
54.04	05401	SPECIAL PROCEDURES	0.000000	0	0	0 54.04
54.05	05402	OP ONCOLOGY	0.000000	0	0	0 54.05
57.00	05700	CT SCAN	0.000000	0	0	0 57.00
58.00	05800	MRI	0.000000	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0 59.00
60.00	06000	LABORATORY	0.000000	0	0	0 60.00
60.01	03420	PATHOLOGY	0.000000	0	0	0 60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0 65.00
66.01	06601	REHABILITATION MEDICINE	0.000000	0	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0 69.00
69.02	03140	CARDIOLOGY	0.000000	0	0	0 69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0 75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0 90.00
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0	0 90.01
90.02	09001	WOUND CARE	0.000000	0	0	0 90.02
90.03	09002	PAIN MANAGMENT	0.000000	0	0	0 90.03
90.05	09004	WOMENS CENTER	0.000000	0	0	0 90.05
90.06	09005	DIABETES CENTER	0.000000	0	0	0 90.06
90.07	09003	NILES INFUSION CENTER	0.000000	0	0	0 90.07
91.00	09100	EMERGENCY	0.000000	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0 92.00
93.01	04950	OCCUP HEALTH	0.000000	0	0	0 93.01
200.00		Total (lines 50 through 199)		0	0	0 200.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 1:35 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)			46,860	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			46,860	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)			41,219	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)			11,753	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)			49,814,890	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)			49,814,890	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)			49,814,890	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)			1,063.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			12,494,144	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)			12,494,144	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		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	8,711,862	3,429	2,540.64	1,058	2,687,997		43.00
43.01	SPECIAL CARE NURSERY	2,008,259	613	3,276.12	0	0		43.01
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
	Cost Center Description							
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,754,212		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,936,353		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)					1,074,888		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,287,947		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,362,835		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					31,573,518		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)					5,641		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,063.06		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,996,721		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		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	3,695,229	49,814,890	0.074179	5,996,721	444,831	90.00
91.00	Nursing Program cost	0	49,814,890	0.000000	5,996,721	0	91.00
92.00	Allied health cost	0	49,814,890	0.000000	5,996,721	0	92.00
93.00	All other Medical Education	0	49,814,890	0.000000	5,996,721	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 1:35 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,993	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,993	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,993	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,488	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)		4,735,459	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)		4,735,459	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)		4,735,459	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)		790.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,175,773	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,175,773	41.00

Health Financial Systems		SWEDISH COVENANT HEALTH			In Lieu of Form CMS-2552-10					
COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/25/2022 1:35 pm	
					Title XVIII		Subprovider - IPF		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				0	0	0.00	0	0	43.00
43.01	SPECIAL CARE NURSERY				0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT									44.00
45.00	BURN INTENSIVE CARE UNIT									45.00
46.00	SURGICAL INTENSIVE CARE UNIT									46.00
47.00	OTHER SPECIAL CARE (SPECIFY)									47.00
Cost Center Description									1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)								179,732	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)								1,355,505	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)								105,291	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)								11,246	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)								116,537	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)								1,238,968	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)								0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)								0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)								0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:

Worksheet D-1

Component CCN: 14-S114

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/25/2022 1:35 pm

Title XVIII

Subprovider -
IPF

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	424,063	4,735,459	0.089551	0	0	90.00
91.00 Nursing Program cost	0	4,735,459	0.000000	0	0	91.00
92.00 Allied health cost	0	4,735,459	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,735,459	0.000000	0	0	93.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114	Period: From 10/01/2020	Worksheet D-1	
		Component CCN: 14-T114	To 09/30/2021	Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XVIII	Subprovider - IRF	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)		3,576	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,576	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)		3,576	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,276	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)		3,215,788	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)		3,215,788	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)		3,215,788	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)		899.27	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,147,469	39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,147,469	41.00	

Health Financial Systems		SWEDISH COVENANT HEALTH			In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1
					Component CCN: 14-T114		Date/Time Prepared: 2/25/2022 1:35 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		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	0	0	0.00	0	0	43.00
43.01	SPECIAL CARE NURSERY	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					788,732	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,936,201	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)					93,544	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					44,146	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					137,690	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,798,511	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:

Worksheet D-1

Component CCN: 14-T114

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/25/2022 1:35 pm

Title XVIII

Subprovider -
IRF

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	262,149	3,215,788	0.081519	0	0	90.00
91.00 Nursing Program cost	0	3,215,788	0.000000	0	0	91.00
92.00 Allied health cost	0	3,215,788	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,215,788	0.000000	0	0	93.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114	Period: From 10/01/2020	Worksheet D-1	
		Component CCN: 14-5573	To 09/30/2021	Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XVIII	Skilled Nursing Facility	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)			0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0	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)			0	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			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)			199,563	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)			199,563	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)			199,563	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)				38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)				39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)				40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)				41.00

Health Financial Systems		SWEDISH COVENANT HEALTH			In Lieu of Form CMS-2552-10		
COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0114 Component CCN: 14-5573		Period: From 10/01/2020 To 09/30/2021 Worksheet D-1 Date/Time Prepared: 2/25/2022 1:35 pm	
				Title XVIII		Skilled Nursing Facility 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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	SPECIAL CARE NURSERY						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					199,563	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0.00	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:

Worksheet D-1

Component CCN: 14-5573

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/25/2022 1:35 pm

Title XVIII

Skilled Nursing
Facility

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	0	0	0.000000	0	0	90.00
91.00 Nursing Program cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1 Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XIX	Hospital	Cost	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			46,860	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			46,860	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)			41,219	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)			4,459	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)			3,685	15.00
16.00	Nursery days (title V or XIX only)			565	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)			54,176,045	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)			54,176,045	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)			54,176,045	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)			1,156.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,155,184	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)			5,155,184	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
2/25/2022 1:35 pm

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)	2,344,808	3,685	636.31	565	359,515	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,157,494	3,429	2,670.60	537	1,434,112	43.00
43.01	SPECIAL CARE NURSERY	2,030,653	613	3,312.65	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,948,811	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)					5,641	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,156.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,521,729	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet D-1

Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		Title XIX		Hospital		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	3,695,229	54,176,045	0.068208	6,521,729	444,834	90.00
91.00	Nursing Program cost	0	54,176,045	0.000000	6,521,729	0	91.00
92.00	Allied health cost	0	54,176,045	0.000000	6,521,729	0	92.00
93.00	All other Medical Education	0	54,176,045	0.000000	6,521,729	0	93.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114	Period: From 10/01/2020	Worksheet D-1	
		Component CCN: 14-S114	To 09/30/2021	Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,993	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,993	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			5,993	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)			179	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)			3,685	15.00
16.00	Nursery days (title V or XIX only)			565	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)			4,735,459	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)			4,735,459	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)			4,735,459	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)			790.17	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			141,440	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)			141,440	41.00

Health Financial Systems		SWEDISH COVENANT HEALTH			In Lieu of Form CMS-2552-10				
COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0114 Component CCN: 14-S114		Period: From 10/01/2020 To 09/30/2021		Worksheet D-1 Date/Time Prepared: 2/25/2022 1:35 pm	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
				1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)			0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT			0	0	0.00	0	0	43.00
43.01	SPECIAL CARE NURSERY			0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT								44.00
45.00	BURN INTENSIVE CARE UNIT								45.00
46.00	SURGICAL INTENSIVE CARE UNIT								46.00
47.00	OTHER SPECIAL CARE (SPECIFY)								47.00
Cost Center Description									
									1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							141,440	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)							0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:

Worksheet D-1

Component CCN: 14-S114

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/25/2022 1:35 pm

Title XIX

Subprovider -
IPF

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	424,063	4,735,459	0.089551	0	0	90.00
91.00 Nursing Program cost	0	4,735,459	0.000000	0	0	91.00
92.00 Allied health cost	0	4,735,459	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,735,459	0.000000	0	0	93.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0114	Period: From 10/01/2020	Worksheet D-1	
		Component CCN: 14-T114	To 09/30/2021	Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,576	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,576	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)			3,576	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)			202	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)			3,685	15.00
16.00	Nursery days (title V or XIX only)			565	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)			3,215,788	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)			3,215,788	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)			3,215,788	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)			899.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			181,653	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)			181,653	41.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet D-1
			Component CCN: 14-T114	Date/Time Prepared: 2/25/2022 1:35 pm	
			Title XIX	Subprovider - IRF	Cost
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01 SPECIAL CARE NURSERY	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					0
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					181,653
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00 Total Program excludable cost (sum of lines 50 and 51)					0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0114

Period:

Worksheet D-1

Component CCN: 14-T114

From 10/01/2020
To 09/30/2021Date/Time Prepared:
2/25/2022 1:35 pm

Title XIX

Subprovider -
IRF

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	262,149	3,215,788	0.081519	0	0	90.00
91.00 Nursing Program cost	0	3,215,788	0.000000	0	0	91.00
92.00 Allied health cost	0	3,215,788	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,215,788	0.000000	0	0	93.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3 Date/Time Prepared: 2/25/2022 1:35 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		31,879,425	30.00
31.00	03100	INTENSIVE CARE UNIT		4,128,289	31.00
31.01	02060	SPECIAL CARE NURSERY		0	31.01
40.00	04000	SUBPROVIDER - IPF		3,031	40.00
41.00	04100	SUBPROVIDER - IRF		9,027	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.113893	13,538,948	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.388498	11,209	52.00
53.00	05300	ANESTHESIOLOGY	0.063486	1,390,066	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.163054	4,822,456	54.00
54.02	03480	CANCER TREATMENT CENTER	0.259616	174,483	54.02
54.03	03630	ULTRASOUND	0.148681	505,996	54.03
54.04	05401	SPECIAL PROCEDURES	0.145885	2,013,554	54.04
54.05	05402	OP ONCOLOGY	0.000000	0	54.05
57.00	05700	CT SCAN	0.032413	6,851,972	57.00
58.00	05800	MRI	0.055365	2,074,878	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.117934	7,498,429	59.00
60.00	06000	LABORATORY	0.117703	19,199,755	60.00
60.01	03420	PATHOLOGY	0.210005	417,774	60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.265491	1,673,792	63.00
65.00	06500	RESPIRATORY THERAPY	0.269543	4,008,305	65.00
66.01	06601	REHABILITATION MEDICINE	0.346852	1,763,377	66.01
69.00	06900	ELECTROCARDIOLOGY	0.128123	1,625,595	69.00
69.02	03140	CARDIOLOGY	0.105703	4,630,713	69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.537321	4,890,103	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244633	6,167,621	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206835	15,556,672	73.00
74.00	07400	RENAL DIALYSIS	0.213898	1,813,991	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.111614	954,960	75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.428143	0	90.00
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	90.01
90.02	09001	WOUND CARE	0.256307	58,362	90.02
90.03	09002	PAIN MANAGMENT	0.422654	1,612	90.03
90.05	09004	WOMENS CENTER	0.000000	0	90.05
90.06	09005	DIABETES CENTER	2.171274	0	90.06
90.07	09003	NILES INFUSION CENTER	0.481408	236,832	90.07
91.00	09100	EMERGENCY	0.108242	11,333,042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.410101	758,268	92.00
93.01	04950	OCCUP HEALTH	0.000000	0	93.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		113,972,765	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)		113,972,765	202.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0114	Period: From 10/01/2020	Worksheet D-3	
		Component CCN: 14-S114	To 09/30/2021	Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02060 SPECIAL CARE NURSERY				31.01
40.00	04000 SUBPROVIDER - IPF		3,522,557		40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.113893	9,269	1,056	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.388498	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063486	910	58	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163054	17,226	2,809	54.00
54.02	03480 CANCER TREATMENT CENTER	0.259616	0	0	54.02
54.03	03630 ULTRASOUND	0.148681	5,544	824	54.03
54.04	05401 SPECIAL PROCEDURES	0.145885	0	0	54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	54.05
57.00	05700 CT SCAN	0.032413	41,189	1,335	57.00
58.00	05800 MRI	0.055365	10,323	572	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.117934	0	0	59.00
60.00	06000 LABORATORY	0.117703	358,383	42,183	60.00
60.01	03420 PATHOLOGY	0.210005	638	134	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.265491	1,315	349	63.00
65.00	06500 RESPIRATORY THERAPY	0.269543	4,764	1,284	65.00
66.01	06601 REHABILITATION MEDICINE	0.346852	10,173	3,529	66.01
69.00	06900 ELECTROCARDIOLOGY	0.128123	24,259	3,108	69.00
69.02	03140 CARDIOLOGY	0.105703	12,554	1,327	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.537321	2,252	1,210	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.244633	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206835	330,646	68,389	73.00
74.00	07400 RENAL DIALYSIS	0.213898	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.111614	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.428143	0	0	90.00
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	90.01
90.02	09001 WOUND CARE	0.256307	0	0	90.02
90.03	09002 PAIN MANAGMENT	0.422654	0	0	90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	90.05
90.06	09005 DIABETES CENTER	2.171274	0	0	90.06
90.07	09003 NILES INFUSION CENTER	0.481408	0	0	90.07
91.00	09100 EMERGENCY	0.108242	476,388	51,565	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.410101	0	0	92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	93.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,305,833	179,732	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,305,833		202.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet D-3
			Component CCN: 14-T114	Date/Time Prepared: 2/25/2022 1:35 pm	
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	SPECIAL CARE NURSERY			31.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF		2,625,766	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.113893	7,600	866 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.388498	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.063486	2,284	145 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.163054	49,627	8,092 54.00
54.02	03480	CANCER TREATMENT CENTER	0.259616	0	0 54.02
54.03	03630	ULTRASOUND	0.148681	8,664	1,288 54.03
54.04	05401	SPECIAL PROCEDURES	0.145885	15,299	2,232 54.04
54.05	05402	OP ONCOLOGY	0.000000	0	0 54.05
57.00	05700	CT SCAN	0.032413	42,714	1,384 57.00
58.00	05800	MRI	0.055365	18,910	1,047 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.117934	13,433	1,584 59.00
60.00	06000	LABORATORY	0.117703	347,084	40,853 60.00
60.01	03420	PATHOLOGY	0.210005	2,311	485 60.01
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.265491	13,038	3,461 63.00
65.00	06500	RESPIRATORY THERAPY	0.269543	83,353	22,467 65.00
66.01	06601	REHABILITATION MEDICINE	0.346852	1,609,412	558,228 66.01
69.00	06900	ELECTROCARDIOLOGY	0.128123	5,151	660 69.00
69.02	03140	CARDIOLOGY	0.105703	5,383	569 69.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.537321	55,816	29,991 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.244633	4,510	1,103 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.206835	484,573	100,227 73.00
74.00	07400	RENAL DIALYSIS	0.213898	52,032	11,130 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.111614	9,155	1,022 75.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.428143	0	0 90.00
90.01	04040	FAMILY PRACTICE CLINIC	0.000000	0	0 90.01
90.02	09001	WOUND CARE	0.256307	0	0 90.02
90.03	09002	PAIN MANAGMENT	0.422654	0	0 90.03
90.05	09004	WOMENS CENTER	0.000000	0	0 90.05
90.06	09005	DIABETES CENTER	2.171274	0	0 90.06
90.07	09003	NILES INFUSION CENTER	0.481408	3,943	1,898 90.07
91.00	09100	EMERGENCY	0.108242	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.410101	0	0 92.00
93.01	04950	OCCUP HEALTH	0.000000	0	0 93.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,834,292	788,732 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		2,834,292	202.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0114	Period: From 10/01/2020	Worksheet D-3	
		Component CCN: 14-5573	To 09/30/2021	Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	02060 SPECIAL CARE NURSERY				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.113893	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.388498	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063486	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163054	0	0	54.00
54.02	03480 CANCER TREATMENT CENTER	0.259616	0	0	54.02
54.03	03630 ULTRASOUND	0.148681	0	0	54.03
54.04	05401 SPECIAL PROCEDURES	0.145885	0	0	54.04
54.05	05402 OP ONCOLOGY	0.000000	0	0	54.05
57.00	05700 CT SCAN	0.032413	0	0	57.00
58.00	05800 MRI	0.055365	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.117934	0	0	59.00
60.00	06000 LABORATORY	0.117703	0	0	60.00
60.01	03420 PATHOLOGY	0.210005	0	0	60.01
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.265491	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.269543	0	0	65.00
66.01	06601 REHABILITATION MEDICINE	0.346852	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	0.128123	0	0	69.00
69.02	03140 CARDIOLOGY	0.105703	0	0	69.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.537321	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.244633	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.206835	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.213898	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.111614	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.428143	0	0	90.00
90.01	04040 FAMILY PRACTICE CLINIC	0.000000	0	0	90.01
90.02	09001 WOUND CARE	0.256307	0	0	90.02
90.03	09002 PAIN MANAGMENT	0.422654	0	0	90.03
90.05	09004 WOMENS CENTER	0.000000	0	0	90.05
90.06	09005 DIABETES CENTER	2.171274	0	0	90.06
90.07	09003 NILES INFUSION CENTER	0.481408	0	0	90.07
91.00	09100 EMERGENCY	0.108242	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.410101	0	0	92.00
93.01	04950 OCCUP HEALTH	0.000000	0	0	93.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		0	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet E
Part A
Date/Time Prepared:
2/25/2022 1:35 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)			28,211,702	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)			279,638	2.04
3.00	Managed Care Simulated Payments			16,288,859	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			177.79	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)			25.22	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			13.44	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)			38.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			57.21	10.00
11.00	FTE count for residents in dental and podiatric programs.			6.00	11.00
12.00	Current year allowable FTE (see instructions)			44.66	12.00
13.00	Total allowable FTE count for the prior year.			46.30	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.			46.46	14.00
15.00	Sum of lines 12 through 14 divided by 3.			45.81	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			45.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.257664	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.230440	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.230440	21.00
22.00	IME payment adjustment (see instructions)			3,336,824	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			1,926,614	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)			18.55	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)			3,336,824	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			1,926,614	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			10.32	30.00
31.00	Percentage of Medicaid patient days (see instructions)			33.26	31.00
32.00	Sum of lines 30 and 31			43.58	32.00
33.00	Allowable disproportionate share percentage (see instructions)			25.17	33.00
34.00	Disproportionate share adjustment (see instructions)			1,775,221	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	2,782,063	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	2,782,063	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,782,063		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (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 (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)		36,385,448		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)			38,312,062	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,597,833	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).			2,048,537	52.00
53.00	Nursing and Allied Health Managed Care payment			29,849	53.00
54.00	Special add-on payments for new technologies			109,778	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			70,394	58.00
59.00	Total (sum of amounts on lines 49 through 58)			43,168,453	59.00
60.00	Primary payer payments			17,855	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			43,150,598	61.00
62.00	Deductibles billed to program beneficiaries			2,399,068	62.00
63.00	Coinsurance billed to program beneficiaries			230,759	63.00
64.00	Allowable bad debts (see instructions)			1,041,910	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			677,242	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			774,952	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			41,198,013	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-94,026	70.93
70.94	HRR adjustment amount (see instructions)			-342,689	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part A Date/Time Prepared: 2/25/2022 1:35 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)		40,761,298	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		40,202,900	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)		558,398	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		1,157,463	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)		549,787	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		43,619	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	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

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet E Part B Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			16,008	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			22,627,750	2.00
3.00	OPPS payments			21,728,536	3.00
4.00	Outlier payment (see instructions)			26,617	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			103,197	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			16,008	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			77,394	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)			77,394	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)			77,394	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			61,386	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)			16,008	21.00
22.00	Interns and residents (see instructions)			0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			21,858,350	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			4,049,159	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)			17,825,199	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			1,252,340	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)			19,077,539	30.00
31.00	Primary payer payments			1,952	31.00
32.00	Subtotal (line 30 minus line 31)			19,075,587	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)			840,402	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			546,261	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			645,715	36.00
37.00	Subtotal (see instructions)			19,621,848	37.00
38.00	MSP-LCC reconciliation amount from PS&R			238	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)			19,621,610	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			19,463,963	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)			157,647	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			15,767	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2020	Worksheet E	
		Component CCN: 14-S114	To 09/30/2021	Part B	
		Title XVIII	Subprovider - IPF	Date/Time Prepared: 2/25/2022 1:35 pm	
				PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			69	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			654	2.00
3.00	OPPS payments			479	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			3	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			69	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			336	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)			336	14.00
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.00
18.00	Total customary charges (see instructions)			336	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			267	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)			69	21.00
22.00	Interns and residents (see instructions)			0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			482	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			179	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)			372	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
30.00	Subtotal (sum of lines 27 through 29)			372	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			372	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			372	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50	
39.97	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)			372	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			300	41.00
41.01	Interim payments-PARHM			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)			72	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2020	Worksheet E	
		Component CCN: 14-T114	To 09/30/2021	Part B	
		Title XVIII	Subprovider - IRF	Date/Time Prepared: 2/25/2022 1:35 pm	
				PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			2,105	2.00
3.00	OPPS payments			796	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			19	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			0	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)			0	14.00
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.00
18.00	Total customary charges (see instructions)			0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0	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)			0	21.00
22.00	Interns and residents (see instructions)			0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			815	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			159	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)			656	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0	29.00
30.00	Subtotal (sum of lines 27 through 29)			656	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			656	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			656	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50	
39.97	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)			656	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			637	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)			19	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2020	Worksheet E	
		Component CCN: 14-5573	To 09/30/2021	Part B	
		Title XVIII	Skilled Nursing Facility	Date/Time Prepared: 2/25/2022 1:35 pm	
				PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		0	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00	
3.00	OPPS payments			3.00	
4.00	Outlier payment (see instructions)			4.00	
4.01	Outlier reconciliation amount (see instructions)			4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00	
6.00	Line 2 times line 5		0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00	
8.00	Transitional corridor payment (see instructions)		0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		0	12.00	
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			13.00	
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00	
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00	
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00	
18.00	Total customary charges (see instructions)		0	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	21.00	
22.00	Interns and residents (see instructions)		0	22.00	
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00	
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			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)		0	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00	
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00	
30.00	Subtotal (sum of lines 27 through 29)		0	30.00	
31.00	Primary payer payments		0	31.00	
32.00	Subtotal (line 30 minus line 31)		0	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)			34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00	
37.00	Subtotal (see instructions)		0	37.00	
38.00	MSP-LCC reconciliation amount from PS&R			38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			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)		0	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			40.03	
41.00	Interim payments		0	41.00	
41.01	Interim payments-PARHM			41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00	
42.01	Tentative settlement-PARHM (for contractor use only)			42.01	
43.00	Balance due provider/program (see instructions)		0	43.00	
43.01	Balance due provider/program-PARHM (see instructions)			43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00	
92.00	The rate used to calculate the Time Value of Money			92.00	
93.00	Time Value of Money (see instructions)			93.00	
94.00	Total (sum of lines 91 and 93)			94.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part I
Date/Time Prepared:
2/25/2022 1:35 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		40,314,166		19,572,854	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	05/18/2021	111,266	05/18/2021	108,891	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)		-111,266		-108,891	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)		40,202,900		19,463,963	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		558,398		157,647	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		40,761,298		19,621,610	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor			06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0114

Period:

Worksheet E-1

Component CCN: 14-S114

From 10/01/2020
To 09/30/2021Part I
Date/Time Prepared:
2/25/2022 1:35 pm

Title XVIII

Subprovider -
IPF

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					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		1,221,986		300	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,221,986		300	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		88,346		72	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,310,332		372	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor			06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0114
 Component CCN: 14-T114

 Period:
 From 10/01/2020
 To 09/30/2021

 Worksheet E-1
 Part I
 Date/Time Prepared:
 2/25/2022 1:35 pm

		Title XVIII		Subprovider - IRF		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					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		2,127,353		637	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,127,353		637	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		7,046		19	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,134,399		656	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor		0	06101		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0114 Component CCN: 14-5573		Period: From 10/01/2020 To 09/30/2021		Worksheet E-1 Part I Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XVIII		Skilled Nursing Facility		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		0		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		0		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		0		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor			06101		8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet E-1
Part II
Date/Time Prepared:
2/25/2022 1:35 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 through 12, and 32.			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8, sum of lines 1, 8 through 12, and 32.			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2020	Worksheet E-3	
		Component CCN: 14-S114	To 09/30/2021	Part II	
		Title XVIII	Subprovider - IPF	Date/Time Prepared: 2/25/2022 1:35 pm	
				PPS	
				1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,401,907	1.00
2.00	Net IPF PPS Outlier Payments			0	2.00
3.00	Net IPF PPS ECT Payments			0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	4.01
5.00	New Teaching program adjustment. (see instructions)			0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instnuctions)			0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instnuctions)			0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00	8.00
9.00	Average Daily Census (see instructions)			16.419178	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 -1\}$.			0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,401,907	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)				14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0	15.00
16.00	Subtotal (see instructions)			1,401,907	16.00
17.00	Primary payer payments			0	17.00
18.00	Subtotal (line 16 less line 17).			1,401,907	18.00
19.00	Deductibles			111,340	19.00
20.00	Subtotal (line 18 minus line 19)			1,290,567	20.00
21.00	Coinsurance			68,581	21.00
22.00	Subtotal (line 20 minus line 21)			1,221,986	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			133,615	23.00
24.00	Adjusted reimbursable bad debts (see instructions)			86,850	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			111,765	25.00
26.00	Subtotal (sum of lines 22 and 24)			1,308,836	26.00
27.00	Direct graduate medical education payments (see instructions)			0	27.00
28.00	Other pass through costs (see instructions)			1,496	28.00
29.00	Outlier payments reconciliation			0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	30.50
30.98	Recovery of accelerated depreciation.			0	30.98
30.99	Demonstration payment adjustment amount before sequestration			0	30.99
31.00	Total amount payable to the provider (see instructions)			1,310,332	31.00
31.01	Sequestration adjustment (see instructions)			0	31.01
31.02	Demonstration payment adjustment amount after sequestration			0	31.02
32.00	Interim payments			1,221,986	32.00
33.00	Tentative settlement (for contractor use only)			0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			88,346	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	35.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52.00
53.00	Time Value of Money (see instructions)			0	53.00

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2020	Worksheet E-3	
		Component CCN: 14-T114	To 09/30/2021	Part III	
		Title XVIII	Subprovider - IRF	Date/Time Prepared: 2/25/2022 1:35 pm	
				PPS	
				1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,022,606	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0578	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			153,718	3.00
4.00	Outlier Payments			5,255	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	5.01
6.00	New Teaching program adjustment. (see instructions)			0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00	9.00
10.00	Average Daily Census (see instructions)			9.797260	10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000	11.00
12.00	Teaching Adjustment (see instructions)			0	12.00
13.00	Total PPS Payment (see instructions)			2,181,579	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0	16.00
17.00	Subtotal (see instructions)			2,181,579	17.00
18.00	Primary payer payments			0	18.00
19.00	Subtotal (line 17 less line 18).			2,181,579	19.00
20.00	Deductibles			13,280	20.00
21.00	Subtotal (line 19 minus line 20)			2,168,299	21.00
22.00	Coinsurance			38,937	22.00
23.00	Subtotal (line 21 minus line 22)			2,129,362	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,376	24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,844	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,376	26.00
27.00	Subtotal (sum of lines 23 and 25)			2,132,206	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0	28.00
29.00	Other pass through costs (see instructions)			2,193	29.00
30.00	Outlier payments reconciliation			0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	31.50
31.98	Recovery of accelerated depreciation.			0	31.98
31.99	Demonstration payment adjustment amount before sequestration			0	31.99
32.00	Total amount payable to the provider (see instructions)			2,134,399	32.00
32.01	Sequestration adjustment (see instructions)			0	32.01
32.02	Demonstration payment adjustment amount after sequestration			0	32.02
33.00	Interim payments			2,127,353	33.00
34.00	Tentative settlement (for contractor use only)			0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			7,046	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			5,255	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52.00
53.00	Time Value of Money (see instructions)			0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114 Component CCN: 14-5573	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part VI Date/Time Prepared: 2/25/2022 1:35 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.98	Recovery of accelerated depreciation.		0	14.98
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
15.75	Sequestration for non-claims based amounts (see instructions)		0	15.75
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 15.75, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 2/25/2022 1:35 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		6,948,811		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)		6,948,811	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)		6,948,811	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)		6,948,811	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		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)		6,948,811	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114 Component CCN: 14-S114	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 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		141,440		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)		141,440	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)		141,440	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)		141,440	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	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)		141,440	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0114 Component CCN: 14-T114	Period: From 10/01/2020 To 09/30/2021	Worksheet E-3 Part VII Date/Time Prepared: 2/25/2022 1:35 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 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	181,653		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)	181,653	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)	181,653	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)	181,653	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	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)	181,653	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	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

Health Financial Systems		SWEDISH COVENANT HEALTH		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0114		Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/25/2022 1:35 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.			25.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			14.98	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)			40.68	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			57.21	6.00
7.00	Enter the lesser of line 5 or line 6			40.68	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.	38.82	17.39	56.21	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.	27.60	12.37	39.97	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		6.00		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	27.60	18.37		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	28.77	17.51		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	30.21	16.78		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	28.86	17.55		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	28.86	17.55		17.00
18.00	Per resident amount	168,866.76	159,917.60		18.00
19.00	Approved amount for resident costs	4,873,495	2,806,554	7,680,049	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)			16.53	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)			7,680,049	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)	15,575	2,159	6,476	26.00
27.00	Total Inpatient Days (see instructions)	55,511	55,511	55,511	27.00
28.00	Ratio of inpatient days to total inpatient days	0.280575	0.038893	0.116662	28.00
29.00	Program direct GME amount	2,154,830	298,700	895,970	3,349,500
29.01	Percent reduction for MA DGME		4.07	4.07	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		12,157	36,466	48,623
31.00	Net Program direct GME amount				3,300,877

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/25/2022 1:35 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,435,326	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)		37,228,059	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		17,855	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		37,210,204	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		22,749,805	42.00
43.00	Primary payer payments (see instructions)		1,952	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		22,747,853	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		59,958,057	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.620604	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.379396	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,300,877	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,048,537	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,252,340	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/25/2022 1:35 pm	
		Title XIX	Hospital	Cost	
				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.			25.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			25.70	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			35.53	6.00
7.00	Enter the lesser of line 5 or line 6			25.70	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.	26.83	8.28	35.11	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.	19.41	5.99	25.40	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	19.41	5.99		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	22.10	11.60		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.92	10.54		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	19.81	9.38		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	19.81	9.38		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			9.83	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	5,838	13,170		26.00
27.00	Total Inpatient Days (see instructions)	55,511	55,511		27.00
28.00	Ratio of inpatient days to total inpatient days	0.105168	0.237250		28.00
29.00	Program direct GME amount	0	0	0	29.00
29.01	Percent reduction for MA DGME				29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	0	30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet E-4 Date/Time Prepared: 2/25/2022 1:35 pm
		Title XIX	Hospital	Cost
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			34.00
35.00	Medicare outpatient ESRD charges (see instructions)			35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			39.00
40.00	Primary payer payments (see instructions)			40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			42.00
43.00	Primary payer payments (see instructions)			43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			0 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			50.00

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

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet G

Date/Time Prepared:
2/25/2022 1:35 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	16,605,077	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	46,296,278	0	0	0	4.00
5.00	Other receivable	1,082,684	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,455,485	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	5,438,857	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)	75,878,381	0	0	0	11.00
FIXED ASSETS						
12.00	Land	30,224,071	0	0	0	12.00
13.00	Land improvements	2,953,848	0	0	0	13.00
14.00	Accumulated depreciation	-516,923	0	0	0	14.00
15.00	Buildings	144,958,934	0	0	0	15.00
16.00	Accumulated depreciation	-9,974,324	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	136,848,878	0	0	0	23.00
24.00	Accumulated depreciation	-125,338,043	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)	179,156,441	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	428,525,173	0	0	0	33.00
34.00	Other assets	19,540,586	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	448,065,759	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	703,100,581	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,299,883	0	0	0	37.00
38.00	Salaries, wages, and fees payable	55,874,459	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	4,952,566	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	75,126,908	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	441,908,731	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	441,908,731	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	517,035,639	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	186,064,942	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)	186,064,942	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	703,100,581	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-1

Date/Time Prepared:
2/25/2022 1:35 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		187,994,207		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,420,077				2.00
3.00	Total (sum of line 1 and line 2)		186,574,130		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFERS AND GAINS	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		186,574,130		0		11.00
12.00	DED	509,188		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		509,188		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		186,064,942		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	TRANSFERS AND GAINS		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DED		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021Worksheet G-2
Parts I & II
Date/Time Prepared:
2/25/2022 1:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	126,555,609		126,555,609	1.00
2.00	SUBPROVIDER - IPF	14,082,882		14,082,882	2.00
3.00	SUBPROVIDER - IRF	7,959,336		7,959,336	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	17,669		17,669	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)	148,615,496		148,615,496	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,910,177		18,910,177	11.00
11.01	SPECIAL CARE NURSERY	3,173,093		3,173,093	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,083,270		22,083,270	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	170,698,766		170,698,766	17.00
18.00	Ancillary services	340,527,947	0	340,527,947	18.00
19.00	Outpatient services	39,779,125	697,307,050	737,086,175	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
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	PRO FEE	787,782	990,290	1,778,072	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	551,793,620	698,297,340	1,250,090,960	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		295,063,997		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBT	14,674,268			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00	FHBT PREM	0			35.00
36.00	Total additions (sum of lines 30-35)		14,674,268		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	DSR INCOME	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)		309,738,265		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0114

Period:
From 10/01/2020
To 09/30/2021

Worksheet G-3

Date/Time Prepared:
2/25/2022 1:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,250,090,960	1.00
2.00	Less contractual allowances and discounts on patients' accounts	951,283,379	2.00
3.00	Net patient revenues (line 1 minus line 2)	298,807,581	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	309,738,265	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,930,684	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	-1,213,105	24.00
24.50	COVID-19 PHE Funding	10,614,986	24.50
25.00	Total other income (sum of lines 6-24)	9,401,881	25.00
26.00	Total (line 5 plus line 25)	-1,528,803	26.00
27.00	NON OPERATING	-108,726	27.00
27.01	MONTH END CLEARING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	-108,726	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,420,077	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0114	Period: From 10/01/2020 To 09/30/2021	Worksheet L Parts I-III Date/Time Prepared: 2/25/2022 1:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,146,604	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		21,049	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)		125.87	3.00
4.00	Number of interns & residents (see instructions)		45.81	4.00
5.00	Indirect medical education percentage (see instructions)		10.82	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)		232,263	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.32	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.26	8.00
9.00	Sum of lines 7 and 8		43.58	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.22	10.00
11.00	Disproportionate share adjustment (see instructions)		197,917	11.00
12.00	Total prospective capital payments (see instructions)		2,597,833	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