

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/23/2022 3:25 pm
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PART I - COST REPORT STATUS				
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.			Date:5/23/2022 Time: 3:25 pm
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended		6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST HINSDALE HOSPITAL (14-0122) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00		2.00	3.00	4.00	5.00
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-464,594	700,491	0	0	1.00
2.00	Subprovider - IPF	0	13,339	-1		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-451,255	700,490	0	0	200.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:25 pm
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1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street:120 NORTH OAK STREET			PO Box:						1.00
2.00	City: HINSDALE			State: IL		Zip Code:60521-		County: DUPAGE		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		ADVENTIST HINSDALE HOSPITAL	140122	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		HINSDALE HOSPITAL PSYCH SUB	14S122	16974	4	01/01/1984	N	P	O
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		HEALTH CARE AT HOME	147207	16974		01/01/1994	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		ST THOMAS HOSPICE	141507	16974		01/01/2004			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2021		12/31/2021	
21.00	Type of Control (see instructions)						1			
						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			
22.01	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	N			
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			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		Y	
22.04	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	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:25 pm	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days
		1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	966	608	0	19	7,281	228
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	
					Urban/Rural Status	Date of Geographic Reclassification	
					1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1					26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1					27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0					35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0					37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)						37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
					Y/N	Y/N	
					1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N					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					40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	with					45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N					46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N					47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N					48.00
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.	Y					56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N					59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:25 pm	
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" Y for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet S-2
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	0.00	27.63	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 PRACTICE	1350	0.00	20.51	0.000000	67.00
67.01		FAMILY PRACTICE	3600	0.00	7.12	0.000000	67.01

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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)			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.	Y		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021 Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:25 pm	
		V		XIX	
		1.00		2.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR N Section §412.113(c). Enter "Y" for yes or "N" for no.			108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	
				1.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N	
				1.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N			
				1.00	
				2.00	
				3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,048,776		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.			Y	
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			N	
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021	
				Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:25 pm	
		1.00		2.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	Removed and reserved			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HF8013 140.00	
		1.00		2.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ADVENTHEALTH	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001 141.00	
142.00	Street: 900 HOPE WAY	PO Box:		142.00	
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714 143.00	
		1.00		2.00	
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 dialysis services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			146.00	
		1.00		2.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A		Part B	
		1.00		2.00	
		Title V		Title XIX	
		3.00		4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N 155.00
156.00	Subprovider - IPF	N	N	N	N 156.00
157.00	Subprovider - IRF	N	N	N	N 157.00
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N 159.00
160.00	HOME HEALTH AGENCY	N	N	N	N 160.00
161.00	CMHC		N	N	N 161.00
		1.00		2.00	
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00	
		Name		County	
		0		1.00	
		State		Zip Code	
		2.00		3.00	
		CBSA		FTE/Campus	
		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)			0.00 166.00	
		1.00		2.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/23/2022 3:25 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			171.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/23/2022 3:25 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	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 the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
				Date	
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	04/06/2022	Y	04/06/2022
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

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021	
		Worksheet S-2 Part II Date/Time Prepared: 5/23/2022 3:25 pm			
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N		20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MIKE	THOMPSON		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVENTHEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	912-660-4073	MIKE.M.THOMPSON@ADVENTHEALTH.COM		43.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/23/2022 3:25 pm
		3.00			
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER OF REIMBURSEMENT			41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	186	67,890	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)		186	67,890	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	58	21,170	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
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)		244	89,060	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	17	6,205		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		261				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)		10	3,650			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:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,944	625	30,906			1.00
2.00	HMO and other (see instructions)	5,296	7,509				2.00
3.00	HMO IPF Subprovider	128	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	10,944	625	30,906			7.00
8.00	INTENSIVE CARE UNIT	1,158	576	9,254			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		336	4,468			13.00
14.00	Total (see instructions)	12,102	1,537	44,628	27.63	817.89	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	165	163	4,275	0.00	23.87	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	28,366	0	38,435	0.00	26.48	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	25,431	0	25,975	0.00	26.89	24.00
24.10	HOSPICE (non-distinct part)			244			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				27.63	895.13	27.00
28.00	Observation Bed Days		57	3,634			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	56	1,177			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			807			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:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,406	234	9,470	1.00
2.00 HMO and other (see instructions)			939	1,202		2.00
3.00 HMO IPF Subprovider				179		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,406	234	9,470	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	25	30	715	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/23/2022 3:25 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	75,832,259	0	75,832,259	1,861,869.73	40.73
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		287,700	0	287,700	2,428.03	118.49
4.01	Physicians - Part A - Teaching		223,412	0	223,412	3,226.25	69.25
5.00	Physician and Non Physician-Part B		172,000	0	172,000	1,451.58	118.49
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	1,822,858	-1,833	1,821,025	60,367.99	30.17
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,328,629	0	10,328,629	207,765.00	49.71
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,823,778	0	4,823,778	49,761.00	96.94
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		635,597	0	635,597	3,304.47	192.34
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		15,013,042	0	15,013,042	298,147.63	50.35
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)		13,290,931	0	13,290,931		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,891,167	0	1,891,167		
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		34,210	0	34,210		
22.01	Physician Part A - Teaching		33,937	0	33,937		
23.00	Physician Part B		20,453	0	20,453		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		371,527	0	371,527		
25.50	Home office wage-related (core)		5,385,914	0	5,385,914		
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:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part II
Date/Time Prepared:
5/23/2022 3:25 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	99,927	0	99,927	2,416.30	41.36	26.00
27.00	Administrative & General	5.00	3,220,113	-681,608	2,538,505	44,219.46	57.41	27.00
28.00	Administrative & General under contract (see inst.)		84,892	0	84,892	485.10	175.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,108,842	0	2,108,842	70,788.64	29.79	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,735,709	0	2,735,709	112,063.00	24.41	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		802,376	0	802,376	29,949.95	26.79	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,933,449	0	1,933,449	35,838.97	53.95	38.00
39.00	Central Services and Supply	14.00	573,148	0	573,148	24,214.12	23.67	39.00
40.00	Pharmacy	15.00	3,253,577	0	3,253,577	67,396.06	48.28	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	205	0	205	4.55	45.05	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part III
Date/Time Prepared:
5/23/2022 3:25 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	77,236,966	1,833	77,238,799	1,939,321.96	39.83	1.00
2.00	Excluded area salaries (see instructions)	10,328,629	0	10,328,629	207,765.00	49.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,908,337	1,833	66,910,170	1,731,556.96	38.64	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,472,417	0	20,472,417	351,213.10	58.29	4.00
5.00	Subtotal wage-related costs (see inst.)	18,711,055	0	18,711,055	0.00	27.96	5.00
6.00	Total (sum of lines 3 thru 5)	106,091,809	1,833	106,093,642	2,082,770.06	50.94	6.00
7.00	Total overhead cost (see instructions)	14,812,238	-681,608	14,130,630	387,376.15	36.48	7.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2022 3:25 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		2,757,376	1.00	
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00	
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00	
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00	
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)					
5.00	401K/TSA Plan Administration fees		0	5.00	
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00	
7.00	Employee Managed Care Program Administration Fees		0	7.00	
HEALTH AND INSURANCE COST					
8.00	Health Insurance (Purchased or Self Funded)		0	8.00	
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01	
8.02	Health Insurance (Self Funded with a Third Party Administrator)		6,150,908	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		145,402	10.00	
11.00	Life Insurance (If employee is owner or beneficiary)		-138,735	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)		370,902	13.00	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00	
15.00	'Workers' Compensation Insurance		901,636	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		5,491,389	17.00	
18.00	Medicare Taxes - Employers Portion Only		0	18.00	
19.00	Unemployment Insurance		-209,600	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))		7,495	21.00	
22.00	Day Care Cost and Allowances		0	22.00	
23.00	Tuition Reimbursement		165,452	23.00	
24.00	Total Wage Related cost (Sum of lines 1 -23)		15,642,225	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:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet S-3
Part V
Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,823,778	15,642,225	1.00
2.00	Hospital	4,823,778	13,290,932	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	2,351,293	18.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN:14-0122 Component CCN:14-7207		Period: From 01/01/2021 To 12/31/2021	
				Home Health Agency I		Worksheet S-4 Date/Time Prepared: 5/23/2022 3:25 pm	
						PPS	
						1.00	
0.00 County						0.00	
				Title V	Title XVIII	Title XIX	Other
				1.00	2.00	3.00	4.00
						Total	5.00
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,955	0	2,442	4,397	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,527.00	0.00	1,263.00	2,790.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.06	0.00	0.06	4.00
5.00	Other Administrative Personnel			19.12	0.00	19.12	5.00
6.00	Direct Nursing Service			1.90	0.00	1.90	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			2.84	0.00	2.84	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.29	0.00	0.29	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.16	0.00	0.16	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.11	0.00	2.11	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
							CBSA Data
							1.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.						1
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).						16961
				Full Episodes			
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes
				1.00	2.00	3.00	4.00
						Total (cols. 1-4)	5.00
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	12,021	481	365	50	12,917	21.00
22.00	Skilled Nursing Visit Charges	3,001,000	120,250	88,750	12,500	3,222,500	22.00
23.00	Physical Therapy Visits	9,577	411	275	32	10,295	23.00
24.00	Physical Therapy Visit Charges	2,391,250	102,750	68,250	8,000	2,570,250	24.00
25.00	Occupational Therapy Visits	2,505	301	32	12	2,850	25.00
26.00	Occupational Therapy Visit Charges	626,000	75,250	8,000	3,000	712,250	26.00
27.00	Speech Pathology Visits	250	72	4	0	326	27.00
28.00	Speech Pathology Visit Charges	62,500	18,000	1,000	0	81,500	28.00
29.00	Medical Social Service Visits	19	4	0	0	23	29.00
30.00	Medical Social Service Visit Charges	5,400	1,050	0	0	6,450	30.00
31.00	Home Health Aide Visits	1,749	202	2	2	1,955	31.00
32.00	Home Health Aide Visit Charges	233,820	27,000	270	270	261,360	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	26,121	1,471	678	96	28,366	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	6,319,970	344,300	166,270	23,770	6,854,310	35.00
36.00	Total Number of Episodes (standard/non outlier)	3,223		402	16	3,641	36.00
37.00	Total Number of Outlier Episodes		66		0	66	37.00
38.00	Total Non-Routine Medical Supply Charges	155,916	6,795	3,721	395	166,827	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN:14-0122

Period:

Worksheet S-9

Hospice CCN: 14-1507

From 01/01/2021
To 12/31/2021PARTS I THROUGH IV
Date/Time Prepared:
5/23/2022 3:25 pm

Hospice I

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	24,568	221	202	24,991	11.00
12.00	Hospice Inpatient Respite Care	9	0	0	9	12.00
13.00	Hospice General Inpatient Care	854	54	67	975	13.00
14.00	Total Hospice Days	25,431	275	269	25,975	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/23/2022 3:25 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)			0.233455	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			22,906,168	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			123,360,018	6.00
7.00	Medicaid cost (line 1 times line 6)			28,799,013	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)			5,892,845	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12, 16 and 17)			8,512,845	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,496,439	2,199,324	11,695,763	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,216,991	2,199,324	4,416,315	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,216,991	2,199,324	4,416,315	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)			2,009,718	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			499,117	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			767,873	27.01
28.00	Non-Medicare bad debt expense (see instructions)			1,241,845	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			558,671	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,974,986	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,867,831	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021	Worksheet A Date/Time Prepared: 5/23/2022 3:25 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)
			1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	10,793,875	10,793,875
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,340,264	4,340,264
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	99,927	10,184,259	10,284,186	0	10,284,186
5.01	00590	SHARED SERVICES	1,169,755	692,880	1,862,635	-10,344	1,852,291
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	2,050,358	64,494,079	66,544,437	-2,440,776	64,103,661
7.00	00700	OPERATION OF PLANT	2,108,842	8,525,131	10,633,973	-135,887	10,498,086
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	509,309	509,309
9.00	00900	HOUSEKEEPING	0	4,188,058	4,188,058	-524,048	3,664,010
10.00	01000	DIETARY	0	4,249,350	4,249,350	-2,952,683	1,296,667
11.00	01100	CAFETERIA	0	0	0	2,951,086	2,951,086
13.00	01300	NURSING ADMINISTRATION	1,933,449	1,059,666	2,993,115	-546,831	2,446,284
14.00	01400	CENTRAL SERVICES & SUPPLY	573,148	-1,184,322	-611,174	1,711,018	1,099,844
15.00	01500	PHARMACY	3,253,577	6,783,359	10,036,936	-6,355,696	3,681,240
16.00	01600	MEDICAL RECORDS & LIBRARY	0	207,901	207,901	0	207,901
17.00	01700	SOCIAL SERVICE	205	-8,447	-8,242	-71	-8,313
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,822,858	430,389	2,253,247	-296,281	1,956,966
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,686,151	476,962	2,163,113	291,330	2,454,443
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,941,349	5,433,747	22,375,096	-6,032,011	16,343,085
31.00	03100	INTENSIVE CARE UNIT	6,451,991	3,934,034	10,386,025	-977,869	9,408,156
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	1,979,468	239,218	2,218,686	-17,757	2,200,929
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	566	43	609	1,084,541	1,085,150
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,722,321	18,486,175	25,208,496	-11,695,498	13,512,998
51.00	05100	RECOVERY ROOM	759,530	96,819	856,349	-37,837	818,512
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,312,753	3,312,753
53.00	05300	ANESTHESIOLOGY	150,953	1,554,519	1,705,472	-396,967	1,308,505
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,165,806	5,688,014	9,853,820	-2,189,690	7,664,130
55.00	05500	RADIOLOGY-THERAPEUTIC	902,628	708,379	1,611,007	482,727	2,093,734
56.00	05600	RADIOISOTOPE	138,610	23,246	161,856	53,359	215,215
57.00	05700	CT SCAN	599,433	217,513	816,946	938,033	1,754,979
58.00	05800	MRI	566,935	178,559	745,494	213,229	958,723
59.00	05900	CARDIAC CATHETERIZATION	933,038	7,231,764	8,164,802	-3,863,197	4,301,605
60.00	06000	LABORATORY	73,943	9,948,448	10,022,391	-137,724	9,884,667
65.00	06500	RESPIRATORY THERAPY	1,948,018	1,478,448	3,426,466	-1,119,921	2,306,545
66.00	06600	PHYSICAL THERAPY	1,152,068	3,117,778	4,269,846	-99,334	4,170,512
67.00	06700	OCCUPATIONAL THERAPY	385,370	28,022	413,392	0	413,392
68.00	06800	SPEECH PATHOLOGY	159,300	10,909	170,209	0	170,209
69.00	06900	ELECTROCARDIOLOGY	910,774	1,282,219	2,192,993	79,179	2,272,172
69.01	06901	CARDIAC REHAB	318,216	26,632	344,848	-2,094	342,754
70.00	07000	ELECTROENCEPHALOGRAPHY	477,269	469,612	946,881	-240,555	706,326
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,247,649	8,247,649
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,487,488	11,487,488
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,344,595	6,344,595
74.00	07400	RENAL DIALYSIS	0	701,193	701,193	0	701,193
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0
76.01	03950	HEART AND VASCULAR CNTR	919,226	418,351	1,337,577	311,590	1,649,167
76.02	03952	DIABETES EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,214,696	205,821	1,420,517	-26,857	1,393,660
90.01	09001	WOODRIDGE	194,728	3,905,540	4,100,268	-1,274,588	2,825,680
91.00	09100	EMERGENCY	3,820,387	1,685,907	5,506,294	-485,470	5,020,824
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04040	PARTIAL HOSP	898,205	383,353	1,281,558	-1,156	1,280,402
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,868,592	1,211,659	6,080,251	0	6,080,251
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		11,605,748	11,605,748	-11,182,829	422,919
116.00	11600	HOSPICE	1,976,096	4,406,161	6,382,257	-107,484	6,274,773
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,327,786	184,777,096	259,104,882	570	259,105,452
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	174,507	87,713	262,220	0	262,220
192.00	19200	PHYSICIANS' PRIVATE OFFICES	681,374	1,621,301	2,302,675	0	2,302,675
194.00	07950	FOUNDATION	0	624	624	0	624
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	OP PHARMACY	588,165	14,552,068	15,140,233	0	15,140,233
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	60,427	380,175	440,602	-570	440,032
200.00		TOTAL (SUM OF LINES 118 through 199)	75,832,259	201,418,977	277,251,236	0	277,251,236

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0122

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

Worksheet A

Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,444,359	8,349,516	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,237,850	5,578,114	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-775,455	9,508,731	4.00
5.01	00500	SHARED SERVICES	-24,213	1,828,078	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	516,183	64,619,844	5.03
7.00	00700	OPERATION OF PLANT	-278,717	10,219,369	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	509,309	8.00
9.00	00900	HOUSEKEEPING	0	3,664,010	9.00
10.00	01000	DIETARY	0	1,296,667	10.00
11.00	01100	CAFETERIA	-534,220	2,416,866	11.00
13.00	01300	NURSING ADMINISTRATION	-16,542	2,429,742	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	554,151	1,653,995	14.00
15.00	01500	PHARMACY	-1,235,380	2,445,860	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,472	227,373	16.00
17.00	01700	SOCIAL SERVICE	0	-8,313	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,956,966	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-229,671	2,224,772	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,260,461	14,082,624	30.00
31.00	03100	INTENSIVE CARE UNIT	-785,261	8,622,895	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	-34,785	2,166,144	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,085,150	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-609,271	12,903,727	50.00
51.00	05100	RECOVERY ROOM	0	818,512	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,312,753	52.00
53.00	05300	ANESTHESIOLOGY	-1,123,158	185,347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,031,800	6,632,330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-42,249	2,051,485	55.00
56.00	05600	RADIOISOTOPE	0	215,215	56.00
57.00	05700	CT SCAN	-126	1,754,853	57.00
58.00	05800	MRI	0	958,723	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,484	4,300,121	59.00
60.00	06000	LABORATORY	-6,212	9,878,455	60.00
65.00	06500	RESPIRATORY THERAPY	-6,039	2,300,506	65.00
66.00	06600	PHYSICAL THERAPY	0	4,170,512	66.00
67.00	06700	OCCUPATIONAL THERAPY	-78	413,314	67.00
68.00	06800	SPEECH PATHOLOGY	0	170,209	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,068,384	1,203,788	69.00
69.01	06901	CARDIAC REHAB	0	342,754	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-134,198	572,128	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-15	8,247,634	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,487,488	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-36,915	6,307,680	73.00
74.00	07400	RENAL DIALYSIS	0	701,193	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	1,649,167	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-73,556	1,320,104	90.00
90.01	09001	WOODRIDGE	-2,825,680	0	90.01
91.00	09100	EMERGENCY	-495,915	4,524,909	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040	PARTIAL HOSP	-60,868	1,219,534	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	1,562,582	7,642,833	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-422,919	0	113.00
116.00	11600	HOSPICE	-165,337	6,109,436	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,833,030	246,272,422	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	262,220	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,103,613	1,199,062	192.00
194.00	07950	FOUNDATION	0	624	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	OP PHARMACY	0	15,140,233	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	440,032	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,936,643	263,314,593	200.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAFETERIA					
1.00	CAFETERIA	11.00	0	2,951,086		1.00
	TOTALS		0	2,951,086		
	B - NURSERY					
1.00	NURSERY	43.00	961,066	123,475		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,935,794	376,959		2.00
	TOTALS		3,896,860	500,434		
	C - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,344,595		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
	TOTALS		0	6,344,595		
	D - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	509,309		1.00
	TOTALS		0	509,309		
	E - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,085,075		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,973,766		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
	TOTALS		0	10,058,841		
	G - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	641,882		1.00
	TOTALS		0	641,882		
	H - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	188,238		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,126,932		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
TOTALS			0	1,315,170		
J - BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,247,649		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,717,535		2.00
3.00	PHARMACY	15.00	0	24,951		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
TOTALS			0	9,990,135		
K - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,878,680		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	239,566		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	4		3.00
TOTALS			0	3,118,250		
L - ACI DEPT						
1.00	RADIOLOGY-THERAPEUTIC	55.00	332,768	385,868		1.00
2.00	CT SCAN	57.00	77,503	89,870		2.00
3.00	HEART AND VASCULAR CNTR	76.01	271,337	314,635		3.00
TOTALS			681,608	790,373		
M - IMPLANTIBLES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,487,488		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
TOTALS			0	11,487,488		
N - RADIOLOGY ADMIN						
1.00	RADIOISOTOPE	56.00	21,747	32,642		1.00
2.00	CT SCAN	57.00	324,937	487,724		2.00
3.00	MRI	58.00	112,607	169,021		3.00
TOTALS			459,291	689,387		
P - WOODRIDGE LINE 90.01						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	154,291	854,847		1.00
2.00	LABORATORY	60.00	6,012	33,310		2.00
3.00	PHYSICAL THERAPY	66.00	12,572	69,655		3.00
4.00	ELECTROCARDIOLOGY	69.00	21,853	121,078		4.00
TOTALS			194,728	1,078,890		

Provider CCN:14-0122

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

Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
1.00	R - RESIENTS					1.00
	I&R SERVICES-OTHER PRGM COSTS	22.00	1,833	294,448		
	APPRV _____	_____	_____	_____		
	TOTALS		1,833	294,448		
500.00	Grand Total: Increases			5,234,320	49,770,288	500.00

RECLASSIFICATIONS

Provider CCN:14-0122

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

Worksheet A-6

Date/Time Prepared:
5/23/2022 3:25 pm

		Decreases						
		Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
		6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA								
1.00	DIETARY	10.00	0	2,951,086	0			1.00
TOTALS			0	2,951,086				
B - NURSERY								
1.00	ADULTS & PEDIATRICS	30.00	3,896,860	500,434	0			1.00
2.00		0.00	0	0	0			2.00
TOTALS			3,896,860	500,434				
C - BILLABLE DRUGS								
1.00	SHARED SERVICES	5.01	0	30	0			1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33	0			2.00
3.00	OPERATION OF PLANT	7.00	0	8	0			3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,399	0			4.00
5.00	PHARMACY	15.00	0	5,914,826	0			5.00
6.00	ADULTS & PEDIATRICS	30.00	0	10,851	0			6.00
7.00	INTENSIVE CARE UNIT	31.00	0	7,858	0			7.00
8.00	OPERATING ROOM	50.00	0	57,775	0			8.00
9.00	RECOVERY ROOM	51.00	0	167	0			9.00
10.00	ANESTHESIOLOGY	53.00	0	80,859	0			10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	82,771	0			11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	165,848	0			12.00
13.00	RADIOISOTOPE	56.00	0	243	0			13.00
14.00	CT SCAN	57.00	0	6,975	0			14.00
15.00	MRI	58.00	0	230	0			15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	5,850	0			16.00
17.00	RESPIRATORY THERAPY	65.00	0	23	0			17.00
18.00	ELECTROCARDIOLOGY	69.00	0	101	0			18.00
19.00	HEART AND VASCULAR CNTR	76.01	0	23	0			19.00
20.00	EMERGENCY	91.00	0	5,186	0			20.00
21.00	PARTIAL HOSP	93.00	0	539	0			21.00
TOTALS			0	6,344,595				
D - LINEN								
1.00	HOUSEKEEPING	9.00	0	509,309	0			1.00
TOTALS			0	509,309				
E - DEPRECIATION								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	86,818	9			1.00
2.00	OPERATION OF PLANT	7.00	0	129,690	9			2.00
3.00	HOUSEKEEPING	9.00	0	12,579	0			3.00
4.00	NURSING ADMINISTRATION	13.00	0	457,062	0			4.00
5.00	PHARMACY	15.00	0	15,860	0			5.00
6.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	3,611	0			6.00
7.00	ADULTS & PEDIATRICS	30.00	0	19,691	0			7.00
8.00	INTENSIVE CARE UNIT	31.00	0	37,789	0			8.00
9.00	SUBPROVIDER - IPF	40.00	0	13,056	0			9.00
10.00	OPERATING ROOM	50.00	0	650,540	0			10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	89,011	0			11.00
12.00	MRI	58.00	0	36,058	0			12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	127,839	0			13.00
14.00	LABORATORY	60.00	0	30,577	0			14.00
15.00	RESPIRATORY THERAPY	65.00	0	10,065	0			15.00
16.00	ELECTROCARDIOLOGY	69.00	0	37,991	0			16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	201,341	0			17.00
18.00	HEART AND VASCULAR CNTR	76.01	0	29,510	0			18.00
19.00	EMERGENCY	91.00	0	4,604	0			19.00
20.00	INTEREST EXPENSE	113.00	0	8,064,579	0			20.00
21.00	OTHER NONREIMBURSABLE COST	194.03	0	570	0			21.00
CENTERS								
TOTALS			0	10,058,841				
G - INSURANCE								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	641,882	12			1.00
TOTALS			0	641,882				
H - RENT AND LEASES								
1.00	OPERATION OF PLANT	7.00	0	2,879	10			1.00
2.00	DIETARY	10.00	0	336	10			2.00
3.00	NURSING ADMINISTRATION	13.00	0	89,560	0			3.00
4.00	PHARMACY	15.00	0	449,961	0			4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	440	0			5.00
6.00	ADULTS & PEDIATRICS	30.00	0	240	0			6.00
7.00	INTENSIVE CARE UNIT	31.00	0	240	0			7.00
8.00	OPERATING ROOM	50.00	0	147,812	0			8.00

RECLASSIFICATIONS

Provider CCN:14-0122

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

Worksheet A-6

Date/Time Prepared:
5/23/2022 3:25 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
9.00	ANESTHESIOLOGY	53.00	0	1,044	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,126	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	4,291	0	11.00
12.00	LABORATORY	60.00	0	107,956	0	12.00
13.00	PHYSICAL THERAPY	66.00	0	147,596	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	764	0	14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	204	0	15.00
16.00	HEART AND VASCULAR CNTR	76.01	0	228,033	0	16.00
17.00	CLINIC	90.00	0	84	0	17.00
18.00	EMERGENCY	91.00	0	120	0	18.00
19.00	HOSPICE	116.00	0	107,484	0	19.00
	TOTALS		0	1,315,170		
J - BILLABLE SUPPLIES						
1.00	SHARED SERVICES	5.01	0	5,722	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	240,066	0	2.00
3.00	OPERATION OF PLANT	7.00	0	3,310	0	3.00
4.00	HOUSEKEEPING	9.00	0	2,160	0	4.00
5.00	DIETARY	10.00	0	1,261	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	209	0	6.00
7.00	SOCIAL SERVICE	17.00	0	71	0	7.00
8.00	I&R SERVICES-OTHER PRGM COSTS	22.00	0	900	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,584,433	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	926,544	0	10.00
11.00	SUBPROVIDER - IPF	40.00	0	4,701	0	11.00
12.00	OPERATING ROOM	50.00	0	3,785,863	0	12.00
13.00	RECOVERY ROOM	51.00	0	37,670	0	13.00
14.00	ANESTHESIOLOGY	53.00	0	315,064	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	817,160	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,151	0	16.00
17.00	RADIOISOTOPE	56.00	0	787	0	17.00
18.00	CT SCAN	57.00	0	35,026	0	18.00
19.00	MRI	58.00	0	32,111	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	417,719	0	20.00
21.00	LABORATORY	60.00	0	38,513	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	1,109,833	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	33,965	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	24,896	0	24.00
25.00	CARDIAC REHAB	69.01	0	2,094	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	38,170	0	26.00
27.00	HEART AND VASCULAR CNTR	76.01	0	16,816	0	27.00
28.00	CLINIC	90.00	0	26,773	0	28.00
29.00	WOODRIDGE	90.01	0	970	0	29.00
30.00	EMERGENCY	91.00	0	475,560	0	30.00
31.00	PARTIAL HOSP	93.00	0	617	0	31.00
	TOTALS		0	9,990,135		
K - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	3,118,250	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	3,118,250		
L - ACI DEPT						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	681,608	790,373	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		681,608	790,373		
M - IMPLANTIBLES						
1.00	SHARED SERVICES	5.01	0	4,592	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,118	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	19,502	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	5,438	0	4.00
5.00	OPERATING ROOM	50.00	0	7,053,508	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,035,082	0	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	58,910	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	3,307,498	0	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	840	0	9.00
	TOTALS		0	11,487,488		
N - RADIOLOGY ADMIN						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	459,291	689,387	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		459,291	689,387		

Provider CCN:14-0122

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

Worksheet A-6
Date/Time Prepared:
5/23/2022 3:25 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	P - WOODRIDGE LINE 90.01					
1.00	WOODRIDGE	90.01	194,728	1,078,890	9	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		194,728	1,078,890		
	R - RESIENTS					
1.00	I&R SERVICES-SALARY & FRINGES	21.00	1,833	294,448	0	1.00
	APPRV					
	TOTALS		1,833	294,448		
500.00	Grand Total: Decreases		5,234,320	49,770,288		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	12,684,405	0	0	0	0	1.00
2.00	Land Improvements	659,611	0	0	0	0	2.00
3.00	Buildings and Fixtures	330,804,950	1,018,988	0	1,018,988	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	46,512,131	882,473	0	882,473	0	5.00
6.00	Movable Equipment	132,369,868	4,762,157	0	4,762,157	6,197	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	523,030,965	6,663,618	0	6,663,618	6,197	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	523,030,965	6,663,618	0	6,663,618	6,197	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	12,684,405	0				1.00
2.00	Land Improvements	659,611	0				2.00
3.00	Buildings and Fixtures	331,823,938	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	47,394,604	0				5.00
6.00	Movable Equipment	137,125,828	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	529,688,386	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	529,688,386	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part II
Date/Time Prepared:
5/23/2022 3:25 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet A-7
Part III
Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	392,562,558	0	392,562,558	0.741120	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	137,125,828	0	137,125,828	0.258880	0	2.00
3.00	Total (sum of lines 1-2)	529,688,386	0	529,688,386	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	7,519,396	188,238	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,451,182	1,126,932	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,970,578	1,315,170	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	0	641,882	0	0	8,349,516	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,578,114	2.00
3.00	Total (sum of lines 1-2)	0	641,882	0	0	13,927,630	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0122

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

Worksheet A-8

Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
1.00				3.00		4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-2,878,680	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	A	-239,566	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00	Investment income - other (chapter 2)	A	-4	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-141,026	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	7.00
8.00	Television and radio service (chapter 21)	A	-86,963	OPERATION OF PLANT		7.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,536,205				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	7,066,870				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	0			0.00	0	14.00
15.00	Rental of quarters to employees and others		0			0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00	Sale of drugs to other than patients		0			0.00	0	17.00
18.00	Sale of medical records and abstracts		0			0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines		0			0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	OP REV CAFETERIA	B	-534,220	CAFETERIA		11.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0122

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

Worksheet A-8

Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center			
		1.00	2.00	3.00		4.00	5.00
33.01	OP REV MEDICAL RECORD	B	-2,672	MEDICAL RECORDS & LIBRARY		16.00	0 33.01
33.02	OP REV MEDICAL RECORD	B	-7,678	RADIOLOGY-DIAGNOSTIC		54.00	0 33.02
33.03	OP REV MEDICAL RECORD	B	-588	HOME HEALTH AGENCY		101.00	0 33.03
33.04	OP REV MISC REV	B	-524,226	OTHER ADMINISTRATIVE AND GENERAL		5.03	0 33.04
33.05	OP REV MISC REV	B	-173,766	OPERATION OF PLANT		7.00	0 33.05
33.06	OP REV MISC REV	B	-15,738	NURSING ADMINISTRATION		13.00	0 33.06
33.07	OP REV MISC REV	B	-11,200	PHARMACY		15.00	0 33.07
33.08	OP REV MISC REV	B	-536	MEDICAL RECORDS & LIBRARY		16.00	0 33.08
33.09	OP REV MISC REV	B	-31,667	ADULTS & PEDIATRICS		30.00	0 33.09
33.10	OP REV MISC REV	B	-292,107	OPERATING ROOM		50.00	0 33.10
33.11	OP REV MISC REV	B	-97,776	RADIOLOGY-DIAGNOSTIC		54.00	0 33.11
33.12	OP REV MISC REV	B	-1,484	CARDIAC CATHETERIZATION		59.00	0 33.12
33.13	OP REV MISC REV	B	-191,500	ELECTROCARDIOLOGY		69.00	0 33.13
33.14	OP REV MISC REV	B	-73,556	CLINIC		90.00	0 33.14
33.15	OP REV MISC REV	B	-11,376	EMERGENCY		91.00	0 33.15
33.16	OP REV MISC REV	B	-371,448	HOME HEALTH AGENCY		101.00	0 33.16
33.17	OP REV MISC REV	B	-224,920	HOSPICE		116.00	0 33.17
33.18	OP REV OTHER IC REV	B	-10,900	OTHER ADMINISTRATIVE AND GENERAL		5.03	0 33.18
33.19	OP REV OTHER IC REV	B	-5,650	LABORATORY		60.00	0 33.19
33.20	OP REV OTHER REV	B	0			0.00	0 33.20
33.21	OP REV PHARMACY	B	-1,258,865	PHARMACY		15.00	0 33.21
33.22	OP REV RENTAL	B	-445,500	OTHER ADMINISTRATIVE AND GENERAL		5.03	0 33.22
33.23	OP REV RENTAL	B	-2,659,106	WOODRIDGE		90.01	0 33.23
33.24	OP REV TEACHING REV	B	-3,365	OTHER ADMINISTRATIVE AND GENERAL		5.03	0 33.24
33.25	OP REV TEACHING REV	B	-19,300	PARTIAL HOSP		93.00	0 33.25
33.26	LEGAL	A	-2,104	PHYSICIANS' PRIVATE OFFICES		192.00	0 33.26
33.27	ENTERTAINMENT EXP	A	-56	SHARED SERVICES		5.01	0 33.27
33.28	ENTERTAINMENT EXP	A	-71,010	OTHER ADMINISTRATIVE AND GENERAL		5.03	0 33.28
33.29	ENTERTAINMENT EXP	A	-152	OPERATION OF PLANT		7.00	0 33.29
33.30	ENTERTAINMENT EXP	A	-804	NURSING ADMINISTRATION		13.00	0 33.30
33.31	ENTERTAINMENT EXP	A	-8,226	PHARMACY		15.00	0 33.31
33.32	ENTERTAINMENT EXP	A	-260	I&R SERVICES-OTHER PRGM COSTS		22.00	0 33.32
33.33	ENTERTAINMENT EXP	A	-61	ADULTS & PEDIATRICS		30.00	0 33.33
33.34	ENTERTAINMENT EXP	A	-70	SUBPROVIDER - IPF		40.00	0 33.34
33.35	ENTERTAINMENT EXP	A	-573	OPERATING ROOM		50.00	0 33.35
33.36	ENTERTAINMENT EXP	A	-127	RESPIRATORY THERAPY		65.00	0 33.36
33.37	ENTERTAINMENT EXP	A	-26	ELECTROENCEPHALOGRAPHY		70.00	0 33.37
33.38	ENTERTAINMENT EXP	A	-327	HOME HEALTH AGENCY		101.00	0 33.38
33.39	ENTERTAINMENT EXP	A	-184	HOSPICE		116.00	0 33.39
33.40	COMMUNITY BENEFITS	A	-4,918	OTHER ADMINISTRATIVE AND GENERAL		5.03	0 33.40
33.41	COMMUNITY BENEFITS	A	-3,980	OPERATING ROOM		50.00	0 33.41
33.42	AMBULANCE	A	-141	OTHER ADMINISTRATIVE AND GENERAL		5.03	0 33.42
33.43	AMBULANCE	A	-17,700	OPERATION OF PLANT		7.00	0 33.43
33.44	AMBULANCE	A	-5,790	CENTRAL SERVICES & SUPPLY		14.00	0 33.44
33.45	AMBULANCE	A	-755	INTENSIVE CARE UNIT		31.00	0 33.45
33.46	AMBULANCE	A	-22,650	SUBPROVIDER - IPF		40.00	0 33.46
33.47	AMBULANCE	A	-502	RESPIRATORY THERAPY		65.00	0 33.47
33.48	AMBULANCE	A	-1,444	HOSPICE		116.00	0 33.48
33.49	INCOME TAX	A	-137,500	INTEREST EXPENSE		113.00	0 33.49
33.50	PROPERTY TAXES	A	-166,574	WOODRIDGE		90.01	0 33.50
33.51	PROPERTY TAXES	A	-41,568	PARTIAL HOSP		93.00	0 33.51
33.52	PROPERTY TAXES	A	-150,181	INTEREST EXPENSE		113.00	0 33.52
33.53	MALPRACTICE	A	-219,794	I&R SERVICES-OTHER PRGM COSTS		22.00	0 33.53
33.54	ADVERTISING	A	-102,177	OTHER ADMINISTRATIVE AND GENERAL		5.03	0 33.54
33.55	ADVERTISING	A	-669	PHARMACY		15.00	0 33.55
33.56	DUES AND LOBBYING	A	-3,788	SHARED SERVICES		5.01	0 33.56
33.57	DUES AND LOBBYING	A	-136	OPERATION OF PLANT		7.00	0 33.57
33.58	DUES AND LOBBYING	A	-1,958	PHARMACY		15.00	0 33.58

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0122

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

Worksheet A-8

Date/Time Prepared:
5/23/2022 3:25 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7	Ref.
33.59	DUES AND LOBBYING	A	-9,617	I&R SERVICES-OTHER PRGM COSTS	22.00	0 33.59
33.60	DUES AND LOBBYING	A	-14,264	APPRV ELECTROCARDIOLOGY	69.00	0 33.60
33.61	DUES AND LOBBYING	A	-284	ELECTROENCEPHALOGRAPHY	70.00	0 33.61
33.62	HOSPICE	A	-224,456	ADULTS & PEDIATRICS	30.00	0 33.62
33.63	HOSPICE	A	-30,667	INTENSIVE CARE UNIT	31.00	0 33.63
33.64	HOSPICE	A	-160	RADIOLOGY-DIAGNOSTIC	54.00	0 33.64
33.65	HOSPICE	A	-126	CT SCAN	57.00	0 33.65
33.66	HOSPICE	A	-562	LABORATORY	60.00	0 33.66
33.67	HOSPICE	A	-5,410	RESPIRATORY THERAPY	65.00	0 33.67
33.68	HOSPICE	A	-78	OCCUPATIONAL THERAPY	67.00	0 33.68
33.69	HOSPICE	A	-31	ELECTROCARDIOLOGY	69.00	0 33.69
33.70	HOSPICE	A	-15	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 33.70
33.71	HOSPICE	A	-36,915	DRUGS CHARGED TO PATIENTS	73.00	0 33.71
33.72	HOSPICE	A	-549	EMERGENCY	91.00	0 33.72
33.73	SELF INSURANCE	A	-775,455	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.73
33.74	NON ALLOWABLE BORROWING	A	-72	INTEREST EXPENSE	113.00	0 33.74
33.75	PHYSICIANS PART B	A	-1,101,509	PHYSICIANS' PRIVATE OFFICES	192.00	0 33.75
33.76	NON-RECURRING EXPESE	A	14,450	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.76
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,936,643			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN:14-0122

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2022 3:25 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFFICE	15,951	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MIDWEST HOME OFFICE	8,125	0 2.00
3.00	5.03	OTHER ADMINISTRATIVE AND GEN	MIDWEST HOME OFFICE	28,940,620	31,931,818 3.00
3.01	14.00	CENTRAL SERVICES & SUPPLY	MIDWEST HOME OFFICE	559,941	0 3.01
3.02	15.00	PHARMACY	MIDWEST HOME OFFICE	45,538	0 3.02
3.03	16.00	MEDICAL RECORDS & LIBRARY	MIDWEST HOME OFFICE	144,161	0 3.03
3.04	1.00	CAP REL COSTS-BLDG & FIXT	MIDWEST HOME OFFICE	672,543	672,543 3.04
3.05	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	182,092	0 3.05
3.06	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	1,469,291	0 3.06
3.07	5.03	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	6,335,492	13,550,873 3.07
3.08	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	68	121,549 3.08
3.09	101.00	HOME HEALTH AGENCY	AHS HOME OFFICE	2,267,862	332,917 3.09
3.10	116.00	HOSPICE	AHS HOME OFFICE	165,594	104,383 3.10
4.00	113.00	INTEREST EXPENSE	AHS HOME OFFICE	3,118,322	3,253,488 4.00
4.01	5.03	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	12,478,387	0 4.01
4.02	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	236,278	0 4.02
4.03	5.03	OTHER ADMINISTRATIVE AND GEN	AMITA HOME OFFICE	394,176	0 4.03
4.04	0.00			0	0 4.04
4.05	0.00			0	0 4.05
4.06	0.00			0	0 4.06
4.07	0.00			0	0 4.07
4.08	0.00			0	0 4.08
4.09	0.00			0	0 4.09
4.10	0.00			0	0 4.10
4.11	0.00			0	0 4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		57,034,441	49,967,571	5.00

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

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

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

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

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

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

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

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

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

Provider CCN:14-0122

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2022 3:25 pm

	Net Adjustment (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	15,951	9		1.00
2.00	8,125	9		2.00
3.00	-2,991,198	0		3.00
3.01	559,941	0		3.01
3.02	45,538	0		3.02
3.03	144,161	0		3.03
3.04	0	11		3.04
3.05	182,092	9		3.05
3.06	1,469,291	9		3.06
3.07	-7,215,381	0		3.07
3.08	-121,481	0		3.08
3.09	1,934,945	0		3.09
3.10	61,211	0		3.10
4.00	-135,166	0		4.00
4.01	12,478,387	0		4.01
4.02	236,278	9		4.02
4.03	394,176	0		4.03
4.04	0	9		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
5.00	7,066,870			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0122

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2022 3:25 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.01	SHARED SERVICES	63,584	0	63,584	211,500	425	1.00
2.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	1,042,589	759,543	283,046	211,500	1,786	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,006,515	2,003,515	3,000	179,000	26	3.00
4.00	31.00	INTENSIVE CARE UNIT	784,217	746,667	37,550	179,000	353	4.00
5.00	40.00	SUBPROVIDER - IPF	28,800	0	28,800	181,300	192	5.00
6.00	50.00	OPERATING ROOM	327,111	312,611	14,500	246,400	128	6.00
7.00	53.00	ANESTHESIOLOGY	1,123,158	1,123,158	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	953,376	913,376	40,000	271,900	208	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	78,459	9,771	68,688	271,900	277	9.00
10.00	69.00	ELECTROCARDIOLOGY	941,775	661,675	280,100	211,500	938	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	162,302	133,888	28,414	211,500	471	11.00
12.00	90.00	CLINIC	40,616	0	40,616	211,500	539	12.00
13.00	91.00	EMERGENCY	518,989	483,990	34,999	211,500	391	13.00
14.00	69.00	ELECTROCARDIOLOGY	27,275	0	27,275	211,500	109	14.00
200.00			8,098,766	7,148,194	950,572		5,843	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	5.01	SHARED SERVICES	43,215	2,161	0	0	0	1.00
2.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	181,605	9,080	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,238	112	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	30,378	1,519	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	16,735	837	0	0	0	5.00
6.00	50.00	OPERATING ROOM	15,163	758	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	27,190	1,360	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	36,210	1,811	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	95,378	4,769	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	47,892	2,395	0	0	0	11.00
12.00	90.00	CLINIC	54,807	2,740	0	0	0	12.00
13.00	91.00	EMERGENCY	39,758	1,988	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	11,083	554	0	0	0	14.00
200.00			601,652	30,084	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	5.01	SHARED SERVICES	0	43,215	20,369	20,369		1.00
2.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	0	181,605	101,441	860,984		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	2,238	762	2,004,277		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	30,378	7,172	753,839		4.00
5.00	40.00	SUBPROVIDER - IPF	0	16,735	12,065	12,065		5.00
6.00	50.00	OPERATING ROOM	0	15,163	0	312,611		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	1,123,158		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	27,190	12,810	926,186		8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	36,210	32,478	42,249		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	95,378	184,722	846,397		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	47,892	0	133,888		11.00
12.00	90.00	CLINIC	0	54,807	0	0		12.00
13.00	91.00	EMERGENCY	0	39,758	0	483,990		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	11,083	16,192	16,192		14.00
200.00			0	601,652	388,011	7,536,205		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,349,516	8,349,516			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,578,114	5,578,114			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,508,731	18,242	12,187	9,539,160	4.00
5.01	00590	SHARED SERVICES	1,828,078	103,106	68,883	147,341	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	64,619,844	488,215	326,165	172,406	5.03
7.00	00700	OPERATION OF PLANT	10,219,369	4,534,893	3,029,652	265,628	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	509,309	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,664,010	17,964	12,001	0	9.00
10.00	01000	DIETARY	1,296,667	7,500	5,011	0	10.00
11.00	01100	CAFETERIA	2,416,866	30,300	20,243	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,429,742	27,893	18,635	243,535	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,653,995	105,264	70,325	72,193	14.00
15.00	01500	PHARMACY	2,445,860	27,622	18,454	409,817	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	227,373	46,815	31,276	0	16.00
17.00	01700	SOCIAL SERVICE	-8,313	12,454	8,320	26	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,956,966	0	0	229,374	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,224,772	4,961	3,314	212,617	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,082,624	909,404	607,552	1,643,064	30.00
31.00	03100	INTENSIVE CARE UNIT	8,622,895	116,855	78,068	812,686	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	2,166,144	60,688	40,544	249,332	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	1,085,150	0	0	121,126	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,903,727	300,427	200,708	846,737	50.00
51.00	05100	RECOVERY ROOM	818,512	19,325	12,910	95,670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,312,753	0	0	369,790	52.00
53.00	05300	ANESTHESIOLOGY	185,347	3,490	2,332	19,014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,632,330	122,335	81,729	486,303	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,051,485	0	0	155,609	55.00
56.00	05600	RADIOISOTOPE	215,215	21,029	14,049	20,198	56.00
57.00	05700	CT SCAN	1,754,853	4,002	2,674	126,195	57.00
58.00	05800	MRI	958,723	43,939	29,355	85,594	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,300,121	43,742	29,223	117,525	59.00
60.00	06000	LABORATORY	9,878,455	121,282	81,025	10,071	60.00
65.00	06500	RESPIRATORY THERAPY	2,300,506	549	367	245,370	65.00
66.00	06600	PHYSICAL THERAPY	4,170,512	12,498	8,349	146,697	66.00
67.00	06700	OCCUPATIONAL THERAPY	413,314	10,698	7,147	48,541	67.00
68.00	06800	SPEECH PATHOLOGY	170,209	7,163	4,786	20,065	68.00
69.00	06900	ELECTROCARDIOLOGY	1,203,788	35,283	23,572	117,473	69.00
69.01	06901	CARDIAC REHAB	342,754	13,720	9,166	40,082	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	572,128	34,010	22,721	60,116	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,247,634	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,487,488	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,307,680	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	701,193	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	1,649,167	60,542	40,447	149,962	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,320,104	144,389	96,463	153,002	90.00
90.01	09001	WOODRIDGE	0	0	0	0	90.01
91.00	09100	EMERGENCY	4,524,909	127,062	84,887	481,212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	1,219,534	0	0	113,137	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,642,833	0	0	613,243	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	6,109,436	49,361	32,977	248,907	116.00
118.00	00000	SUBTOTALS (SUM OF LINES 1 through 117)	246,272,422	7,687,022	5,135,517	9,349,658	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	262,220	22,690	15,159	21,981	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,199,062	0	0	85,825	192.00
194.00	07950	FOUNDATION	624	8,576	5,729	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
194.02	07952	OP PHARMACY	15,140,233	4,163	2,782	74,085	15,221,263	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	440,032	627,065	418,927	7,611	1,493,635	194.03
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)	263,314,593	8,349,516	5,578,114	9,539,160	263,314,593	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description			SHARED SERVICES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5A.01	5.03	7.00	8.00	
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	00500	SHARED SERVICES	2,147,408					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	539,510	66,146,140	66,146,140			5.03
7.00	00700	OPERATION OF PLANT	148,403	18,197,945	6,105,112	24,303,057		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,188	513,497	172,268	0	685,765	8.00
9.00	00900	HOUSEKEEPING	30,372	3,724,347	1,249,444	136,213	0	9.00
10.00	01000	DIETARY	10,764	1,319,942	442,814	56,871	0	10.00
11.00	01100	CAFETERIA	20,287	2,487,696	834,572	229,758	0	11.00
13.00	01300	NURSING ADMINISTRATION	22,362	2,742,167	919,942	211,504	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,636	1,917,413	643,254	798,190	0	14.00
15.00	01500	PHARMACY	23,858	2,925,611	981,484	209,451	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,512	307,976	103,320	354,985	0	16.00
17.00	01700	SOCIAL SERVICE	103	12,590	4,224	94,433	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,976	2,204,316	739,504	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	20,108	2,465,772	827,217	37,618	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	141,769	17,384,413	5,832,123	6,895,744	433,393	30.00
31.00	03100	INTENSIVE CARE UNIT	79,182	9,709,686	3,257,405	886,076	129,769	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	20,692	2,537,400	851,247	460,182	59,948	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	9,918	1,216,194	408,009	0	62,655	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	117,177	14,368,776	4,820,437	2,278,053	0	50.00
51.00	05100	RECOVERY ROOM	7,781	954,198	320,114	146,533	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,278	3,712,821	1,245,577	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,728	211,911	71,092	26,466	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,207	7,382,904	2,476,817	927,633	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18,147	2,225,241	746,524	0	0	55.00
56.00	05600	RADIOISOTOPE	2,224	272,715	91,490	159,460	0	56.00
57.00	05700	CT SCAN	15,521	1,903,245	638,501	30,350	0	57.00
58.00	05800	MRI	9,189	1,126,800	378,019	333,180	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	36,922	4,527,533	1,518,897	331,682	0	59.00
60.00	06000	LABORATORY	82,967	10,173,800	3,413,106	919,644	0	60.00
65.00	06500	RESPIRATORY THERAPY	20,940	2,567,732	861,423	4,161	0	65.00
66.00	06600	PHYSICAL THERAPY	35,667	4,373,723	1,467,297	94,766	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,944	483,644	162,253	81,117	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,663	203,886	68,400	54,319	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,347	1,391,463	466,808	267,543	0	69.00
69.01	06901	CARDIAC REHAB	3,336	409,058	137,231	104,032	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,665	694,640	233,038	257,889	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	67,812	8,315,446	2,789,666	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	94,450	11,581,938	3,885,509	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,862	6,359,542	2,133,499	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,765	706,958	237,170	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	15,623	1,915,741	642,693	459,073	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,092	1,728,050	579,726	1,094,861	0	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	42,903	5,260,973	1,764,951	963,476	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	10,957	1,343,628	450,760	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	67,881	8,323,957	2,792,521	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	52,955	6,493,636	2,178,485	374,294	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,996,643	244,827,064	59,943,943	19,279,557	685,765	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,648	324,698	108,930	172,055	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,564	1,295,451	434,598	0	0	192.00
194.00	07950	FOUNDATION	123	15,052	5,050	65,027	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	125,149	15,346,412	5,148,414	31,570	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	12,281	1,505,916	505,205	4,754,848	0	194.03
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL			In Lieu of Form CMS-2552-10	
COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/23/2022 3:25 pm
Cost Center Description		SHARED SERVICES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		5.01	5A.01	5.03	7.00	8.00
202.00	TOTAL (sum lines 118 through 201)	2,147,408	263,314,593	66,146,140	24,303,057	685,765
						202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	5,110,004					9.00
10.00	01000	DIETARY	12,025	1,831,652				10.00
11.00	01100	CAFETERIA	48,582	0	3,600,608			11.00
13.00	01300	NURSING ADMINISTRATION	44,722	0	73,974	3,992,309		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	168,775	0	49,974	2,076	3,579,682	14.00
15.00	01500	PHARMACY	44,288	0	139,104	0	11,172	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	75,061	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	19,968	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	124,593	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,954	0	42,676	0	574	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,458,082	1,464,317	748,631	1,272,711	49,144	30.00
31.00	03100	INTENSIVE CARE UNIT	187,358	164,787	305,814	661,952	87,008	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	97,304	202,548	102,482	126,510	1,608	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	47,055	89,867	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	481,687	0	375,452	553,875	534,894	50.00
51.00	05100	RECOVERY ROOM	30,984	0	36,236	69,803	319	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	143,698	274,354	0	52.00
53.00	05300	ANESTHESIOLOGY	5,596	0	10,562	0	443	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	196,145	0	213,250	58,982	224,025	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	64,486	30,885	23,901	55.00
56.00	05600	RADIOISOTOPE	33,717	0	7,084	607	1,638	56.00
57.00	05700	CT SCAN	6,417	0	57,058	11,404	15,083	57.00
58.00	05800	MRI	70,450	0	33,917	3,991	926	58.00
59.00	05900	CARDIAC CATHETERIZATION	70,133	0	38,597	49,119	309,907	59.00
60.00	06000	LABORATORY	194,456	0	5,925	0	13,390	60.00
65.00	06500	RESPIRATORY THERAPY	880	0	100,335	3,218	9,551	65.00
66.00	06600	PHYSICAL THERAPY	20,038	0	59,291	0	287	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,152	0	19,835	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,486	0	6,569	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	56,571	0	44,393	53,048	446	69.00
69.01	06901	CARDIAC REHAB	21,997	0	16,443	22,836	124	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	54,530	0	35,935	2,901	2,536	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	945,692	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,317,182	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	97,070	0	56,243	25,221	398	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	231,505	0	65,173	63,148	4,339	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	203,724	0	192,213	344,958	14,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	57,273	16,281	2,860	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	113,688	93,896	1,081	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	79,143	0	115,448	130,857	1,356	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,047,800	1,831,652	3,503,407	3,962,500	3,574,904	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,381	0	9,875	0	1,144	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	56,543	29,809	1,873	192.00
194.00	07950	FOUNDATION	13,750	0	0	0	72	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	6,675	0	27,134	0	1,689	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	1,005,398	0	3,649	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/23/2022 3:25 pm	
Cost Center Description				HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
				9.00	10.00	11.00	13.00	14.00		
202.00		TOTAL (sum lines 118 through 201)		5,110,004	1,831,652	3,600,608	3,992,309	3,579,682	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS		
						SERVICES-SALARIES & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			15.00	16.00	17.00	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	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
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
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	4,311,110					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	841,376				16.00
17.00	01700	SOCIAL SERVICE	0	0	131,306			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	3,068,423		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		3,381,811	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	46,371	82,983	1,811,182	1,996,162	30.00
31.00	03100	INTENSIVE CARE UNIT	0	24,643	24,847	253,669	279,577	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	6,159	11,479	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	3,990	11,997	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	102,520	0	233,277	257,103	50.00
51.00	05100	RECOVERY ROOM	0	12,153	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,182	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	36,057	0	39,876	43,949	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,206	0	17,029	18,768	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27,106	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,206	0	0	0	56.00
57.00	05700	CT SCAN	0	62,845	0	0	0	57.00
58.00	05800	MRI	0	21,780	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,435	0	0	0	59.00
60.00	06000	LABORATORY	0	80,539	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	17,436	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	15,204	0	116,799	128,728	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,739	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	891	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,820	0	76,976	84,838	69.00
69.01	06901	CARDIAC REHAB	0	1,138	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,765	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,316	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	56,298	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,311,110	53,114	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,701	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	22,096	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,918	0	366,357	403,775	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	66,641	0	153,258	168,911	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	7,818	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	9,066	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	5,223	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,311,110	841,376	131,306	3,068,423	3,381,811	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS		
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		15.00	16.00	17.00	21.00	22.00	
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,311,110	841,376	131,306	3,068,423	3,381,811	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0122

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	SHARED SERVICES				5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL				5.03
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
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,475,256	-3,807,344	35,667,912	30.00
31.00	03100	INTENSIVE CARE UNIT	15,972,591	-533,246	15,439,345	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,456,867	0	4,456,867	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	1,839,767	0	1,839,767	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,006,074	-490,380	23,515,694	50.00
51.00	05100	RECOVERY ROOM	1,570,340	0	1,570,340	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,388,632	0	5,388,632	52.00
53.00	05300	ANESTHESIOLOGY	445,952	-83,825	362,127	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,574,759	-35,797	11,538,962	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,118,143	0	3,118,143	55.00
56.00	05600	RADIOISOTOPE	570,917	0	570,917	56.00
57.00	05700	CT SCAN	2,724,903	0	2,724,903	57.00
58.00	05800	MRI	1,969,063	0	1,969,063	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,873,303	0	6,873,303	59.00
60.00	06000	LABORATORY	14,800,860	0	14,800,860	60.00
65.00	06500	RESPIRATORY THERAPY	3,564,736	0	3,564,736	65.00
66.00	06600	PHYSICAL THERAPY	6,276,133	-245,527	6,030,606	66.00
67.00	06700	OCCUPATIONAL THERAPY	765,740	0	765,740	67.00
68.00	06800	SPEECH PATHOLOGY	345,551	0	345,551	68.00
69.00	06900	ELECTROCARDIOLOGY	2,459,906	-161,814	2,298,092	69.00
69.01	06901	CARDIAC REHAB	712,859	0	712,859	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,287,234	0	1,287,234	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,076,120	0	12,076,120	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,840,927	0	16,840,927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,857,265	0	12,857,265	73.00
74.00	07400	RENAL DIALYSIS	945,829	0	945,829	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	3,218,535	0	3,218,535	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,543,852	-770,132	3,773,720	90.00
90.01	09001	WOODRIDGE	0	0	0	90.01
91.00	09100	EMERGENCY	9,133,990	-322,169	8,811,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04040	PARTIAL HOSP	1,878,620	0	1,878,620	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	11,334,209	0	11,334,209	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	9,378,442	0	9,378,442	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,407,375	-6,450,234	225,957,141	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	653,083	0	653,083	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,818,274	0	1,818,274	192.00
194.00	07950	FOUNDATION	98,951	0	98,951	194.00
194.01	07951	MARKETING	0	0	0	194.01
194.02	07952	OP PHARMACY	20,561,894	0	20,561,894	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	7,775,016	0	7,775,016	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0122

Period:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	263,314,593	-6,450,234	256,864,359		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0122

Period:
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To 12/31/2021Worksheet B
Part II
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	18,242	12,187	30,429	30,429
5.01	00590	SHARED SERVICES	0	103,106	68,883	171,989	470
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	488,215	326,165	814,380	550
7.00	00700	OPERATION OF PLANT	0	4,534,893	3,029,652	7,564,545	848
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	17,964	12,001	29,965	0
10.00	01000	DIETARY	0	7,500	5,011	12,511	0
11.00	01100	CAFETERIA	0	30,300	20,243	50,543	0
13.00	01300	NURSING ADMINISTRATION	0	27,893	18,635	46,528	777
14.00	01400	CENTRAL SERVICES & SUPPLY	0	105,264	70,325	175,589	230
15.00	01500	PHARMACY	0	27,622	18,454	46,076	1,308
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,815	31,276	78,091	0
17.00	01700	SOCIAL SERVICE	0	12,454	8,320	20,774	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	732
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,961	3,314	8,275	679
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	909,404	607,552	1,516,956	5,230
31.00	03100	INTENSIVE CARE UNIT	0	116,855	78,068	194,923	2,594
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	60,688	40,544	101,232	796
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	387
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	300,427	200,708	501,135	2,702
51.00	05100	RECOVERY ROOM	0	19,325	12,910	32,235	305
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,180
53.00	05300	ANESTHESIOLOGY	0	3,490	2,332	5,822	61
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	122,335	81,729	204,064	1,552
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	497
56.00	05600	RADIOISOTOPE	0	21,029	14,049	35,078	64
57.00	05700	CT SCAN	0	4,002	2,674	6,676	403
58.00	05800	MRI	0	43,939	29,355	73,294	273
59.00	05900	CARDIAC CATHETERIZATION	0	43,742	29,223	72,965	375
60.00	06000	LABORATORY	0	121,282	81,025	202,307	32
65.00	06500	RESPIRATORY THERAPY	0	549	367	916	783
66.00	06600	PHYSICAL THERAPY	0	12,498	8,349	20,847	468
67.00	06700	OCCUPATIONAL THERAPY	0	10,698	7,147	17,845	155
68.00	06800	SPEECH PATHOLOGY	0	7,163	4,786	11,949	64
69.00	06900	ELECTROCARDIOLOGY	0	35,283	23,572	58,855	375
69.01	06901	CARDIAC REHAB	0	13,720	9,166	22,886	128
70.00	07000	ELECTROENCEPHALOGRAPHY	0	34,010	22,721	56,731	192
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0
76.01	03950	HEART AND VASCULAR CNTR	0	60,542	40,447	100,989	479
76.02	03952	DIABETES EDUCATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	144,389	96,463	240,852	488
90.01	09001	WOODRIDGE	0	0	0	0	0
91.00	09100	EMERGENCY	0	127,062	84,887	211,949	1,536
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04040	PARTIAL HOSP	0	0	0	0	361
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,957
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	49,361	32,977	82,338	794
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,687,022	5,135,517	12,822,539	29,825
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,690	15,159	37,849	70
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	274
194.00	07950	FOUNDATION	0	8,576	5,729	14,305	0
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	OP PHARMACY	0	4,163	2,782	6,945	236

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	627,065	418,927	1,045,992	24	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	8,349,516	5,578,114	13,927,630	30,429	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0122

Period:
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Cost Center Description			SHARED SERVICES	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.01	5.03	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00500	SHARED SERVICES	172,459					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	43,387	858,317				5.03
7.00	00700	OPERATION OF PLANT	11,913	79,260	7,656,566			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	336	2,235	0	2,571		8.00
9.00	00900	HOUSEKEEPING	2,438	16,212	42,913	0	91,528	9.00
10.00	01000	DIETARY	864	5,746	17,917	0	215	10.00
11.00	01100	CAFETERIA	1,628	10,829	72,384	0	870	11.00
13.00	01300	NURSING ADMINISTRATION	1,795	11,937	66,633	0	801	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,255	8,346	251,466	0	3,023	14.00
15.00	01500	PHARMACY	1,915	12,735	65,987	0	793	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	202	1,341	111,836	0	1,344	16.00
17.00	01700	SOCIAL SERVICE	8	55	29,751	0	358	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,443	9,595	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,614	10,734	11,851	0	142	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,380	75,674	2,172,473	1,624	26,116	30.00
31.00	03100	INTENSIVE CARE UNIT	6,356	42,266	279,154	487	3,356	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,661	11,045	144,978	225	1,743	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	796	5,294	0	235	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,406	62,547	717,690	0	8,628	50.00
51.00	05100	RECOVERY ROOM	625	4,154	46,164	0	555	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,430	16,162	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	139	922	8,338	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,833	32,138	292,247	0	3,513	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,457	9,686	0	0	0	55.00
56.00	05600	RADIOISOTOPE	179	1,187	50,237	0	604	56.00
57.00	05700	CT SCAN	1,246	8,285	9,562	0	115	57.00
58.00	05800	MRI	738	4,905	104,967	0	1,262	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,964	19,708	104,495	0	1,256	59.00
60.00	06000	LABORATORY	6,660	44,287	289,729	0	3,483	60.00
65.00	06500	RESPIRATORY THERAPY	1,681	11,177	1,311	0	16	65.00
66.00	06600	PHYSICAL THERAPY	2,863	19,039	29,856	0	359	66.00
67.00	06700	OCCUPATIONAL THERAPY	317	2,105	25,556	0	307	67.00
68.00	06800	SPEECH PATHOLOGY	133	888	17,113	0	206	68.00
69.00	06900	ELECTROCARDIOLOGY	911	6,057	84,288	0	1,013	69.00
69.01	06901	CARDIAC REHAB	268	1,781	32,775	0	394	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	455	3,024	81,247	0	977	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,443	36,197	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,582	50,416	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,163	27,683	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	463	3,077	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	1,254	8,339	144,629	0	1,739	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,131	7,522	344,931	0	4,147	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,444	22,901	303,539	0	3,649	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	880	5,849	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,449	36,234	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,251	28,267	117,919	0	1,418	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	160,356	777,841	6,073,936	2,571	72,502	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	213	1,413	54,205	0	652	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	848	5,639	0	0	0	192.00
194.00	07950	FOUNDATION	10	66	20,486	0	246	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	10,046	66,803	9,946	0	120	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	986	6,555	1,497,993	0	18,008	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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Cost Center Description	SHARED SERVICES	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.01	5.03	7.00	8.00	9.00	
202.00 TOTAL (sum lines 118 through 201)	172,459	858,317	7,656,566	2,571	91,528	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
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5/23/2022 3:25 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	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	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
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	37,253					10.00
11.00	01100	CAFETERIA	0	136,254				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,799	131,270			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,891	68	441,868		14.00
15.00	01500	PHARMACY	0	5,264	0	1,379	135,457	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	11	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,715	0	1	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,615	0	71	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	29,781	28,328	41,850	6,066	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,352	11,573	21,765	10,740	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,120	3,878	4,160	199	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	1,781	2,955	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	14,208	18,212	66,028	0	50.00
51.00	05100	RECOVERY ROOM	0	1,371	2,295	39	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,438	9,021	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	400	0	55	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,070	1,939	27,654	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,440	1,016	2,950	0	55.00
56.00	05600	RADIOISOTOPE	0	268	20	202	0	56.00
57.00	05700	CT SCAN	0	2,159	375	1,862	0	57.00
58.00	05800	MRI	0	1,283	131	114	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,461	1,615	38,255	0	59.00
60.00	06000	LABORATORY	0	224	0	1,653	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,797	106	1,179	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,244	0	35	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	751	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	249	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,680	1,744	55	0	69.00
69.01	06901	CARDIAC REHAB	0	622	751	15	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,360	95	313	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	116,737	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	162,587	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	135,457	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	2,128	829	49	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,466	2,076	536	0	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	7,274	11,342	1,837	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	2,167	535	353	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	4,302	3,087	133	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	4,369	4,303	167	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,253	132,575	130,290	441,279	135,457	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	374	0	141	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,140	980	231	0	192.00
194.00	07950	FOUNDATION	0	0	0	9	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	1,027	0	208	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	138	0	0	0	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet B
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
202.00 TOTAL (sum lines 118 through 201)	37,253	136,254	131,270	441,868	135,457	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0122

Period:
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To 12/31/2021Worksheet B
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Cost Center Description			INTERNS & RESIDENTS				Subtotal	
			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	SERVICES-SALARIES	SERVICES-OTHER		
					Y & FRINGES APPRV	PRGM COSTS APPRV		
			16.00	17.00	21.00	22.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
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
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	192,818					16.00
17.00	01700	SOCIAL SERVICE	0	47,923				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	16,486			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		34,981		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,619	30,287			3,956,384	30.00
31.00	03100	INTENSIVE CARE UNIT	5,643	9,069			591,278	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			0	33.00
40.00	04000	SUBPROVIDER - IPF	1,410	4,189			279,636	40.00
41.00	04100	SUBPROVIDER - IRF	0	0			0	41.00
43.00	04300	NURSERY	914	4,378			16,740	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,622	0			1,424,178	50.00
51.00	05100	RECOVERY ROOM	2,783	0			90,526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,790	0			37,021	52.00
53.00	05300	ANESTHESIOLOGY	8,257	0			24,094	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,558	0			589,568	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,207	0			24,253	55.00
56.00	05600	RADIOISOTOPE	963	0			88,802	56.00
57.00	05700	CT SCAN	14,391	0			45,074	57.00
58.00	05800	MRI	4,988	0			191,955	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,282	0			249,376	59.00
60.00	06000	LABORATORY	18,443	0			566,818	60.00
65.00	06500	RESPIRATORY THERAPY	3,993	0			24,959	65.00
66.00	06600	PHYSICAL THERAPY	3,482	0			79,193	66.00
67.00	06700	OCCUPATIONAL THERAPY	398	0			47,434	67.00
68.00	06800	SPEECH PATHOLOGY	204	0			30,806	68.00
69.00	06900	ELECTROCARDIOLOGY	4,081	0			159,059	69.00
69.01	06901	CARDIAC REHAB	261	0			59,881	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,320	0			145,714	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,797	0			164,174	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,892	0			233,477	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,163	0			179,466	73.00
74.00	07400	RENAL DIALYSIS	390	0			3,930	74.00
76.00	03020	IP RENAL DIALYSIS	0	0			0	76.00
76.01	03950	HEART AND VASCULAR CNTR	5,060	0			265,495	76.01
76.02	03952	DIABETES EDUCATION	0	0			0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,584	0			605,733	90.00
90.01	09001	WOODRIDGE	0	0			0	90.01
91.00	09100	EMERGENCY	15,261	0			582,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0			0	92.01
93.00	04040	PARTIAL HOSP	1,790	0			11,935	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,076	0			53,238	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,196	0			245,022	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	192,818	47,923	0	0	11,067,951	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			94,917	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			10,112	192.00
194.00	07950	FOUNDATION	0	0			35,122	194.00
194.01	07951	MARKETING	0	0			0	194.01
194.02	07952	OP PHARMACY	0	0			95,331	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0			2,569,696	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0122

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS		Subtotal	
				SERVICES-SALAR	SERVICES-OTHER		
				Y & FRINGES APPRV	PRGM COSTS APPRV		
		16.00	17.00	21.00	22.00	24.00	
200.00	Cross Foot Adjustments			16,486	34,981	51,467	200.00
201.00	Negative Cost Centers	0	3,034	0	0	3,034	201.00
202.00	TOTAL (sum lines 118 through 201)	192,818	50,957	16,486	34,981	13,927,630	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0122

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590	SHARED SERVICES		5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL		5.03
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
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	3,956,384	30.00
31.00	03100	INTENSIVE CARE UNIT	591,278	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
40.00	04000	SUBPROVIDER - IPF	279,636	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	16,740	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,424,178	50.00
51.00	05100	RECOVERY ROOM	90,526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,021	52.00
53.00	05300	ANESTHESIOLOGY	24,094	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	589,568	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,253	55.00
56.00	05600	RADIOISOTOPE	88,802	56.00
57.00	05700	CT SCAN	45,074	57.00
58.00	05800	MRI	191,955	58.00
59.00	05900	CARDIAC CATHETERIZATION	249,376	59.00
60.00	06000	LABORATORY	566,818	60.00
65.00	06500	RESPIRATORY THERAPY	24,959	65.00
66.00	06600	PHYSICAL THERAPY	79,193	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,434	67.00
68.00	06800	SPEECH PATHOLOGY	30,806	68.00
69.00	06900	ELECTROCARDIOLOGY	159,059	69.00
69.01	06901	CARDIAC REHAB	59,881	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	145,714	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	164,174	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,477	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,466	73.00
74.00	07400	RENAL DIALYSIS	3,930	74.00
76.00	03020	IP RENAL DIALYSIS	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	265,495	76.01
76.02	03952	DIABETES EDUCATION	0	76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	605,733	90.00
90.01	09001	WOODRIDGE	0	90.01
91.00	09100	EMERGENCY	582,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04040	PARTIAL HOSP	11,935	93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	53,238	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	245,022	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,067,951	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	94,917	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,112	192.00
194.00	07950	FOUNDATION	35,122	194.00
194.01	07951	MARKETING	0	194.01
194.02	07952	OP PHARMACY	95,331	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	2,569,696	194.03
200.00		Cross Foot Adjustments	51,467	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet B
Part II
Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
201.00	Negative Cost Centers	0	3,034	201.00
202.00	TOTAL (sum lines 118 through 201)	0	13,927,630	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0122

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:25 pm

	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,141,089				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,141,089			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,493	2,493	75,732,332		4.00
5.01	00590	SHARED SERVICES	14,091	14,091	1,169,755	-2,147,408	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	66,722	66,722	1,368,750	0	5.03
7.00	00700	OPERATION OF PLANT	619,762	619,762	2,108,842	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,455	2,455	0	0	9.00
10.00	01000	DIETARY	1,025	1,025	0	0	10.00
11.00	01100	CAFETERIA	4,141	4,141	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,812	3,812	1,933,449	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,386	14,386	573,148	0	14.00
15.00	01500	PHARMACY	3,775	3,775	3,253,577	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,398	6,398	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,702	1,702	205	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,821,025	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	678	678	1,687,984	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	124,284	124,284	13,044,489	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,970	15,970	6,451,991	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	8,294	8,294	1,979,468	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	961,632	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,058	41,058	6,722,321	0	50.00
51.00	05100	RECOVERY ROOM	2,641	2,641	759,530	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,935,794	0	52.00
53.00	05300	ANESTHESIOLOGY	477	477	150,953	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,719	16,719	3,860,806	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,235,396	0	55.00
56.00	05600	RADIOISOTOPE	2,874	2,874	160,357	0	56.00
57.00	05700	CT SCAN	547	547	1,001,873	0	57.00
58.00	05800	MRI	6,005	6,005	679,542	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,978	5,978	933,038	0	59.00
60.00	06000	LABORATORY	16,575	16,575	79,955	0	60.00
65.00	06500	RESPIRATORY THERAPY	75	75	1,948,018	0	65.00
66.00	06600	PHYSICAL THERAPY	1,708	1,708	1,164,640	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,462	1,462	385,370	0	67.00
68.00	06800	SPEECH PATHOLOGY	979	979	159,300	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,822	4,822	932,627	0	69.00
69.01	06901	CARDIAC REHAB	1,875	1,875	318,216	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,648	4,648	477,269	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	8,274	8,274	1,190,563	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	19,733	19,733	1,214,696	0	90.00
90.01	09001	WOODRIDGE	0	0	0	0	90.01
91.00	09100	EMERGENCY	17,365	17,365	3,820,387	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	898,205	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	4,868,592	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	6,746	6,746	1,976,096	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,050,549	1,050,549	74,227,859	-2,147,408	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,101	3,101	174,507	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	681,374	0	192.00
194.00	07950	FOUNDATION	1,172	1,172	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0122

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A.01	5.01	
194.02	07952	OP PHARMACY	569	569	588,165	0	15,221,263	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	85,698	85,698	60,427	0	1,493,635	194.03
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)	8,349,516	5,578,114	9,539,160		2,147,408	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.317147	4.888413	0.125959		0.008222	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			30,429		172,459	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000402		0.000660	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:14-0122

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

Worksheet B-1

Date/Time Prepared:

5/23/2022 3:25 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5A.03	5.03	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	SHARED SERVICES					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-66,146,140	197,168,453			5.03
7.00	00700	OPERATION OF PLANT	0	18,197,945	438,021		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	513,497	0	48,903	8.00
9.00	00900	HOUSEKEEPING	0	3,724,347	2,455	0	9.00
10.00	01000	DIETARY	0	1,319,942	1,025	0	10.00
11.00	01100	CAFETERIA	0	2,487,696	4,141	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,742,167	3,812	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,917,413	14,386	0	14.00
15.00	01500	PHARMACY	0	2,925,611	3,775	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	307,976	6,398	0	16.00
17.00	01700	SOCIAL SERVICE	0	12,590	1,702	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,204,316	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,465,772	678	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	17,384,413	124,284	30,906	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,709,686	15,970	9,254	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	2,537,400	8,294	4,275	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	1,216,194	0	4,468	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	14,368,776	41,058	0	50.00
51.00	05100	RECOVERY ROOM	0	954,198	2,641	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,712,821	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	211,911	477	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,382,904	16,719	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,225,241	0	0	55.00
56.00	05600	RADIOISOTOPE	0	272,715	2,874	0	56.00
57.00	05700	CT SCAN	0	1,903,245	547	0	57.00
58.00	05800	MRI	0	1,126,800	6,005	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,527,533	5,978	0	59.00
60.00	06000	LABORATORY	0	10,173,800	16,575	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,567,732	75	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,373,723	1,708	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	483,644	1,462	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	203,886	979	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,391,463	4,822	0	69.00
69.01	06901	CARDIAC REHAB	0	409,058	1,875	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	694,640	4,648	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,315,446	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,581,938	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,359,542	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	706,958	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	1,915,741	8,274	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,728,050	19,733	0	90.00
90.01	09001	WOODRIDGE	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	5,260,973	17,365	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	1,343,628	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	8,323,957	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	6,493,636	6,746	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-66,146,140	178,680,924	347,481	48,903	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	324,698	3,101	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,295,451	0	0	192.00
194.00	07950	FOUNDATION	0	15,052	1,172	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	15,346,412	569	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	1,505,916	85,698	0	194.03
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0122

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5A.03	5.03	7.00	8.00	9.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		66,146,140	24,303,057	685,765	5,110,004	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.335480	55.483771	14.022964	11.731871	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		858,317	7,656,566	2,571	91,528	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.004353	17.479906	0.052573	0.210136	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:14-0122

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description			DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	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	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
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	38,659					10.00
11.00	01100	CAFETERIA	0	83,865				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,723	842,294			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,164	438	31,219,406		14.00
15.00	01500	PHARMACY	0	3,240	0	97,435	6,344,592	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	294	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	792	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,902	0	85	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	994	0	5,010	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,906	17,437	268,516	428,601	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,478	7,123	139,658	758,820	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,275	2,387	26,691	14,027	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	1,096	18,960	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,745	116,856	4,664,965	0	50.00
51.00	05100	RECOVERY ROOM	0	844	14,727	2,783	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,347	57,883	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	246	0	3,867	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,967	12,444	1,953,783	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,502	6,516	208,451	0	55.00
56.00	05600	RADIOISOTOPE	0	165	128	14,287	0	56.00
57.00	05700	CT SCAN	0	1,329	2,406	131,546	0	57.00
58.00	05800	MRI	0	790	842	8,077	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	899	10,363	2,702,783	0	59.00
60.00	06000	LABORATORY	0	138	0	116,779	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,337	679	83,294	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,381	0	2,506	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	462	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	153	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,034	11,192	3,893	0	69.00
69.01	06901	CARDIAC REHAB	0	383	4,818	1,085	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	837	612	22,114	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,247,647	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,487,487	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,344,592	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	1,310	5,321	3,471	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,518	13,323	37,845	0	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	4,477	72,779	129,815	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	1,334	3,435	24,947	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	2,648	19,810	9,428	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	2,689	27,608	11,828	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,659	81,601	836,005	31,177,745	6,344,592	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	230	0	9,976	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,317	6,289	16,334	0	192.00
194.00	07950	FOUNDATION	0	0	0	624	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	632	0	14,727	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	85	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0122

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,831,652	3,600,608	3,992,309	3,579,682	4,311,110	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	47.379705	42.933381	4.739805	0.114662	0.679494	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	37,253	136,254	131,270	441,868	135,457	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.963631	1.624683	0.155848	0.014154	0.021350	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:14-0122

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		16.00	17.00	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	00590	SHARED SERVICES				5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL				5.03
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
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	967,882,128			16.00
17.00	01700	SOCIAL SERVICE	0	48,903		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	57,481	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	57,481	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	53,361,005	30,906	33,929	30.00
31.00	03100	INTENSIVE CARE UNIT	28,357,877	9,254	4,752	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	7,087,093	4,275	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00	04300	NURSERY	4,591,183	4,468	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	117,645,657	0	4,370	50.00
51.00	05100	RECOVERY ROOM	13,984,851	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,018,890	0	0	52.00
53.00	05300	ANESTHESIOLOGY	41,493,039	0	747	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,131,257	0	319	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	31,192,579	0	0	55.00
56.00	05600	RADIOISOTOPE	4,840,400	0	0	56.00
57.00	05700	CT SCAN	72,318,780	0	0	57.00
58.00	05800	MRI	25,063,613	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,570,303	0	0	59.00
60.00	06000	LABORATORY	92,679,726	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	20,064,242	0	0	65.00
66.00	06600	PHYSICAL THERAPY	17,495,540	0	2,188	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,001,274	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,024,942	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,506,727	0	1,442	69.00
69.01	06901	CARDIAC REHAB	1,309,952	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	6,633,752	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,132,295	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,784,587	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,120,283	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,957,676	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	25,426,943	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,960,557	0	6,863	90.00
90.01	09001	WOODRIDGE	0	0	0	90.01
91.00	09100	EMERGENCY	76,686,558	0	2,871	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04040	PARTIAL HOSP	8,996,767	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	10,433,178	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
116.00	11600	HOSPICE	6,010,602	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	967,882,128	48,903	57,481	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0122

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

Worksheet B-1

Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS			
					SERVICES-SALARIES & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	17.00	21.00	22.00		
194.02	07952	OP PHARMACY	0	0	0	0		194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.03
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)	841,376	131,306	3,068,423	3,381,811		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000869	2.685030	53.381517	58.833545		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	192,818	50,957	16,486	34,981		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000199	0.979960	0.286808	0.608566		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

Health Financial Systems			ADVENTIST HINSDALE HOSPITAL			In Lieu of Form CMS-2552-10		
COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/23/2022 3:25 pm	
				Title XVIII		Hospital	PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,667,912		35,667,912	762	35,668,674	30.00
31.00	03100	INTENSIVE CARE UNIT	15,439,345		15,439,345	7,172	15,446,517	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,456,867		4,456,867	12,065	4,468,932	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	1,839,767		1,839,767	0	1,839,767	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,515,694		23,515,694	0	23,515,694	50.00
51.00	05100	RECOVERY ROOM	1,570,340		1,570,340	0	1,570,340	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,388,632		5,388,632	0	5,388,632	52.00
53.00	05300	ANESTHESIOLOGY	362,127		362,127	0	362,127	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,538,962		11,538,962	12,810	11,551,772	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,118,143		3,118,143	32,478	3,150,621	55.00
56.00	05600	RADIOISOTOPE	570,917		570,917	0	570,917	56.00
57.00	05700	CT SCAN	2,724,903		2,724,903	0	2,724,903	57.00
58.00	05800	MRI	1,969,063		1,969,063	0	1,969,063	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,873,303		6,873,303	0	6,873,303	59.00
60.00	06000	LABORATORY	14,800,860		14,800,860	0	14,800,860	60.00
65.00	06500	RESPIRATORY THERAPY	3,564,736	0	3,564,736	0	3,564,736	65.00
66.00	06600	PHYSICAL THERAPY	6,030,606	0	6,030,606	0	6,030,606	66.00
67.00	06700	OCCUPATIONAL THERAPY	765,740	0	765,740	0	765,740	67.00
68.00	06800	SPEECH PATHOLOGY	345,551	0	345,551	0	345,551	68.00
69.00	06900	ELECTROCARDIOLOGY	2,298,092		2,298,092	200,914	2,499,006	69.00
69.01	06901	CARDIAC REHAB	712,859		712,859	0	712,859	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,287,234		1,287,234	0	1,287,234	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,076,120		12,076,120	0	12,076,120	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,840,927		16,840,927	0	16,840,927	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,857,265		12,857,265	0	12,857,265	73.00
74.00	07400	RENAL DIALYSIS	945,829		945,829	0	945,829	74.00
76.00	03020	IP RENAL DIALYSIS	0		0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	3,218,535		3,218,535	0	3,218,535	76.01
76.02	03952	DIABETES EDUCATION	0		0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,773,720		3,773,720	0	3,773,720	90.00
90.01	09001	WOODRIDGE	0		0	0	0	90.01
91.00	09100	EMERGENCY	8,811,821		8,811,821	0	8,811,821	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,752,759		3,752,759	0	3,752,759	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
93.00	04040	PARTIAL HOSP	1,878,620		1,878,620	0	1,878,620	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	11,334,209		11,334,209		11,334,209	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	9,378,442		9,378,442		9,378,442	116.00
200.00		Subtotal (see instructions)	229,709,900	0	229,709,900	266,201	229,976,101	200.00
201.00		Less Observation Beds	3,752,759		3,752,759		3,752,759	201.00
202.00		Total (see instructions)	225,957,141	0	225,957,141	266,201	226,223,342	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

					Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	42,975,329		42,975,329			30.00	
31.00	03100	INTENSIVE CARE UNIT	28,357,877		28,357,877			31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
40.00	04000	SUBPROVIDER - IPF	7,087,093		7,087,093			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
43.00	04300	NURSERY	4,591,183		4,591,183			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	33,756,463	83,889,194	117,645,657	0.199886	0.000000	50.00	
51.00	05100	RECOVERY ROOM	3,865,292	10,119,559	13,984,851	0.112289	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,556,315	462,575	14,018,890	0.384384	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	13,484,470	28,008,569	41,493,039	0.008727	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,791,267	54,339,990	68,131,257	0.169364	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	323,746	30,868,833	31,192,579	0.099964	0.000000	55.00	
56.00	05600	RADIOISOTOPE	1,668,712	3,171,688	4,840,400	0.117948	0.000000	56.00	
57.00	05700	CT SCAN	20,240,639	52,078,141	72,318,780	0.037679	0.000000	57.00	
58.00	05800	MRI	5,065,761	19,997,852	25,063,613	0.078563	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	9,355,287	22,215,016	31,570,303	0.217714	0.000000	59.00	
60.00	06000	LABORATORY	47,003,067	45,676,659	92,679,726	0.159699	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	18,572,804	1,491,438	20,064,242	0.177666	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	3,316,513	14,179,027	17,495,540	0.344694	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,728,474	272,800	2,001,274	0.382626	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	941,934	83,008	1,024,942	0.337142	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	9,376,030	11,130,697	20,506,727	0.112065	0.000000	69.00	
69.01	06901	CARDIAC REHAB	66,285	1,243,667	1,309,952	0.544187	0.000000	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	334,624	6,299,128	6,633,752	0.194043	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,578,736	16,553,559	29,132,295	0.414527	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,705,368	43,079,219	64,784,587	0.259953	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	45,845,965	15,274,318	61,120,283	0.210360	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,939,096	18,580	1,957,676	0.483139	0.000000	74.00	
76.00	03020	IP RENAL DIALYSIS	0	0	0	0.000000	0.000000	76.00	
76.01	03950	HEART AND VASCULAR CNTR	54,560	25,372,383	25,426,943	0.126580	0.000000	76.01	
76.02	03952	DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.02	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	208,658	7,751,899	7,960,557	0.474052	0.000000	90.00	
90.01	09001	WOODRIDGE	0	0	0	0.000000	0.000000	90.01	
91.00	09100	EMERGENCY	23,463,549	53,223,009	76,686,558	0.114907	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,195,702	8,189,974	10,385,676	0.361340	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01	
93.00	04040	PARTIAL HOSP	2,616	8,994,151	8,996,767	0.208811	0.000000	93.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	10,433,178	10,433,178			101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	6,010,602	6,010,602			116.00	
200.00		Subtotal (see instructions)	387,453,415	580,428,713	967,882,128			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	387,453,415	580,428,713	967,882,128			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
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	0.199886		50.00
51.00	05100	RECOVERY ROOM	0.112289		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384384		52.00
53.00	05300	ANESTHESIOLOGY	0.008727		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169552		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101005		55.00
56.00	05600	RADIOISOTOPE	0.117948		56.00
57.00	05700	CT SCAN	0.037679		57.00
58.00	05800	MRI	0.078563		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.217714		59.00
60.00	06000	LABORATORY	0.159699		60.00
65.00	06500	RESPIRATORY THERAPY	0.177666		65.00
66.00	06600	PHYSICAL THERAPY	0.344694		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.382626		67.00
68.00	06800	SPEECH PATHOLOGY	0.337142		68.00
69.00	06900	ELECTROCARDIOLOGY	0.121863		69.00
69.01	06901	CARDIAC REHAB	0.544187		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194043		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.414527		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259953		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210360		73.00
74.00	07400	RENAL DIALYSIS	0.483139		74.00
76.00	03020	IP RENAL DIALYSIS	0.000000		76.00
76.01	03950	HEART AND VASCULAR CNTR	0.126580		76.01
76.02	03952	DIABETES EDUCATION	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.474052		90.00
90.01	09001	WOODRIDGE	0.000000		90.01
91.00	09100	EMERGENCY	0.114907		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.361340		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04040	PARTIAL HOSP	0.208811		93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,667,912		35,667,912	762
31.00	03100	INTENSIVE CARE UNIT	15,439,345		15,439,345	7,172
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0
40.00	04000	SUBPROVIDER - IPF	4,456,867		4,456,867	12,065
41.00	04100	SUBPROVIDER - IRF	0		0	0
43.00	04300	NURSERY	1,839,767		1,839,767	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,515,694		23,515,694	0
51.00	05100	RECOVERY ROOM	1,570,340		1,570,340	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,388,632		5,388,632	0
53.00	05300	ANESTHESIOLOGY	362,127		362,127	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,538,962		11,538,962	12,810
55.00	05500	RADIOLOGY-THERAPEUTIC	3,118,143		3,118,143	32,478
56.00	05600	RADIOISOTOPE	570,917		570,917	0
57.00	05700	CT SCAN	2,724,903		2,724,903	0
58.00	05800	MRI	1,969,063		1,969,063	0
59.00	05900	CARDIAC CATHETERIZATION	6,873,303		6,873,303	0
60.00	06000	LABORATORY	14,800,860		14,800,860	0
65.00	06500	RESPIRATORY THERAPY	3,564,736	0	3,564,736	0
66.00	06600	PHYSICAL THERAPY	6,030,606	0	6,030,606	0
67.00	06700	OCCUPATIONAL THERAPY	765,740	0	765,740	0
68.00	06800	SPEECH PATHOLOGY	345,551	0	345,551	0
69.00	06900	ELECTROCARDIOLOGY	2,298,092		2,298,092	200,914
69.01	06901	CARDIAC REHAB	712,859		712,859	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,287,234		1,287,234	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,076,120		12,076,120	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,840,927		16,840,927	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,857,265		12,857,265	0
74.00	07400	RENAL DIALYSIS	945,829		945,829	0
76.00	03020	IP RENAL DIALYSIS	0		0	0
76.01	03950	HEART AND VASCULAR CNTR	3,218,535		3,218,535	0
76.02	03952	DIABETES EDUCATION	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,773,720		3,773,720	0
90.01	09001	WOODRIDGE	0		0	0
91.00	09100	EMERGENCY	8,811,821		8,811,821	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,752,759		3,752,759	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0
93.00	04040	PARTIAL HOSP	1,878,620		1,878,620	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	11,334,209		11,334,209	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
116.00	11600	HOSPICE	9,378,442		9,378,442	0
200.00		Subtotal (see instructions)	229,709,900	0	229,709,900	266,201
201.00		Less Observation Beds	3,752,759		3,752,759	0
202.00		Total (see instructions)	225,957,141	0	225,957,141	266,201

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

					Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	42,975,329		42,975,329			30.00	
31.00	03100	INTENSIVE CARE UNIT	28,357,877		28,357,877			31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
40.00	04000	SUBPROVIDER - IPF	7,087,093		7,087,093			40.00	
41.00	04100	SUBPROVIDER - IRF	0		0			41.00	
43.00	04300	NURSERY	4,591,183		4,591,183			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	33,756,463	83,889,194	117,645,657	0.199886	0.000000	50.00	
51.00	05100	RECOVERY ROOM	3,865,292	10,119,559	13,984,851	0.112289	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,556,315	462,575	14,018,890	0.384384	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	13,484,470	28,008,569	41,493,039	0.008727	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,791,267	54,339,990	68,131,257	0.169364	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	323,746	30,868,833	31,192,579	0.099964	0.000000	55.00	
56.00	05600	RADIOISOTOPE	1,668,712	3,171,688	4,840,400	0.117948	0.000000	56.00	
57.00	05700	CT SCAN	20,240,639	52,078,141	72,318,780	0.037679	0.000000	57.00	
58.00	05800	MRI	5,065,761	19,997,852	25,063,613	0.078563	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	9,355,287	22,215,016	31,570,303	0.217714	0.000000	59.00	
60.00	06000	LABORATORY	47,003,067	45,676,659	92,679,726	0.159699	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	18,572,804	1,491,438	20,064,242	0.177666	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	3,316,513	14,179,027	17,495,540	0.344694	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,728,474	272,800	2,001,274	0.382626	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	941,934	83,008	1,024,942	0.337142	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	9,376,030	11,130,697	20,506,727	0.112065	0.000000	69.00	
69.01	06901	CARDIAC REHAB	66,285	1,243,667	1,309,952	0.544187	0.000000	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	334,624	6,299,128	6,633,752	0.194043	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,578,736	16,553,559	29,132,295	0.414527	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,705,368	43,079,219	64,784,587	0.259953	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	45,845,965	15,274,318	61,120,283	0.210360	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,939,096	18,580	1,957,676	0.483139	0.000000	74.00	
76.00	03020	IP RENAL DIALYSIS	0	0	0	0.000000	0.000000	76.00	
76.01	03950	HEART AND VASCULAR CNTR	54,560	25,372,383	25,426,943	0.126580	0.000000	76.01	
76.02	03952	DIABETES EDUCATION	0	0	0	0.000000	0.000000	76.02	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	208,658	7,751,899	7,960,557	0.474052	0.000000	90.00	
90.01	09001	WOODRIDGE	0	0	0	0.000000	0.000000	90.01	
91.00	09100	EMERGENCY	23,463,549	53,223,009	76,686,558	0.114907	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,195,702	8,189,974	10,385,676	0.361340	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01	
93.00	04040	PARTIAL HOSP	2,616	8,994,151	8,996,767	0.208811	0.000000	93.00	
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	10,433,178	10,433,178			101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	6,010,602	6,010,602			116.00	
200.00		Subtotal (see instructions)	387,453,415	580,428,713	967,882,128			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	387,453,415	580,428,713	967,882,128			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet C
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
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	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	CARDIAC REHAB	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	IP RENAL DIALYSIS	0.000000		76.00
76.01	03950	HEART AND VASCULAR CNTR	0.000000		76.01
76.02	03952	DIABETES EDUCATION	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOODRIDGE	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04040	PARTIAL HOSP	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part I
Date/Time Prepared:
5/23/2022 3:25 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,956,384	0	3,956,384	34,540	114.54	30.00
31.00	INTENSIVE CARE UNIT	591,278		591,278	9,254	63.89	31.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
40.00	SUBPROVIDER - IPF	279,636	0	279,636	4,275	65.41	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
43.00	NURSERY	16,740		16,740	4,468	3.75	43.00
200.00	Total (lines 30 through 199)	4,844,038		4,844,038	52,537		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	10,944	1,253,526				
31.00	INTENSIVE CARE UNIT	1,158	73,985				
33.00	BURN INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	165	10,793				
41.00	SUBPROVIDER - IRF	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	12,267	1,338,304				

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/23/2022 3:25 pm		
				Title XVIII	Hospital	PPS		
Cost Center Description			Capital Related	Total Charges	Ratio of Cost	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			Cost (from Wkst. B, Part II, col. 26)	(from Wkst. C, Part I, col. 8)	to Charges (col. 1 ÷ col. 2)			
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,424,178	117,645,657	0.012106	11,322,631	137,072	50.00
51.00	05100	RECOVERY ROOM	90,526	13,984,851	0.006473	1,422,300	9,207	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,021	14,018,890	0.002641	4,112	11	52.00
53.00	05300	ANESTHESIOLOGY	24,094	41,493,039	0.000581	3,972,484	2,308	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	589,568	68,131,257	0.008653	5,572,470	48,219	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,253	31,192,579	0.000778	150,977	117	55.00
56.00	05600	RADIOISOTOPE	88,802	4,840,400	0.018346	790,187	14,497	56.00
57.00	05700	CT SCAN	45,074	72,318,780	0.000623	9,074,908	5,654	57.00
58.00	05800	MRI	191,955	25,063,613	0.007659	1,828,592	14,005	58.00
59.00	05900	CARDIAC CATHETERIZATION	249,376	31,570,303	0.007899	4,364,901	34,478	59.00
60.00	06000	LABORATORY	566,818	92,679,726	0.006116	16,097,304	98,451	60.00
65.00	06500	RESPIRATORY THERAPY	24,959	20,064,242	0.001244	5,621,534	6,993	65.00
66.00	06600	PHYSICAL THERAPY	79,193	17,495,540	0.004526	1,410,100	6,382	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,434	2,001,274	0.023702	852,593	20,208	67.00
68.00	06800	SPEECH PATHOLOGY	30,806	1,024,942	0.030056	361,536	10,866	68.00
69.00	06900	ELECTROCARDIOLOGY	159,059	20,506,727	0.007756	4,030,475	31,260	69.00
69.01	06901	CARDIAC REHAB	59,881	1,309,952	0.045712	22,650	1,035	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	145,714	6,633,752	0.021966	98,711	2,168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	164,174	29,132,295	0.005635	3,561,341	20,068	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,477	64,784,587	0.003604	8,152,410	29,381	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,466	61,120,283	0.002936	13,976,737	41,036	73.00
74.00	07400	RENAL DIALYSIS	3,930	1,957,676	0.002007	971,687	1,950	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0.000000	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	265,495	25,426,943	0.010441	37,578	392	76.01
76.02	03952	DIABETES EDUCATION	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	605,733	7,960,557	0.076092	2,636	201	90.00
90.01	09001	WOODRIDGE	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	582,732	76,686,558	0.007599	8,716,671	66,238	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	416,256	10,385,676	0.040080	971,382	38,933	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04040	PARTIAL HOSP	11,935	8,996,767	0.001327	2,616	3	93.00
200.00		Total (lines 50 through 199)	6,341,909	868,426,866		103,391,523	641,133	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/23/2022 3:25 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00		
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		
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	34,540	0.00	10,944		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	9,254	0.00	1,158		31.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0		33.00		
40.00	04000	SUBPROVIDER - IPF	0	0	4,275	0.00	165		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0		41.00		
43.00	04300	NURSERY	0	0	4,468	0.00	0		43.00		
200.00		Total (lines 30 through 199)	0	0	52,537		12,267		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0								33.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet D
Part IV
Date/Time Prepared:
5/23/2022 3:25 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 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0 76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	0	0 76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	WOODRIDGE	0	0	0	0	0 90.01
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	0 93.00
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0122

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2022 3:25 pm

				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	117,645,657	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	13,984,851	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,018,890	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	41,493,039	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,131,257	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	31,192,579	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	4,840,400	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	72,318,780	0.000000	57.00	
58.00	05800	MRI	0	0	0	25,063,613	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	31,570,303	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	92,679,726	0.000000	60.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,064,242	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	17,495,540	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,001,274	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,024,942	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	20,506,727	0.000000	69.00	
69.01	06901	CARDIAC REHAB	0	0	0	1,309,952	0.000000	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,633,752	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,132,295	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	64,784,587	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	61,120,283	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	1,957,676	0.000000	74.00	
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0.000000	76.00	
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	25,426,943	0.000000	76.01	
76.02	03952	DIABETES EDUCATION	0	0	0	0	0.000000	76.02	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	7,960,557	0.000000	90.00	
90.01	09001	WOODRIDGE	0	0	0	0	0.000000	90.01	
91.00	09100	EMERGENCY	0	0	0	76,686,558	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,385,676	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01	
93.00	04040	PARTIAL HOSP	0	0	0	8,996,767	0.000000	93.00	
200.00		Total (lines 50 through 199)	0	0	0	868,426,866		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0122

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2022 3:25 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	11,322,631	0	20,860,048	0
51.00	05100	RECOVERY ROOM	0.000000	1,422,300	0	1,651,727	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	4,112	0	0	0
53.00	05300	ANESTHESIOLOGY	0.000000	3,972,484	0	6,692,042	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,572,470	0	8,137,585	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	150,977	0	468,972	0
56.00	05600	RADIOISOTOPE	0.000000	790,187	0	837,999	0
57.00	05700	CT SCAN	0.000000	9,074,908	0	11,882,552	0
58.00	05800	MRI	0.000000	1,828,592	0	3,433,297	0
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,364,901	0	8,465,885	0
60.00	06000	LABORATORY	0.000000	16,097,304	0	6,400,362	0
65.00	06500	RESPIRATORY THERAPY	0.000000	5,621,534	0	421,488	0
66.00	06600	PHYSICAL THERAPY	0.000000	1,410,100	0	45,864	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	852,593	0	21,840	0
68.00	06800	SPEECH PATHOLOGY	0.000000	361,536	0	15,876	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,030,475	0	3,146,712	0
69.01	06901	CARDIAC REHAB	0.000000	22,650	0	495,088	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	98,711	0	1,196,479	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,561,341	0	2,971,954	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,152,410	0	14,584,713	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	13,976,737	0	3,281,996	0
74.00	07400	RENAL DIALYSIS	0.000000	971,687	0	18,580	0
76.00	03020	IP RENAL DIALYSIS	0.000000	0	0	0	0
76.01	03950	HEART AND VASCULAR CNTR	0.000000	37,578	0	10,604,077	0
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	2,636	0	3,398	0
90.01	09001	WOODRIDGE	0.000000	0	0	0	0
91.00	09100	EMERGENCY	0.000000	8,716,671	0	8,662,007	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	971,382	0	1,815,427	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
93.00	04040	PARTIAL HOSP	0.000000	2,616	0	1,003,353	0
200.00		Total (lines 50 through 199)		103,391,523	0	117,119,321	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/23/2022 3:25 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.199886	20,860,048	0	0	4,169,632	50.00
51.00	05100	RECOVERY ROOM	0.112289	1,651,727	0	2	185,471	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384384	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.008727	6,692,042	0	0	58,401	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169364	8,137,585	0	0	1,378,214	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.099964	468,972	0	0	46,880	55.00
56.00	05600	RADIOISOTOPE	0.117948	837,999	0	0	98,840	56.00
57.00	05700	CT SCAN	0.037679	11,882,552	0	0	447,723	57.00
58.00	05800	MRI	0.078563	3,433,297	0	0	269,730	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.217714	8,465,885	0	0	1,843,142	59.00
60.00	06000	LABORATORY	0.159699	6,400,362	998	0	1,022,131	60.00
65.00	06500	RESPIRATORY THERAPY	0.177666	421,488	0	0	74,884	65.00
66.00	06600	PHYSICAL THERAPY	0.344694	45,864	0	0	15,809	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.382626	21,840	0	0	8,357	67.00
68.00	06800	SPEECH PATHOLOGY	0.337142	15,876	0	0	5,352	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112065	3,146,712	0	0	352,636	69.00
69.01	06901	CARDIAC REHAB	0.544187	495,088	0	0	269,420	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194043	1,196,479	0	0	232,168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.414527	2,971,954	0	0	1,231,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259953	14,584,713	0	0	3,791,340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210360	3,281,996	0	219,985	690,401	73.00
74.00	07400	RENAL DIALYSIS	0.483139	18,580	0	0	8,977	74.00
76.00	03020	IP RENAL DIALYSIS	0.000000	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.126580	10,604,077	0	0	1,342,264	76.01
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.474052	3,398	0	0	1,611	90.00
90.01	09001	WOODRIDGE	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.114907	8,662,007	0	104	995,325	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.361340	1,815,427	0	3	655,986	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0.208811	1,003,353	0	0	209,511	93.00
200.00		Subtotal (see instructions)		117,119,321	998	220,094	19,406,160	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		117,119,321	998	220,094	19,406,160	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:25 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0		56.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MRI	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	159	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
69.01	06901 CARDIAC REHAB	0	0		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	46,276		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
76.00	03020 IP RENAL DIALYSIS	0	0		76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0		76.01
76.02	03952 DIABETES EDUCATION	0	0		76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0		90.00
90.01	09001 WOODRIDGE	0	0		90.01
91.00	09100 EMERGENCY	0	12		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04040 PARTIAL HOSP	0	0		93.00
200.00	Subtotal (see instructions)	159	46,289		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 - line 201)	159	46,289		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/23/2022 3:25 pm
				Component CCN:14-S122		
				Title XVIII	Subprovider - IP#	PPS
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,424,178	117,645,657	0.012106	0	0	50.00
51.00 05100 RECOVERY ROOM	90,526	13,984,851	0.006473	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	37,021	14,018,890	0.002641	0	0	52.00
53.00 05300 ANESTHESIOLOGY	24,094	41,493,039	0.000581	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	589,568	68,131,257	0.008653	392	3	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	24,253	31,192,579	0.000778	0	0	55.00
56.00 05600 RADIOISOTOPE	88,802	4,840,400	0.018346	0	0	56.00
57.00 05700 CT SCAN	45,074	72,318,780	0.000623	6,968	4	57.00
58.00 05800 MRI	191,955	25,063,613	0.007659	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	249,376	31,570,303	0.007899	0	0	59.00
60.00 06000 LABORATORY	566,818	92,679,726	0.006116	35,297	216	60.00
65.00 06500 RESPIRATORY THERAPY	24,959	20,064,242	0.001244	2,594	3	65.00
66.00 06600 PHYSICAL THERAPY	79,193	17,495,540	0.004526	1,176	5	66.00
67.00 06700 OCCUPATIONAL THERAPY	47,434	2,001,274	0.023702	274	6	67.00
68.00 06800 SPEECH PATHOLOGY	30,806	1,024,942	0.030056	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	159,059	20,506,727	0.007756	2,196	17	69.00
69.01 06901 CARDIAC REHAB	59,881	1,309,952	0.045712	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	145,714	6,633,752	0.021966	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	164,174	29,132,295	0.005635	10	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	233,477	64,784,587	0.003604	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	179,466	61,120,283	0.002936	22,837	67	73.00
74.00 07400 RENAL DIALYSIS	3,930	1,957,676	0.002007	0	0	74.00
76.00 03020 IP RENAL DIALYSIS	0	0	0.000000	0	0	76.00
76.01 03950 HEART AND VASCULAR CNTR	265,495	25,426,943	0.010441	0	0	76.01
76.02 03952 DIABETES EDUCATION	0	0	0.000000	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	605,733	7,960,557	0.076092	108	8	90.00
90.01 09001 WOODRIDGE	0	0	0.000000	0	0	90.01
91.00 09100 EMERGENCY	582,732	76,686,558	0.007599	47,642	362	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10,385,676	0.000000	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00 04040 PARTIAL HOSP	11,935	8,996,767	0.001327	0	0	93.00
200.00 Total (lines 50 through 199)	5,925,653	868,426,866		119,494	691	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0122

Period:

Worksheet D

Component CCN:14-S122

From 01/01/2021

Part IV

To 12/31/2021

Date/Time Prepared:

5/23/2022 3:25 pm

Cost Center Description			Title XVIII		Subprovider - IP#		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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN:14-0122

Period:

Worksheet D

Component CCN:14-S122

From 01/01/2021

Part IV

To 12/31/2021

Date/Time Prepared:

5/23/2022 3:25 pm

			Title XVIII		Subprovider - IP#	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	117,645,657	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,984,851	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,018,890	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	41,493,039	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	68,131,257	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	31,192,579	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,840,400	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	72,318,780	0.000000	57.00
58.00	05800	MRI	0	0	0	25,063,613	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	31,570,303	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	92,679,726	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,064,242	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	17,495,540	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,001,274	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,024,942	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	20,506,727	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,309,952	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,633,752	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,132,295	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	64,784,587	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	61,120,283	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,957,676	0.000000	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	0	0	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	25,426,943	0.000000	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	7,960,557	0.000000	90.00
90.01	09001	WOODRIDGE	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	76,686,558	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,385,676	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
93.00	04040	PARTIAL HOSP	0	0	0	8,996,767	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	868,426,866		200.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/23/2022 3:25 pm	
				Component CCN:14-S122			
				Title XVIII	Subprovider - IP#	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	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
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	392	0	1,858	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	6,968	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	35,297	0	1,285	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,594	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,176	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	274	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,196	0	732	69.00
69.01	06901	CARDIAC REHAB	0.000000	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	10	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	22,837	0	836	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0.000000	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.000000	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	108	0	0	90.00
90.01	09001	WOODRIDGE	0.000000	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	47,642	0	3,923	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0.000000	0	0	0	93.00
200.00		Total (lines 50 through 199)		119,494	0	8,634	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/23/2022 3:25 pm
		Component CCN:14-S122		

		Title XVIII		Subprovider - IP#		PPS	
Cost Center Description		Cost to Charge	Charges		Costs		
		Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.199886	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.112289	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384384	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.008727	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169364	1,858	0	315	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.099964	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.117948	0	0	0	56.00
57.00	05700	CT SCAN	0.037679	0	0	0	57.00
58.00	05800	MRI	0.078563	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.217714	0	0	0	59.00
60.00	06000	LABORATORY	0.159699	1,285	0	205	60.00
65.00	06500	RESPIRATORY THERAPY	0.177666	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.344694	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.382626	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.337142	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112065	732	0	82	69.00
69.01	06901	CARDIAC REHAB	0.544187	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194043	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.414527	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259953	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210360	836	0	176	73.00
74.00	07400	RENAL DIALYSIS	0.483139	0	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0.000000	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.126580	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0.000000	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.474052	0	0	0	90.00
90.01	09001	WOODRIDGE	0.000000	0	0	0	90.01
91.00	09100	EMERGENCY	0.114907	3,923	0	451	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.361340	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0.208811	0	0	0	93.00
200.00		Subtotal (see instructions)		8,634	0	1,229	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		8,634	0	1,229	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN:14-0122

Period:

Worksheet D

Component CCN:14-S122

From 01/01/2021
To 12/31/2021Part V
Date/Time Prepared:
5/23/2022 3:25 pm

Title XVIII

\$Subprovider - IP#

PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	IP RENAL DIALYSIS	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOODRIDGE	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	93.00
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		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/23/2022 3:25 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,540	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,540	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)		30,906	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)		10,944	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)		35,668,674	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)		35,668,674	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)		35,668,674	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)		1,032.68	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,301,650	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)		11,301,650	41.00	

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/23/2022 3:25 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	15,446,517	9,254	1,669.17	1,158	1,932,899	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					18,338,929	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,573,478	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and II)					327,511	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					641,133	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,968,644	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,604,834	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					3,634	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,032.68	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,752,759	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0122

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

Worksheet D-1

Date/Time Prepared:
5/23/2022 3:25 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	3,956,384	35,668,674	0.110920	3,752,759	416,256
91.00	Nursing Program cost	0	35,668,674	0.000000	3,752,759	0
92.00	Allied health cost	0	35,668,674	0.000000	3,752,759	0
93.00	All other Medical Education	0	35,668,674	0.000000	3,752,759	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Component CCN:14-S122		Date/Time Prepared: 5/23/2022 3:25 pm
		Title XVIII	Subprovider - IP#	PPS
Cost Center Description				
				1.00
	PART I - ALL PROVIDER COMPONENTS			
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,275	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,275	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,275	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)		165	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)		4,468,932	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)		4,468,932	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)		4,468,932	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)		1,045.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		172,484	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)		172,484	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
			Component CCN:14-S122		Date/Time Prepared: 5/23/2022 3:25 pm	
			Title XVIII	Subprovider - IP#	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	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
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					17,538	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					190,022	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)					10,793	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					691	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					11,484	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					178,538	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:14-0122

Period:

Worksheet D-1

Component CCN:14-S122

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/23/2022 3:25 pm

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	279,636	4,468,932	0.062573	0	0	90.00
91.00	Nursing Program cost	0	4,468,932	0.000000	0	0	91.00
92.00	Allied health cost	0	4,468,932	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,468,932	0.000000	0	0	93.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/23/2022 3:25 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,795,792	
31.00	03100	INTENSIVE CARE UNIT		3,071,090	
33.00	03300	BURN INTENSIVE CARE UNIT		0	
40.00	04000	SUBPROVIDER - IPF		221	
41.00	04100	SUBPROVIDER - IRF		0	
43.00	04300	NURSERY			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.199886	11,322,631	2,263,235
51.00	05100	RECOVERY ROOM	0.112289	1,422,300	159,709
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384384	4,112	1,581
53.00	05300	ANESTHESIOLOGY	0.008727	3,972,484	34,668
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169552	5,572,470	944,823
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101005	150,977	15,249
56.00	05600	RADIOISOTOPE	0.117948	790,187	93,201
57.00	05700	CT SCAN	0.037679	9,074,908	341,933
58.00	05800	MRI	0.078563	1,828,592	143,660
59.00	05900	CARDIAC CATHETERIZATION	0.217714	4,364,901	950,300
60.00	06000	LABORATORY	0.159699	16,097,304	2,570,723
65.00	06500	RESPIRATORY THERAPY	0.177666	5,621,534	998,755
66.00	06600	PHYSICAL THERAPY	0.344694	1,410,100	486,053
67.00	06700	OCCUPATIONAL THERAPY	0.382626	852,593	326,224
68.00	06800	SPEECH PATHOLOGY	0.337142	361,536	121,889
69.00	06900	ELECTROCARDIOLOGY	0.121863	4,030,475	491,166
69.01	06901	CARDIAC REHAB	0.544187	22,650	12,326
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194043	98,711	19,154
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.414527	3,561,341	1,476,272
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259953	8,152,410	2,119,243
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210360	13,976,737	2,940,146
74.00	07400	RENAL DIALYSIS	0.483139	971,687	469,460
76.00	03020	IP RENAL DIALYSIS	0.000000	0	0
76.01	03950	HEART AND VASCULAR CNTR	0.126580	37,578	4,757
76.02	03952	DIABETES EDUCATION	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.474052	2,636	1,250
90.01	09001	WOODRIDGE	0.000000	0	0
91.00	09100	EMERGENCY	0.114907	8,716,671	1,001,607
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.361340	971,382	350,999
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0
93.00	04040	PARTIAL HOSP	0.208811	2,616	546
200.00		Total (sum of lines 50 through 94 and 96 through 98)		103,391,523	18,338,929
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net charges (line 200 minus line 201)		103,391,523	

Health Financial Systems			ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10				
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0122		Period: From 01/01/2021		Worksheet D-3		
			Component CCN:14-S122		To 12/31/2021		Date/Time Prepared: 5/23/2022 3:25 pm		
			Title XVIII		Subprovider - IP#		PPS		
Cost Center Description			Ratio of Cost To Charges		Inpatient Program Charges		Inpatient Program Costs (col. 1 x col. 2)		
			1.00		2.00		3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS							30.00
31.00	03100	INTENSIVE CARE UNIT							31.00
33.00	03300	BURN INTENSIVE CARE UNIT							33.00
40.00	04000	SUBPROVIDER - IPF			273,570				40.00
41.00	04100	SUBPROVIDER - IRF							41.00
43.00	04300	NURSERY							43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.199886		0		0		50.00
51.00	05100	RECOVERY ROOM	0.112289		0		0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.384384		0		0		52.00
53.00	05300	ANESTHESIOLOGY	0.008727		0		0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169552		392		66		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101005		0		0		55.00
56.00	05600	RADIOISOTOPE	0.117948		0		0		56.00
57.00	05700	CT SCAN	0.037679		6,968		263		57.00
58.00	05800	MRI	0.078563		0		0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.217714		0		0		59.00
60.00	06000	LABORATORY	0.159699		35,297		5,637		60.00
65.00	06500	RESPIRATORY THERAPY	0.177666		2,594		461		65.00
66.00	06600	PHYSICAL THERAPY	0.344694		1,176		405		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.382626		274		105		67.00
68.00	06800	SPEECH PATHOLOGY	0.337142		0		0		68.00
69.00	06900	ELECTROCARDIOLOGY	0.121863		2,196		268		69.00
69.01	06901	CARDIAC REHAB	0.544187		0		0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.194043		0		0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.414527		10		4		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.259953		0		0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210360		22,837		4,804		73.00
74.00	07400	RENAL DIALYSIS	0.483139		0		0		74.00
76.00	03020	IP RENAL DIALYSIS	0.000000		0		0		76.00
76.01	03950	HEART AND VASCULAR CNTR	0.126580		0		0		76.01
76.02	03952	DIABETES EDUCATION	0.000000		0		0		76.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.474052		108		51		90.00
90.01	09001	WOODRIDGE	0.000000		0		0		90.01
91.00	09100	EMERGENCY	0.114907		47,642		5,474		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.361340		0		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		0		0		92.01
93.00	04040	PARTIAL HOSP	0.208811		0		0		93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)			119,494		17,538		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)			119,494				202.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:25 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			20,108,809	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			779,218	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)			291,446	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			147,937	2.04
3.00	Managed Care Simulated Payments			11,427,653	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			241.16	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)			25.75	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)			0.19	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			2.07	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			27.63	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			27.63	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			27.63	12.00
13.00	Total allowable FTE count for the prior year.			26.97	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.			24.02	14.00
15.00	Sum of lines 12 through 14 divided by 3.			26.21	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			26.21	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.108683	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.115303	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.108683	21.00
22.00	IME payment adjustment (see instructions)			1,606,490	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			658,290	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			1,606,490	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			658,290	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.27	30.00
31.00	Percentage of Medicaid patient days (see instructions)			19.87	31.00
32.00	Sum of lines 30 and 31			21.14	32.00
33.00	Allowable disproportionate share percentage (see instructions)			6.66	33.00
34.00	Disproportionate share adjustment (see instructions)			464,336	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:25 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	0	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000099467	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	934,278	715,368	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	698,789	180,312	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	879,101		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	31,277,337		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)		31,935,627	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,435,392	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).		848,247	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		208,816	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		35,428,082	59.00
60.00	Primary payer payments		14,915	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		35,413,167	61.00
62.00	Deductibles billed to program beneficiaries		2,491,296	62.00
63.00	Coinsurance billed to program beneficiaries		147,934	63.00
64.00	Allowable bad debts (see instructions)		434,785	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		282,610	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		127,059	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,056,547	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 AND MSP RECONCILIA		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		972	70.93
70.94	HRR adjustment amount (see instructions)		-20,115	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/23/2022 3:25 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	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)			33,037,404	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			33,501,998	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)			-464,594	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			758,772	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2022 3:25 pm

					Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	20,108,809	0	20,108,809		20,108,809	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,779,218	0		7,779,218	7,779,218	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00						2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	291,446	0	291,446		291,446	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	147,937	0		147,937	147,937	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	11,427,653	0	8,279,214	3,148,439	11,427,653	4.00	
Indirect Medical Education Adjustment									
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.108683	0.108683	0.108683	0.108683		5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,606,490	0	1,158,368	448,122	1,606,490	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	658,290	0	476,924	181,366	658,290	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA									
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,606,490	0	1,158,368	448,122	1,606,490	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	658,290	0	476,924	181,366	658,290	9.01	
Disproportionate Share Adjustment									
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0666	0.0666	0.0666	0.0666		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	464,336	0	334,812	129,524	464,336	11.00	
11.01	Uncompensated care payments	36.00	879,101	0	842,080	283,069	1,125,149	11.01	
Additional payment for high percentage of ESRD beneficiary discharges									
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	31,277,337	0	22,489,467	8,787,870	31,277,337	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	31,935,627	0	22,966,391	8,969,236	31,935,627	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,435,392	0	1,768,276	667,116	2,435,392	16.00	
17.00	Special add-on payments for new technologies	54.00	208,816	0	113,376	95,440	208,816	17.00	
17.01	Net organ acquisition cost							17.01	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2022 3:25 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	24,848,043	9,731,792	34,579,835
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	2,146,887	0	1,556,464	590,423	2,146,887
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	49,771	0	38,733	11,038	49,771
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0675	0.0675	0.0675	0.0675	
23.00	Indirect medical education adjustment (see instructions)	6.00	144,915	0	105,061	39,854	144,915
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0437	0.0437	0.0437	0.0437	
25.00	Disproportionate share adjustment (see instructions)	11.00	93,819	0	68,018	25,801	93,819
26.00	Total prospective capital payments (see instructions)	12.00	2,435,392	0	1,768,276	667,116	2,435,392
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/23/2022 3:25 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	20,108,809	20,108,809		20,108,809	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,779,218		7,779,218	7,779,218	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	291,446	291,446		291,446	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	147,937		147,937	147,937	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	11,427,653	8,279,214	3,148,439	11,427,653	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.108683	0.108683	0.108683		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,606,490	1,158,368	448,122	1,606,490	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	658,290	476,924	181,366	658,290	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,606,490	1,158,368	448,122	1,606,490	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	658,290	476,924	181,366	658,290	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0666	0.0666	0.0666		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	464,336	334,812	129,524	464,336	11.00
11.01	Uncompensated care payments	36.00	879,101	842,080	282,296	1,124,376	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	31,277,337	22,490,240	8,787,097	31,277,337	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	31,935,627	22,967,164	8,968,463	31,935,627	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,435,392	1,768,276	667,116	2,435,392	16.00
17.00	Special add-on payments for new technologies	54.00	208,816	113,376	95,440	208,816	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			24,848,816	9,731,019	34,579,835	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/23/2022 3:25 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,146,887	1,556,464	590,423	2,146,887	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	49,771	38,733	11,038	49,771	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0675	0.0675	0.0675		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	144,915	105,061	39,854	144,915	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0437	0.0437	0.0437		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	93,819	68,018	25,801	93,819	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,435,392	1,768,276	667,116	2,435,392	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	972	972	0	972	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-20,115	-16,178	-3,937	-20,115	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/23/2022 3:25 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			46,448	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			19,406,160	2.00
3.00	OPPS payments			19,951,196	3.00
4.00	Outlier payment (see instructions)			56,338	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			46,448	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			221,092	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)			221,092	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)			221,092	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			174,644	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)			46,448	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)			20,007,534	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)			3,219,334	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)			16,834,648	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			519,737	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)			17,354,385	30.00
31.00	Primary payer payments			928	31.00
32.00	Subtotal (line 30 minus line 31)			17,353,457	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)			312,566	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			203,168	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			134,466	36.00
37.00	Subtotal (see instructions)			17,556,625	37.00
38.00	MSP-LCC reconciliation amount from PS&R			64	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)			17,556,561	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			16,856,070	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)			700,491	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0122	Period: From 01/01/2021	Worksheet E	
		Component CCN:14-S122	To 12/31/2021	Part B Date/Time Prepared: 5/23/2022 3:25 pm	
		Title XVIII	Subprovider - IP#	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)			1,229	2.00
3.00	OPPS payments			1,153	3.00
4.00	Outlier payment (see instructions)			0	4.00
4.01	Outlier reconciliation amount (see instructions)			0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	5.00
6.00	Line 2 times line 5			0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00	7.00
8.00	Transitional corridor payment (see instructions)			0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			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)			1,153	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)			231	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)			922	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)			922	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			922	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)			922	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)			922	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			923	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)			-1	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)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0122		Period: From 01/01/2021 To 12/31/2021	
		Title XVIII		Hospital	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		31,401,589		16,856,070
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		1,940,931		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	06/11/2021	137,662		0
3.02		09/01/2021	21,816		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		159,478		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		33,501,998		16,856,070
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		700,491
6.02	SETTLEMENT TO PROGRAM		464,594		0
7.00	Total Medicare program liability (see instructions)		33,037,404		17,556,561
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet E-1 Part I Date/Time Prepared: 5/23/2022 3:25 pm	
		Title XVIII	Subprovider - IP#	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		134,741		923
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		134,741		923
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		13,339		0
6.02	SETTLEMENT TO PROGRAM		0		1
7.00	Total Medicare program liability (see instructions)		148,080		922
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN:14-0122

Period:
From 01/01/2021
To 12/31/2021Worksheet E-1
Part II
Date/Time Prepared:
5/23/2022 3:25 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0122	Period: From 01/01/2021	Worksheet E-3	
		Component CCN:14-S122	To 12/31/2021	Part II Date/Time Prepared: 5/23/2022 3:25 pm	
		Title XVIII	Subprovider - IPF	PPS	
				1.00	
PART II - MEDICARE PART A SERVICES - IPF PPS					
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			159,969	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 instructions)			0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00	8.00
9.00	Average Daily Census (see instructions)			11.712329	9.00
10.00	Teaching Adjustment Factor {(1 + (line 8/line 9)) 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)			159,969	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0	15.00
16.00	Subtotal (see instructions)			159,969	16.00
17.00	Primary payer payments			0	17.00
18.00	Subtotal (line 16 less line 17).			159,969	18.00
19.00	Deductibles			25,228	19.00
20.00	Subtotal (line 18 minus line 19)			134,741	20.00
21.00	Coinsurance			0	21.00
22.00	Subtotal (line 20 minus line 21)			134,741	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			20,522	23.00
24.00	Adjusted reimbursable bad debts (see instructions)			13,339	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,484	25.00
26.00	Subtotal (sum of lines 22 and 24)			148,080	26.00
27.00	Direct graduate medical education payments (see instructions)			0	27.00
28.00	Other pass through costs (see instructions)			0	28.00
29.00	Outlier payments reconciliation			0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	30.50
30.98	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)			148,080	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			134,741	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)			13,339	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
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE					
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000	99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000	99.01

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/23/2022 3:25 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on 25.75 or before December 31, 1996.				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			1.21	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.88	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			22.66	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			27.63	6.00
7.00	Enter the lesser of line 5 or line 6			22.66	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.	27.63	0.00	27.63	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.	22.66	0.00	22.66	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	22.66	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	23.64	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	23.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	23.10	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	23.10	0.00		17.00
18.00	Per resident amount	154,614.33	0.00		18.00
19.00	Approved amount for resident costs	3,571,591	0	3,571,591	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.97	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,571,591	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3, column 2)	02, 12,267	5,424		26.00
27.00	Total Inpatient Days (see instructions)	45,612	45,612		27.00
28.00	Ratio of inpatient days to total inpatient days	0.268942	0.118916		28.00
29.00	Program direct GME amount	960,551	424,719	1,385,270	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		17,286	17,286	30.00
31.00	Net Program direct GME amount			1,367,984	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/23/2022 3:25 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)			1,957,676	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)			31,763,500	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)			14,915	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			31,748,585	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			19,453,837	42.00
43.00	Primary payer payments (see instructions)			928	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			19,452,909	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			51,201,494	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.620071	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.379929	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			1,367,984	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			848,247	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			519,737	50.00

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

Provider CCN:14-0122

Period:

Worksheet G

From 01/01/2021

Date/Time Prepared:

To 12/31/2021

5/23/2022 3:25 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	238,854,198	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	100,837,252	0	0	0	4.00
5.00	Other receivable	4,958,666	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-54,733,169	0	0	0	6.00
7.00	Inventory	7,397,258	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	12,348,015	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)	309,662,220	0	0	0	11.00
FIXED ASSETS						
12.00	Land	12,684,405	0	0	0	12.00
13.00	Land improvements	659,611	0	0	0	13.00
14.00	Accumulated depreciation	-614,143	0	0	0	14.00
15.00	Buildings	319,099,442	0	0	0	15.00
16.00	Accumulated depreciation	-240,579,584	0	0	0	16.00
17.00	Leasehold improvements	13,710,760	0	0	0	17.00
18.00	Accumulated depreciation	-5,373,173	0	0	0	18.00
19.00	Fixed equipment	46,408,340	0	0	0	19.00
20.00	Accumulated depreciation	-37,223,322	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	137,125,828	0	0	0	23.00
24.00	Accumulated depreciation	-124,695,969	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)	121,202,195	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	18,972,696	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	12,303,264	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	31,275,960	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	462,140,375	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,705,562	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,214,477	0	0	0	38.00
39.00	Payroll taxes payable	104,500	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	0	0	0	0	43.00
44.00	Other current liabilities	71,362,065	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	88,386,604	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	118,144,309	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,892,257	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	126,036,566	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	214,423,170	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	247,717,205	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)	247,717,205	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	462,140,375	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0122

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

Worksheet G-1

Date/Time Prepared:
5/23/2022 3:25 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		193,593,318		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		60,953,496				2.00
3.00	Total (sum of line 1 and line 2)		254,546,814		0		3.00
4.00	PERM RESTRICTED OTHER	93,892		0		0	4.00
5.00	TEMP RESTRICTED OTHER	1,021,336		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)		1,115,228		0		10.00
11.00	Subtotal (line 3 plus line 10)		255,662,042		0		11.00
12.00	UNRESTRICTED FUND BALANCE OTHER	7,944,837		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)		7,944,837		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		247,717,205		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	PERM RESTRICTED OTHER		0				4.00
5.00	TEMP RESTRICTED OTHER		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	UNRESTRICTED FUND BALANCE OTHER		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES			Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet G-2 Parts I & II Date/Time Prepared: 5/23/2022 3:25 pm
Cost Center Description			Inpatient	Outpatient	Total
			1.00	2.00	3.00
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital		47,566,512		47,566,512 1.00
2.00	SUBPROVIDER - IPF		7,087,093		7,087,093 2.00
3.00	SUBPROVIDER - IRF		0		0 3.00
4.00	SUBPROVIDER		0		0 4.00
5.00	Swing bed - SNF		0		0 5.00
6.00	Swing bed - NF		0		0 6.00
7.00	SKILLED NURSING FACILITY				
8.00	NURSING FACILITY				
9.00	OTHER LONG TERM CARE				
10.00	Total general inpatient care services (sum of lines 1-9)		54,653,605		54,653,605 10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT		28,357,877		28,357,877 11.00
12.00	CORONARY CARE UNIT				
13.00	BURN INTENSIVE CARE UNIT		0		0 13.00
14.00	SURGICAL INTENSIVE CARE UNIT				
15.00	OTHER SPECIAL CARE (SPECIFY)				
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)		28,357,877		28,357,877 16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)		83,011,482		83,011,482 17.00
18.00	Ancillary services		278,571,408	485,825,900	764,397,308 18.00
19.00	Outpatient services		25,870,525	78,159,033	104,029,558 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			10,433,178	10,433,178 22.00
23.00	AMBULANCE SERVICES				
24.00	CMHC				
25.00	AMBULATORY SURGICAL CENTER (D.P.)				
26.00	HOSPICE		0	6,503,749	6,503,749 26.00
27.00	PHARMACY		0	27,990	27,990 27.00
27.01	PHYSICIAN REVENUE		0	6,271,222	6,271,222 27.01
27.02	OTHER		7,413	930,952	938,365 27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)		387,460,828	588,152,024	975,612,852 28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			277,251,236	
30.00	ADD (SPECIFY)		0		
31.00			0		
32.00			0		
33.00			0		
34.00			0		
35.00			0		
36.00	Total additions (sum of lines 30-35)			0	
37.00	NON RECURRING EXP		0		
38.00			0		
39.00			0		
40.00			0		
41.00			0		
42.00	Total deductions (sum of lines 37-41)			0	
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)			277,251,236	

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:14-0122

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

Worksheet G-3

Date/Time Prepared:
5/23/2022 3:25 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	975,612,852	1.00
2.00	Less contractual allowances and discounts on patients' accounts	680,539,456	2.00
3.00	Net patient revenues (line 1 minus line 2)	295,073,396	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	277,251,236	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,822,160	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	534,220	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	16,035,592	17.00
18.00	Revenue from sale of medical records and abstracts	10,939	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	106,564	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	3,121,934	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR REVENUE, OTHER OPERATING, NON OP	20,911,227	24.00
24.50	COVID-19 PHE Funding	2,425,310	24.50
25.00	Total other income (sum of lines 6-24)	43,145,786	25.00
26.00	Total (line 5 plus line 25)	60,967,946	26.00
27.00	NON-RECURRING EXPENSES	14,450	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	14,450	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	60,953,496	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS					Provider CCN:14-0122 HHA CCN: 14-7207	Period: From 01/01/2021 To 12/31/2021	Worksheet H Date/Time Prepared: 5/23/2022 3:25 pm
						Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Pur- chased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,563,625	116,113	2,556	82,132	662,810	2,427,236
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,566,634	113,475	42,475	0	30	1,722,614
7.00	Physical Therapy	1,263,639	92,296	44,927	0	0	1,400,862
8.00	Occupational Therapy	332,796	23,728	12,055	0	0	368,579
9.00	Speech Pathology	44,044	3,367	1,714	0	0	49,125
10.00	Medical Social Services	15,720	1,066	0	0	0	16,786
11.00	Home Health Aide	82,134	5,478	7,436	0	0	95,048
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	4,868,592	355,523	111,163	82,132	662,840	6,080,250
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	2,427,236	1,562,583	3,989,819		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,722,614	0	1,722,614		6.00
7.00	Physical Therapy	0	1,400,862	0	1,400,862		7.00
8.00	Occupational Therapy	0	368,579	0	368,579		8.00
9.00	Speech Pathology	0	49,125	0	49,125		9.00
10.00	Medical Social Services	0	16,786	0	16,786		10.00
11.00	Home Health Aide	0	95,048	0	95,048		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	6,080,250	1,562,583	7,642,833		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST					Provider CCN:14-0122 HHA CCN: 14-7207		Period: From 01/01/2021 To 12/31/2021		Worksheet H-1 Part I Date/Time Prepared: 5/23/2022 3:25 pm	
							Home Health Agency I		PPS	
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)			
			Bldgs & Fixtures	Movable Equipment						
			0	1.00	2.00	3.00	4.00		4A.00	
GENERAL SERVICE COST CENTERS										
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00		
2.00	Capital Related - Movable Equipment	0		0			0	2.00		
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00		
4.00	Transportation	0	0	0	0	0	0	4.00		
5.00	Administrative and General	3,989,819	0	0	0	0	3,989,819	5.00		
HHA REIMBURSABLE SERVICES										
6.00	Skilled Nursing Care	1,722,614	0	0	0	0	1,722,614	6.00		
7.00	Physical Therapy	1,400,862	0	0	0	0	1,400,862	7.00		
8.00	Occupational Therapy	368,579	0	0	0	0	368,579	8.00		
9.00	Speech Pathology	49,125	0	0	0	0	49,125	9.00		
10.00	Medical Social Services	16,786	0	0	0	0	16,786	10.00		
11.00	Home Health Aide	95,048	0	0	0	0	95,048	11.00		
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00		
13.00	Drugs	0	0	0	0	0	0	13.00		
14.00	DME	0	0	0	0	0	0	14.00		
HHA NONREIMBURSABLE SERVICES										
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00		
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00		
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00		
18.00	Clinic	0	0	0	0	0	0	18.00		
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00		
20.00	Day Care Program	0	0	0	0	0	0	20.00		
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00		
22.00	Homemaker Service	0	0	0	0	0	0	22.00		
23.00	All Others (specify)	0	0	0	0	0	0	23.00		
23.50	Telemedicine	0	0	0	0	0	0	23.50		
24.00	Total (sum of lines 1-23)	7,642,833	0	0	0	0	7,642,833	24.00		
		Administrative & General	Total (cols. 4A + 5)							
		5.00	6.00							
GENERAL SERVICE COST CENTERS										
1.00	Capital Related - Bldg. & Fixtures							1.00		
2.00	Capital Related - Movable Equipment							2.00		
3.00	Plant Operation & Maintenance							3.00		
4.00	Transportation							4.00		
5.00	Administrative and General	3,989,819						5.00		
HHA REIMBURSABLE SERVICES										
6.00	Skilled Nursing Care	1,881,438	3,604,052					6.00		
7.00	Physical Therapy	1,530,020	2,930,882					7.00		
8.00	Occupational Therapy	402,562	771,141					8.00		
9.00	Speech Pathology	53,654	102,779					9.00		
10.00	Medical Social Services	18,334	35,120					10.00		
11.00	Home Health Aide	103,811	198,859					11.00		
12.00	Supplies (see instructions)	0	0					12.00		
13.00	Drugs	0	0					13.00		
14.00	DME	0	0					14.00		
HHA NONREIMBURSABLE SERVICES										
15.00	Home Dialysis Aide Services	0	0					15.00		
16.00	Respiratory Therapy	0	0					16.00		
17.00	Private Duty Nursing	0	0					17.00		
18.00	Clinic	0	0					18.00		
19.00	Health Promotion Activities	0	0					19.00		
20.00	Day Care Program	0	0					20.00		
21.00	Home Delivered Meals Program	0	0					21.00		
22.00	Homemaker Service	0	0					22.00		
23.00	All Others (specify)	0	0					23.00		
23.50	Telemedicine	0	0					23.50		
24.00	Total (sum of lines 1-23)		7,642,833					24.00		

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN:14-0122

Period:

Worksheet H-1

HHA CCN: 14-7207

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
5/23/2022 3:25 pmHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	-3,989,819	3,653,014	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,722,614	6.00
7.00	Physical Therapy	0	0	0	0	1,400,862	7.00
8.00	Occupational Therapy	0	0	0	0	368,579	8.00
9.00	Speech Pathology	0	0	0	0	49,125	9.00
10.00	Medical Social Services	0	0	0	0	16,786	10.00
11.00	Home Health Aide	0	0	0	0	95,048	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	-3,989,819	3,653,014	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	3,989,819	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	1.092199	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/23/2022 3:25 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	SHARED SERVICES	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.01	
1.00	Administrative and General	0	0	0	196,953	196,953	1,619	1.00
2.00	Skilled Nursing Care	3,604,052	0	0	197,330	3,801,382	31,255	2.00
3.00	Physical Therapy	2,930,882	0	0	159,167	3,090,049	25,406	3.00
4.00	Occupational Therapy	771,141	0	0	41,919	813,060	6,685	4.00
5.00	Speech Pathology	102,779	0	0	5,548	108,327	891	5.00
6.00	Medical Social Services	35,120	0	0	1,980	37,100	305	6.00
7.00	Home Health Aide	198,859	0	0	10,346	209,205	1,720	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	7,642,833	0	0	613,243	8,256,076	67,881	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5A.01	5.03	7.00	8.00	9.00	10.00	
1.00	Administrative and General	198,572	66,617	0	0	0	0	1.00
2.00	Skilled Nursing Care	3,832,637	1,285,773	0	0	0	0	2.00
3.00	Physical Therapy	3,115,455	1,045,173	0	0	0	0	3.00
4.00	Occupational Therapy	819,745	275,008	0	0	0	0	4.00
5.00	Speech Pathology	109,218	36,640	0	0	0	0	5.00
6.00	Medical Social Services	37,405	12,549	0	0	0	0	6.00
7.00	Home Health Aide	210,925	70,761	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	8,323,957	2,792,521	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/23/2022 3:25 pmHome Health
Agency I

PPS

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	113,688	93,896	1,081	0	9,066	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	113,688	93,896	1,081	0	9,066	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		21.00	22.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	482,920	0	482,920		1.00
2.00	Skilled Nursing Care	0	0	5,118,410	0	5,118,410	227,790	2.00
3.00	Physical Therapy	0	0	4,160,628	0	4,160,628	185,160	3.00
4.00	Occupational Therapy	0	0	1,094,753	0	1,094,753	48,720	4.00
5.00	Speech Pathology	0	0	145,858	0	145,858	6,491	5.00
6.00	Medical Social Services	0	0	49,954	0	49,954	2,223	6.00
7.00	Home Health Aide	0	0	281,686	0	281,686	12,536	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	11,334,209	0	11,334,209	482,920	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.044503	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0122

Period:

Worksheet H-2

HHA CCN: 14-7207

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/23/2022 3:25 pmHome Health
Agency I

PPS

Cost Center Description		Total HHA Costs		
		28.00		
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	5,346,200		2.00
3.00	Physical Therapy	4,345,788		3.00
4.00	Occupational Therapy	1,143,473		4.00
5.00	Speech Pathology	152,349		5.00
6.00	Medical Social Services	52,177		6.00
7.00	Home Health Aide	294,222		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19) (2)	11,334,209		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS				Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 5/23/2022 3:25 pm		
				HHA CCN: 14-7207		Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					
1.00	Administrative and General	0	0	1,563,625	0	196,953	0	1.00
2.00	Skilled Nursing Care	0	0	1,566,634	0	3,801,382	0	2.00
3.00	Physical Therapy	0	0	1,263,639	0	3,090,049	0	3.00
4.00	Occupational Therapy	0	0	332,796	0	813,060	0	4.00
5.00	Speech Pathology	0	0	44,044	0	108,327	0	5.00
6.00	Medical Social Services	0	0	15,720	0	37,100	0	6.00
7.00	Home Health Aide	0	0	82,134	0	209,205	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	4,868,592		8,256,076		20.00
21.00	Total cost to be allocated	0	0	613,243		67,881		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.125959		0.008222		22.00
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	
		5.03	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	198,572	0	0	0	0	2,648	1.00
2.00	Skilled Nursing Care	3,832,637	0	0	0	0	0	2.00
3.00	Physical Therapy	3,115,455	0	0	0	0	0	3.00
4.00	Occupational Therapy	819,745	0	0	0	0	0	4.00
5.00	Speech Pathology	109,218	0	0	0	0	0	5.00
6.00	Medical Social Services	37,405	0	0	0	0	0	6.00
7.00	Home Health Aide	210,925	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	8,323,957	0	0	0	0	2,648	20.00
21.00	Total cost to be allocated	2,792,521	0	0	0	0	113,688	21.00
22.00	Unit cost multiplier	0.335480	0.000000	0.000000	0.000000	0.000000	42.933535	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS					Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet H-2 Part II Date/Time Prepared: 5/23/2022 3:25 pm
					HHA CCN: 14-7207	Home Health Agency I	PPS
Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICES (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)
		13.00	14.00	15.00	16.00	17.00	21.00
1.00	Administrative and General	19,810	9,428	0	10,433,178	0	0
2.00	Skilled Nursing Care	0	0	0	0	0	0
3.00	Physical Therapy	0	0	0	0	0	0
4.00	Occupational Therapy	0	0	0	0	0	0
5.00	Speech Pathology	0	0	0	0	0	0
6.00	Medical Social Services	0	0	0	0	0	0
7.00	Home Health Aide	0	0	0	0	0	0
8.00	Supplies (see instructions)	0	0	0	0	0	0
9.00	Drugs	0	0	0	0	0	0
10.00	DME	0	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0	0
14.00	Clinic	0	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0	0
19.50	Telemedicine	0	0	0	0	0	0
20.00	Total (sum of lines 1-19)	19,810	9,428	0	10,433,178	0	0
21.00	Total cost to be allocated	93,896	1,081	0	9,066	0	0
22.00	Unit cost multiplier	4.739828	0.114658	0.000000	0.000869	0.000000	0.000000
Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
		22.00					
1.00	Administrative and General	0					1.00
2.00	Skilled Nursing Care	0					2.00
3.00	Physical Therapy	0					3.00
4.00	Occupational Therapy	0					4.00
5.00	Speech Pathology	0					5.00
6.00	Medical Social Services	0					6.00
7.00	Home Health Aide	0					7.00
8.00	Supplies (see instructions)	0					8.00
9.00	Drugs	0					9.00
10.00	DME	0					10.00
11.00	Home Dialysis Aide Services	0					11.00
12.00	Respiratory Therapy	0					12.00
13.00	Private Duty Nursing	0					13.00
14.00	Clinic	0					14.00
15.00	Health Promotion Activities	0					15.00
16.00	Day Care Program	0					16.00
17.00	Home Delivered Meals Program	0					17.00
18.00	Homemaker Service	0					18.00
19.00	All Others (specify)	0					19.00
19.50	Telemedicine	0					19.50
20.00	Total (sum of lines 1-19)	0					20.00
21.00	Total cost to be allocated	0					21.00
22.00	Unit cost multiplier	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2021
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Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST,
OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	5,346,200		5,346,200	17,377	307.66	1.00
2.00	Physical Therapy	3.00	4,345,788	0	4,345,788	14,564	298.39	2.00
3.00	Occupational Therapy	4.00	1,143,473	0	1,143,473	3,773	303.07	3.00
4.00	Speech Pathology	5.00	152,349	0	152,349	461	330.48	4.00
5.00	Medical Social Services	6.00	52,177		52,177	19	2,746.16	5.00
6.00	Home Health Aide	7.00	294,222		294,222	2,241	131.29	6.00
7.00	Total (sum of lines 1-6)		11,334,209	0	11,334,209	38,435		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits			
				Part B			
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
				0	1.00		

Limitation Cost Computation

8.00	Skilled Nursing Care		16984	0	12,917			8.00
9.00	Physical Therapy		16984	0	10,295			9.00
10.00	Occupational Therapy		16984	0	2,850			10.00
11.00	Speech Pathology		16984	0	326			11.00
12.00	Medical Social Services		16984	0	23			12.00
13.00	Home Health Aide		16984	0	1,955			13.00
14.00	Total (sum of lines 8-13)			0	28,366			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	0	93,701	93,701	226,044	0.414525	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Program Visits			Cost of Services			
	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00		8.00	9.00	10.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST,
OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	0	12,917	0	3,974,044			1.00
2.00	Physical Therapy	0	10,295	0	3,071,925			2.00
3.00	Occupational Therapy	0	2,850	0	863,750			3.00
4.00	Speech Pathology	0	326	0	107,736			4.00
5.00	Medical Social Services	0	23	0	63,162			5.00
6.00	Home Health Aide	0	1,955	0	256,672			6.00
7.00	Total (sum of lines 1-6)	0	28,366	0	8,337,289			7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
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Limitation Cost Computation

8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
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Cost Center Description		Program Covered Charges			Cost of Services	Agency 1		
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	166,826	0	0	69,154	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
		Cost Per Visit Computation						
1.00	Skilled Nursing Care	3,974,044						1.00
2.00	Physical Therapy	3,071,925						2.00
3.00	Occupational Therapy	863,750						3.00
4.00	Speech Pathology	107,736						4.00
5.00	Medical Social Services	63,162						5.00
6.00	Home Health Aide	256,672						6.00
7.00	Total (sum of lines 1-6)	8,337,289						7.00
Cost Center Description								
		12.00						
		Limitation Cost Computation						
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0122

Period:

Worksheet H-3

HHA CCN: 14-7207

From 01/01/2021
To 12/31/2021Part II
Date/Time Prepared:
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Home Health
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PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.344694	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.382626	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.337142	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.414527	226,044	93,701	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.210360	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN:14-0122 HHA CCN: 14-7207	Period: From 01/01/2021 To 12/31/2021	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2022 3:25 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	7,317,749	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	168,198	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	125,781	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	17,932	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	31,409	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	7,661,069	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	7,661,069	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	7,661,069	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	7,661,069	29.00
30.00	OTHER ADJUSTMENTS	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	7,661,069	31.00
31.01	Sequestration adjustment (see instructions)	0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)	0	0	31.75
32.00	Interim payments (see instructions)	0	7,661,069	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10		
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED PROGRAM BENEFICIARIES		Provider CCN:14-0122 HHA CCN: 14-7207		Period: From 01/01/2021 To 12/31/2021 Worksheet H-5 Date/Time Prepared: 5/23/2022 3:25 pm		
				Home Health Agency I 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		7,661,069	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			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			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. H-4, Part II, column as appropriate, line 32)		0		7,661,069	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		7,661,069	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN:14-0122

Period:

Worksheet 0

Hospice CCN: 14-1507

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/23/2022 3:25 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		107,484	107,484	-107,484	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	132,063	132,063	0	132,063	3.00
4.00	ADMINISTRATIVE & GENERAL*	234,497	3,595,472	3,829,969	0	3,829,969	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	8,958	8,958	0	8,958	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	94	94	-2	92	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	40,795	40,795	0	40,795	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	50,574	0	50,574	0	50,574	13.00
14.00	PHARMACY*	0	227,527	227,527	0	227,527	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	56,775	56,775	0	56,775	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	82,875	82,875	0	82,875	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,175,638	0	1,175,638	0	1,175,638	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	816	0	816	0	816	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	245,283	0	245,283	0	245,283	33.00
34.00	SPIRITUAL COUNSELING**	90,613	0	90,613	0	90,613	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	18,707	0	18,707	0	18,707	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	111,517	0	111,517	0	111,517	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	8,873	8,873	0	8,873	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	3,400	3,400	0	3,400	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	141,846	141,846	0	141,846	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	48,452	0	48,452	0	48,452	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,976,097	4,406,162	6,382,259	-107,486	6,274,773	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN:14-0122

Period:

Worksheet 0

Hospice CCN: 14-1507

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/23/2022 3:25 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	132,063	3.00
4.00	ADMINISTRATIVE & GENERAL*	-165,337	3,664,632	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	8,958	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	92	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	40,795	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	50,574	13.00
14.00	PHARMACY*	0	227,527	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	56,775	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	82,875	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,175,638	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	816	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	245,283	33.00
34.00	SPIRITUAL COUNSELING**	0	90,613	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	18,707	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	111,517	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	8,873	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	3,400	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	141,846	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	48,452	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-165,337	6,109,436	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-2
	Hospice CCN: 14-1507	Date/Time Prepared: 5/23/2022 3:25 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	67,963	67,963	0	67,963	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	964,104	0	964,104	0	964,104	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	669	0	669	0	669	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	201,149	0	201,149	0	201,149	33.00
34.00	SPIRITUAL COUNSELING	74,309	0	74,309	0	74,309	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	15,341	0	15,341	0	15,341	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	91,452	0	91,452	0	91,452	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	7,277	7,277	0	7,277	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	2,788	2,788	0	2,788	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	116,323	116,323	0	116,323	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,347,024	194,351	1,541,375	0	1,541,375	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	67,963	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	964,104	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	669	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	201,149	33.00
34.00	SPIRITUAL COUNSELING	0	74,309	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	15,341	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	91,452	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	7,277	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	2,788	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	116,323	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,541,375	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESIDENT CARE	Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-3
	Hospice CCN: 14-1507	Date/Time Prepared: 5/23/2022 3:25 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	69	69	0	69	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	983	0	983	0	983	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	1	0	1	0	1	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	205	0	205	0	205	33.00
34.00	SPIRITUAL COUNSELING	76	0	76	0	76	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	16	0	16	0	16	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	93	0	93	0	93	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	7	7	0	7	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	3	3	0	3	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	119	119	0	119	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,374	198	1,572	0	1,572	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	69	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	983	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	1	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	205	33.00
34.00	SPIRITUAL COUNSELING	0	76	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	16	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	93	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	7	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	3	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	119	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,572	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet 0-4
	Hospice CCN: 14-1507	Date/Time Prepared: 5/23/2022 3:25 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	14,843	14,843	0	14,843	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	210,551	0	210,551	0	210,551	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	146	0	146	0	146	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	43,929	0	43,929	0	43,929	33.00
34.00	SPIRITUAL COUNSELING	16,228	0	16,228	0	16,228	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	3,350	0	3,350	0	3,350	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	19,972	0	19,972	0	19,972	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,589	1,589	0	1,589	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	609	609	0	609	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	25,404	25,404	0	25,404	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	294,176	42,445	336,621	0	336,621	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	14,843	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	210,551	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	146	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	43,929	33.00
34.00	SPIRITUAL COUNSELING	0	16,228	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	3,350	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	19,972	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,589	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	609	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	25,404	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	336,621	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

Health Financial Systems		ADVENTIST HINSDALE HOSPITAL		In Lieu of Form CMS-2552-10	
COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES			Provider CCN:14-0122	Period: From 01/01/2021	Worksheet 0-5
FOR ALLOCATION			Hospice CCN: 14-1507	To 12/31/2021	Date/Time Prepared: 5/23/2022 3:25 pm
			Hospice I		
Descriptions			HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)
			1.00	2.00	3.00
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	49,361	49,361	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	32,977	32,977	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	132,063	248,907	380,970	3.00
4.00	ADMINISTRATIVE & GENERAL	3,664,632	2,346,888	6,011,520	4.00
5.00	PLANT OPERATION & MAINTENANCE	8,958	374,294	383,252	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	79,143	79,143	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	130,857	130,857	9.00
10.00	ROUTINE MEDICAL SUPPLIES	92	1,356	1,448	10.00
11.00	MEDICAL RECORDS	0	5,223	5,223	11.00
12.00	STAFF TRANSPORTATION	40,795		40,795	12.00
13.00	VOLUNTEER SERVICE COORDINATION	50,574		50,574	13.00
14.00	PHARMACY	227,527	0	227,527	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	56,775		56,775	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,541,375		1,541,375	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,572		1,572	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	336,621		336,621	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	48,452		48,452	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	6,109,436	3,269,006	9,378,442	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2021
To 12/31/2021Part I
Date/Time Prepared:
5/23/2022 3:25 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	49,361	49,361					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	32,977		32,977				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	380,970	0	0	380,970			3.00
4.00	ADMINISTRATIVE & GENERAL	6,011,520	49,361	32,977	45,208	6,139,066		4.00
5.00	PLANT OPERATION & MAINTENANCE	383,252	0	0	0	383,252		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	79,143	0	0	0	79,143		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	130,857	0	0	0	130,857		9.00
10.00	ROUTINE MEDICAL SUPPLIES	1,448	0	0	0	1,448		10.00
11.00	MEDICAL RECORDS	5,223	0	0	0	5,223		11.00
12.00	STAFF TRANSPORTATION	40,795	0	0	0	40,795		12.00
13.00	VOLUNTEER SERVICE COORDINATION	50,574	0	0	9,750	60,324		13.00
14.00	PHARMACY	227,527	0	0	0	227,527		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	56,775	0	0	0	56,775		15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	1,541,375			259,692	1,801,067		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1,572	0	0	265	1,837		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	336,621	0	0	56,714	393,335		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	48,452	0	0	9,341	57,793		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0		66.00
67.00	ADVERTISING	0	0	0	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0		68.00
69.00	THRIFT STORE	0	0	0	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0		71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	9,378,442	49,361	32,977	380,970	9,378,442		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

From 01/01/2021
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Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	6,139,066						4.00
5.00	PLANT OPERATION & MAINTENANCE	726,315	1,109,567					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	149,987	0			229,130		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	247,992	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,744	1,109,567			229,130		10.00
11.00	MEDICAL RECORDS	9,898	0			0		11.00
12.00	STAFF TRANSPORTATION	77,312	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	114,322	0			0		13.00
14.00	PHARMACY	431,195	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	107,596	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	3,413,274						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,481	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	745,424	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	109,526	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	6,139,066	1,109,567		0	229,130	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0122

Period:

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Descriptions		Hospice I					
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	378,849					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	1,342,889				10.00
11.00	MEDICAL RECORDS	0		15,121			11.00
12.00	STAFF TRANSPORTATION	0			118,107		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	174,646	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	310,687	1,292,017	14,548	96,854	143,174	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	316	465	5	101	168	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	67,846	50,407	568	21,152	31,304	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	378,849	1,342,889	15,121	118,107	174,646	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0122

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Hospice CCN: 14-1507

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Descriptions		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	Hospice I PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	658,722					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	164,371				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	633,768	158,144	0		7,863,533	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	228	57	0	0	6,658	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	24,726	6,170	0	0	1,340,932	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		167,319	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	658,722	164,371	0	0	9,378,442	100.00

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

Provider CCN:14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

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Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	6,746					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		6,746				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,976,096			3.00
4.00	ADMINISTRATIVE & GENERAL	6,746	6,746	234,497	-6,139,066	3,239,376	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	383,252	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	79,143	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	130,857	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	1,448	10.00
11.00	MEDICAL RECORDS	0	0	0	0	5,223	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	40,795	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	50,574	0	60,324	13.00
14.00	PHARMACY	0	0	0	0	227,527	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	56,775	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,347,023	0	1,801,067	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	1,373	0	1,837	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	294,177	0	393,335	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	48,452	0	57,793	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	49,361	32,977	380,970		6,139,066	100.00
101.00	UNIT COST MULTIPLIER	7.317077	4.888378	0.192789		1.895138	101.00

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

Provider CCN:14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	6,746					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		6,746			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		27,607	9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,746		6,746		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					22,640	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	23	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	4,944	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,109,567	0	229,130	0	378,849	100.00
101.00	UNIT COST MULTIPLIER	164.477765	0.000000	33.965313	0.000000	13.722933	101.00

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

Provider CCN:14-0122

Period:

Worksheet 0-6

Hospice CCN: 14-1507

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Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	25,975					10.00
11.00	MEDICAL RECORDS		25,975				11.00
12.00	STAFF TRANSPORTATION			22,234			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2,081		13.00
14.00	PHARMACY			0	0	25,975	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	24,991	24,991	18,233	1,706	24,991	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	9	9	19	2	9	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	975	975	3,982	373	975	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,342,889	15,121	118,107	174,646	658,722	100.00
101.00	UNIT COST MULTIPLIER	51.699288	0.582137	5.312000	83.924075	25.359846	101.00

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

Provider CCN:14-0122

Period:

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Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	25,975				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	24,991	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	9	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	975	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	164,371	0	0		100.00
101.00	UNIT COST MULTIPLIER	6.328046	0.000000	0.000000		101.00

Health Financial Systems			ADVENTIST HINSDALE HOSPITAL			In Lieu of Form CMS-2552-10				
APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE				Provider CCN:14-0122 Hospice CCN: 14-1507		Period: From 01/01/2021 To 12/31/2021		Worksheet 0-7 Date/Time Prepared: 5/23/2022 3:25 pm		
						Hospice I				
Cost Center Descriptions				From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
						HCHC	HRHC	HIRC		
				0	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS										
1.00	PHYSICAL THERAPY	66.00	0.344694	0	0	0	1.00			
2.00	OCCUPATIONAL THERAPY	67.00	0.382626	0	0	0	2.00			
3.00	SPEECH PATHOLOGY	68.00	0.337142	0	0	0	3.00			
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.210360	0	0	0	4.00			
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00			
6.00	LABORATORY	60.00	0.159699	0	0	0	6.00			
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.414527	0	0	0	7.00			
8.00	PARTIAL HOSP	93.00	0.208811	0	0	0	8.00			
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.099964	0	0	0	9.00			
10.00	IP RENAL DIALYSIS	76.00	0.000000	0	0	0	10.00			
10.01	HEART AND VASCULAR CNTR	76.01	0.126580	0	0	0	10.01			
10.02	DIABETES EDUCATION	76.02	0.000000	0	0	0	10.02			
11.00	Totals (sum of lines 1-11)						11.00			
Cost Center Descriptions				Charges by LOC (from Provider Records)	Shared Service Costs by LOC					
				HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)		
				5.00	6.00	7.00	8.00	9.00		
ANCILLARY SERVICE COST CENTERS										
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00			
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00			
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00			
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00			
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00			
6.00	LABORATORY	0	0	0	0	0	6.00			
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00			
8.00	PARTIAL HOSP	0	0	0	0	0	8.00			
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00			
10.00	IP RENAL DIALYSIS	0	0	0	0	0	10.00			
10.01	HEART AND VASCULAR CNTR	0	0	0	0	0	10.01			
10.02	DIABETES EDUCATION	0	0	0	0	0	10.02			
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00			

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN:14-0122

Period:

Worksheet 0-8

Hospice CCN: 14-1507

From 01/01/2021
To 12/31/2021Date/Time Prepared:
5/23/2022 3:25 pm

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			7,863,533	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			24,991	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			314.65	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	24,568	221		9.00
10.00	Program cost (line 8 times line 9)	7,730,321	69,538		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			6,658	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			9	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			739.78	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	9	0		14.00
15.00	Program cost (line 13 times line 14)	6,658	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,340,932	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			975	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,375.31	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	854	54		19.00
20.00	Program cost (line 18 times line 19)	1,174,515	74,267		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			9,211,123	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			25,975	22.00
23.00	Average cost per diem (line 21 divided by line 22)			354.61	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0122	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/23/2022 3:25 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,146,887	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		49,771	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)		113.25	3.00
4.00	Number of interns & residents (see instructions)		26.21	4.00
5.00	Indirect medical education percentage (see instructions)		6.75	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)		144,915	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.27	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.87	8.00
9.00	Sum of lines 7 and 8		21.14	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.37	10.00
11.00	Disproportionate share adjustment (see instructions)		93,819	11.00
12.00	Total prospective capital payments (see instructions)		2,435,392	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